



MEDICAL STAFF DIGEST

A weekly update for medical staff

June 29, 2021

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Clinical guidelines

COVID-19 Vaccine Interchangeability – June 24, 2021 Update

The Pfizer and Moderna vaccines are interchangeable; they are made with the same research and technology and have the same effectiveness and safety. AstraZeneca (AZ) and mRNA vaccines are interchangeable, and clients who received AZ as a first dose may be booked into a clinic offering mRNA vaccine for dose two; either Pfizer or Moderna is effective and recommended as a 2nd dose. There may be a shift in supply with Moderna becoming increasingly more available and the first available vaccine is the best vaccine. It's better to get a 2nd dose when it is available, than to wait for same vaccine product; two doses of COVID-19 vaccine provides best level of protection. Pfizer remains the only approved product for ages 12 – 17 years. See updated [practice update](#), [infosheet](#), and [interchangeability process document](#) for more information.

COVID-19

NH's COVID-19 resources

- On the NH physician website:
 - [COVID-19 information and resources](#)
- On OurNH:
 - [COVID-19 \(Coronavirus\)](#)
 - [Pandemic Recovery Toolkit](#)

COVID-19 case counts and statements

Visit the new [COVID-19 surveillance dashboard](#) from the BCCDC, to see graphs, maps, and data showing COVID-19 case rates, test positivity and vaccination coverage by local health area (LHA) and community health service area (CHSA).

As of June 28, **7,800** cases have been reported in the NH region since the beginning of the pandemic.

- Cases currently active: **45**
- New cases: **0**
- Currently in hospital: **5**
 - Currently in ICU level care in hospital: **5**
- Deaths in the NH region since the beginning of the pandemic: **156**

For the latest provincial numbers, see the [BC COVID-19 dashboard](#), which is updated Monday-Friday. The dashboard may not work in all browsers; Chrome is suggested.

As well, for a visual comparison of COVID-19 cases in BC by HSDA to other Canadian and global jurisdictions, see the [COVID-19 Epidemiology app](#). It's updated on Mondays, Wednesdays, and Fridays.

- [Joint statement on Province of B.C.'s COVID-19 response](#) – June 28, 2021
- [BCCDC Situation Report](#) – June 23, 2021

Northern Health Virtual Clinic: Data on patient visits

The Northern Health Virtual Clinic supports after hours access to COVID-19 and primary care services for those who cannot easily access these services in their communities. The goal is to connect people to their local primary care home wherever possible.

Monday, June 21

- 85 COVID-19 nursing assessments
- 27 primary care provider appointments from Dawson Creek, Prince Rupert, Quesnel, Fort St. James, Kitimat, Prince George, Houston, Fort St. John, Hudson's Hope, Smithers, Pouce Coupe, Terrace, Thornhill, and Lax Kw'alaams

Tuesday, June 22

- 47 COVID-19 nursing assessments
- 35 primary care provider appointments from Chetwynd, Dawson Creek, Prince Rupert, Quesnel, Prince George, Houston, Fort St. John, Terrace, Charlie Lake, Taylor, Smithers, Thornhill, Kitwanga, Thornhill, and Pouce Coupe

Wednesday, June 23

- 46 COVID-19 nursing assessments
- 32 primary care provider appointments from Prince George, Prince Rupert, Taylor, Fort St. John, Moberly Lake, Smithers, Terrace, Vanderhoof, Chetwynd, and Wonowon

Thursday, June 24

- 89 COVID-19 nursing assessments
- 27 primary care provider appointments from Kitimat, Sandspit, Chetwynd, Terrace, Burns Lake, Prince George, Fort St. John, Thornhill, Prince Rupert, and Smithers

Friday, June 25

- 64 COVID-19 nursing assessments
- 31 primary care provider appointments from Hudson's Hope, Terrace, Gitanmaax, Prince George, Prince Rupert, Midland, Fort Nelson, Telkwa, Fort St. John, Houston, Thorhill, and Dawson Creek

Saturday, June 26

- 33 COVID-19 nursing assessments
- 15 primary care provider appointments from Dawson Creek, Victoria, Terrace, Prince George, Prince Rupert, Fort St. John, and Thornhill

Sunday, June 27

- 26 COVID-19 nursing assessments
- 11 primary care provider appointments from Dawson Creek, Fort St. John, Burns Lake, Prince George, Hazelton, Chetwynd, and Terrace

Trusted links and resources for COVID-19

- [BC Centre for Disease Control](#)
- [HealthLink BC COVID-19 page](#)
- [WHO FAQ](#)
- [Health Canada FAQ](#)
- [COVID-19 content in other languages](#)
- WorkSafe BC - [COVID-19 information and resources](#)
- Northern Health Virtual Primary and Community Care Clinic: **1-844-645-7811**
- Northern Health Environmental Health Officer Line: **1-250-565-7322**
- Non-medical info: call 1-888-COVID19 / 1-888-268-4319 7 days, 7:30 am - 8 pm

For current information on restrictions on travel, gatherings and other issues, see the [Provincial Health Officer's COVID-19 webpage](#).

Overdose prevention and response

Illicit Drug Toxicity Deaths for May 2021 now available (BC Coroners Report – released June 29) and Call for Grant Applications: FNHA - Northern Indigenous Opioid Response Fund (NIORF)**Coroners Illicit Drug Toxicity Deaths Report**

On June 29, the BC Coroners Service released a [report on the illicit drug toxicity deaths for May 2021](#).

Summary:

- May 2021 (N=160) is the second largest number of suspected deaths ever recorded in the month of May 2020 (N=177)
- In 2021, Northern Health has had the highest rate of illicit drug toxicity deaths in the province 48 deaths per 100,000
- BC has a rate of 39.3 illicit drug toxicity deaths per 100,000 for 2021.

Northern Health Summary

- NH saw eight illicit drug toxicity deaths in May 2021 (~35 deaths per 100,000 individuals)
- **NW** has seen 13 illicit drug toxicity deaths in 2021 for a rate of 41.0 deaths per 100,000 individuals. This was the seventh highest rate in the province.
 - There were no deaths in May
 - Smithers LHA had a rate of 96.7 deaths per 100,000 person-years from Jan – April 2021 which was sixth highest in BC (n = 6)
 - Terrace LHA had a rate of 70.7 deaths per 100,000 person-years from Jan – April 2021 which was tenth highest in BC (n = 5)
- **NI** has seen 29 illicit drug toxicity deaths in 2021 for a rate of 47.1 deaths per 100,000 individuals. This was the fifth highest rate in the province.
 - There were six deaths in May
- **NE** has seen 16 illicit drug toxicity deaths in 2021 for a rate of 58.4 deaths per 100,000 individuals. This was the second highest rate in the province.
 - There were two deaths in May
 - Peace River South LHA had a rate of 106.4 deaths per 100,000 person-years from Jan – April 2021 which was fourth highest in BC (n = 9)

For more information, see the BC Coroners Service report: [Illicit Drug Toxicity Deaths in BC \(January 1, 2011 – May 31, 2021\)](#)

FNHA - Northern Indigenous Opioid Response Fund (NIORF)

The Northern Indigenous Opioid Response Fund (NIORF) has been established by First Nations Health Authority (FNHA) to support local opioid response efforts targeted at Indigenous people who use substances (PWUS). FNHA is partnered with The POUNDS Project for distributing and monitoring the grants awarded from the fund. This fund can be accessed for flexible and creative services that provide low barrier support options to Indigenous PWUS. These interventions and supports can take place across a continuum of health and wellness as it relates to addiction and substance use. Funding may be requested for one-time events, for fixed-term projects, or to supplement existing opioid response work taking place in communities. When applying for funding, applicants must be able to show how their proposed activities/projects/services will have a direct positive impact on Indigenous PWUS in the Northern region of BC.

Submissions for this fund will be accepted on a rolling basis until the fund is exhausted. We can provide support in completing the application package if needed; please contact NIORF@thepoundsproject.com with any questions you may have.

Please download the [Northern Indigenous Opioid Response Fund \(NIORF\) Application](#).

Other organizational news

New Prince George Medical Director

Northern Health is pleased to announce the appointment of Dr. Firas Mansour to the position of Medical Director Prince George effective July 1, 2021.

For more information about Dr. Mansour, please read [the whole announcement on the NH Physicians website](#).

Staying safe in warm weather

Summer is here and the warm weather and bright sunshine can lead to increased risks for our health and safety. For ways to stay safe while working in the heat, please see the [Safety in the Heat of the Sun Safety Talk](#).

Hospital at Home – Prince George prototype update

The UHNBC Hospital at Home (H@H) inpatient unit did a ‘soft’ launch on March 15, 2021 for an eight-week prototyping phase. During this time, the team successfully admitted, cared for and discharged 36 patients, the majority of which were in the medicine service and a few under the surgical service.

Between 1/4 – 1/3 were palliative care patients (mainly IV antibiotics). The top 10 admitting diagnoses included:

- Urosepsis
- Laparoscopic Assisted Vaginal Hysterectomy
- Myomectomy
- Cholecystitis
- Pulmonary Embolism
- Pancreatitis
- Pneumonia
- Dehydration
- Diverticulitis
- Esophageal Mass

Barriers to admission included; no caregiver for patient support & safety, patients identified from long-term care and assisted living, and patients who had medical conditions not included in the admission criteria. An additional positive impact was that 12 patients were identified as being appropriate for discharge from acute care.

Patients and their families provided overwhelming positive feedback about their experience. Thank you to all staff and physicians for their efforts in identifying appropriate patients and for your understanding as the H@H team worked through new processes. We particularly want to recognize Dr. Ash Ahmed and Dr. Ian Schokking for their leadership as physician co-leads and for sharing in the Most Responsible Provider (MRP) role for Hospital at Home patients over the eight weeks.

Agreement needs to be reached provincially as to how to compensate fee-for-service primary care physicians rendering H@H services to support longitudinal comprehensive care of patients. While this issue is being resolved provincially, the Prince George H@H service will continue to operate by admitting post-operative patients appropriate to this level of care, beginning with gynecological surgeries, with the surgeon taking on the role as MRP. Once a suitable primary care compensation model has been determined, the service will move to admit stable medical patients under their primary care provider.

If you have questions about the Hospital at Home program, please contact [Megan Hunter](#), Manager, Capacity Flow and Clinical Development at UHNBC.

Change in Fit Test Frequency back to one year

At the onset of COVID-19, WorkSafeBC temporarily extended the fit-test frequency for N95 respirators from one year to two years. Starting June 25, 2021, the one-year requirement for fit testing has gone back into effect and NH has started the transition back to annual fit testing.

A staggered plan extending to March 31, 2022 has been established to allow appropriate time for staff to be fit tested and return to the annual requirement. As of March 31, 2022, everyone who requires the use of an N95 or other respiratory protection must have received a fit test in the past year and must maintain an annual fit test frequency going forward.

Staff that are in positions that require respiratory protection can check their fit test status by viewing the Employee Fit Testing Completion Report (must be on an NH computer) and determine next steps based on the following table:

Date of last fit test	Recommendation for next fit test
Before June 25, 2019	Fit test required immediately
June 25, 2019 – June 25, 2020	Fit test as soon as possible (prior to 2 year fit-test expiry) and no later than March 31, 2022
June 26, 2020 and onward	Follow annual fit test expiry to determine next test date

If you require fit testing, please speak to your supervisor or local fit tester.

Physician highlight

The [NH Stories site](#) is a great place to read stories about NH physicians, staff, events, insights, and much more! As a highlight of some of the work being done by NH physicians, don't hesitate to read about [Dr. Remi Oyedeji in Dawson Creek](#), who recently won the town's Citizen of the Year Award.

If you have a story to tell, or have a colleague you'd like to spotlight, please reach out to Kim Matheson at kimberly.matheson@northernhealth.ca.

BC ECHO for Post-COVID-19 recovery

A free virtual learning community gives health-care providers the help and support needed to care for patients experiencing symptoms after COVID-19 infection.

Based on the global ECHO model, the BC ECHO for Post-COVID-19 Recovery is a virtual learning community of specialists and community health-care providers who use instructive and case-based learning to improve care for patients recovering from symptoms post-COVID-19.

For more information about this community and a list of the topics and dates for upcoming discussions, please visit the [Provincial Health Services Authority website](#).

Post-COVID-19 clinics with RACE line connect health-care providers with specialists

Rapid learning is key to better care for people with “long COVID” – lingering symptoms that can last past initial illness. That’s why B.C. health professionals are using provincial tools to learn and share insights on post COVID-19 recovery in real-time.

For more information about [how health professionals across BC are coming together to tackle the emerging need for post COVID-19 care and recovery](#), please visit the Provincial Health Services Authority website.

Wellness and more

Resources for wellness are available on the [Health and Wellness page](#) of the Physicians Website. For more information on [staff deals](#), the [NH Community Corner](#), and [RAARs](#), visit [OurNH](#).