



# MEDICAL STAFF DIGEST

*A weekly update for medical staff*

**February 1, 2022**

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## **Clinical guidelines**

**Access/assessment for the rapid tests is only available through the following options:**

- A requisition sent from a primary care provider
- Calling the NH Virtual Clinic at 1-844-645-7811
- Completion of the NH COVID-19 Test Booking

**Note:** Patients with mild symptoms will be asked to stay home and self-isolate, and will not be provided with a rapid test based on their symptoms and risk factors.

Patients who require testing (dependant on symptoms and risk factors), will be referred to a test site for a PCR test or to pick up a take-home rapid test. Most tests will be PCR. A friend, family member, etc. may pick up the take-home rapid test on the patient's behalf. Availability of rapid tests may be limited at times, depending on supply.

## **COVID-19 Collection Centres – updated client resources and guidelines for PCR and take-home rapid tests**

### **PCR testing**

This updated [memo](#) (OurNH link) to Collection Centres outlines the specific resources to provide to people who receive a PCR test for COVID-19. It provides updated print codes for Document Source for streamlined ordering. Several of the client resources linked within the memo have been updated.

### **Take-home rapid testing**

This [memo](#) (OurNH link) to Collection Centres introduced the roll out of take-home rapid testing in NH. [Guidelines](#) (OurNH link) for sites distributing COVID-19 take-home rapid tests

have been developed and updated. An [FAQ](#) (OurNH link) document for Collection Centres is available and linked within the Guidelines.

## **Update: Baricitinib & REGEN-COV (Monoclonal Antibody) for COVID-19**

### **Baricitinib:**

In light of the ongoing shortage of tocilizumab and the current stability of baricitinib supply, the BC COVID Therapeutics Committee (BCCTC) has updated their [clinical recommendations](#) for use of baricitinib based on the originally evaluated evidence. This update results in expanding the patient population for which this medication is recommended to now include use in severely ill patients requiring supplemental oxygen. Baricitinib should be administered within 24 hours of initiation or change in baseline use of oxygen due to COVID-19 pneumonia (not from other causes such as heart failure, pulmonary embolism, etc.).

Due to stability of baricitinib supply, the previously implemented requirement of obtaining a second clinical opinion from an Intensivist or Internist working in ICU is no longer required.

### **REGEN-COV**

In follow up to the memo from December 21st, 2021 (REGEN-COV: Monoclonal Antibody Regimen for COVID-19 inpatients), please note some important new information regarding this treatment option.

REGEN-COV (casirivimab + imdevimab) is a combination of two monoclonal antibodies that has been evaluated in various settings for management of COVID-19. The greatest benefit was seen in seronegative, moderate to severely ill inpatients (RECOVERY trial) when administered within 10 days of symptom onset; however, evidence has shown that REGEN-COV is not effective against the omicron variant (which is now the most dominant strain across BC). As such, the BC COVID Therapeutics Committee (CTC) has updated the [provincial guidelines](#) on the BC CDC website to remove REGEN-COV as a viable treatment option for COVID-19 inpatients at this time. The NH regional order set that was developed in December 2021 will also be pulled from circulation and no longer available on NH online platforms. Please remove any printed copies from your units/sites/offices.

As information on COVID-19 treatment options continues to evolve rapidly, please refer to the [BC CTC guidelines](#) for the most up-to-date information.

For more information, please see [the full memo](#).

## **COVID-19 news and updates**

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### **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 January 31, **24, 827** cases have been reported in the NH region since the beginning of the pandemic.

- Cases currently active: **1, 298**

- New cases: **86**
- Currently in hospital: **33**
  - Currently in ICU level care in hospital: **7**
- Deaths in the NH region since the beginning of the pandemic: **284**

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.

- [BC COVID-19 pandemic update](#) – January 31, 2022
- [BCCDC Situation Report](#) – January 27, 2022

## Testing and self-isolation webpage updates

To align with recent BCCDC changes, the NH [testing and self-isolation webpage](#) has been updated. Please note the following sections:

### New testing guidance

COVID-19 testing guidance has recently changed. If you have mild symptoms of COVID-19, you do not need a test. Stay home and away from others until you feel well enough to return to your regular activities and you no longer have a fever. Mild symptoms are symptoms that can be managed at home. If you do not have symptoms of COVID-19, you do not need a test.

For more information, see the [When to Get Tested](#) section.

### Take-home rapid testing

Some people referred for testing may get a [rapid antigen test kit](#) to take home. Rapid tests are available at Northern Health testing centres, and may be provided to individuals experiencing symptoms of COVID-19 and according to risk factors.

For more information, see the [Take-home Rapid Testing](#) section.

### New close contact guidance

At this time, close contacts of people who have tested positive for COVID-19 or have symptoms of COVID-19, do not need to self-isolate. You need to monitor yourself for symptoms of COVID-19 and avoid high-risk settings for 10 days. A close contact is generally someone who has been near a person with COVID-19 for at least 15 minutes when health and safety measures were not in place or were insufficient.

For more information, see the [I am a Close Contact](#) section.

### Returning to work

A new section on returning to work after self-isolation and/or COVID-19 diagnosis has been added. Information includes guidance on return to work letters, when you can return to work, and negative test requirements.

For more information, see the [Returning to Work](#) section.

## Trusted links and resources for COVID-19

- On the NH physician website:
  - [COVID-19 information and resources](#)
- OurNH resources:
  - [COVID-19 \(Coronavirus\)](#)
  - [Pandemic Recovery Toolkit](#)
- [Northern Health online booking form – COVID-19 test](#)
- [Northern BC community immunization coverage page](#)
- [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

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### Not Just Naloxone (NJN) course for nurses offered free from the First Nations Health Authority: March 2, 2022

The First Nations Health Authority is offering a free virtual workshop for Nurses called Not Just Naloxone workshop for Nurses: Talking about substance use in Indigenous communities. This course runs **March 2, 2022**.

This training was developed in response to the toxic drug crisis, which continues to disproportionately impact Indigenous people. Please see the poster attached to the digest email for more information.

To register, visit [NJN for Nurses](#) or email [njn@fnha.ca](mailto:njn@fnha.ca).

## Other organizational news

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### 2021 Health Authority Engagement Survey Report

Doctors of BC has released the results of the sixth annual Health Authority Engagement Survey, that members took part in in the fall of 2021. This survey measures BC physicians' engagement levels with their respective health authority. [The report](#) can be found on the [Doctors of BC website](#).

## Upcoming CME in Dermatology and Geriatrics

UBC CPD would like to invite you to join the follow popular virtual events coming in 2 weeks. They're both geared towards delivering practical pearls for the busy practitioner. Please click on the titles of the events for more information (including an overview, target audience, and presentation topics):

- [Spring Dermatology Review Virtual Series 2022](#)
  - February 15, March 8, April 5, April 26, and May 3 (Tuesdays) – 5:30-7 pm
- [UBC Care of the Elderly Virtual Conference](#)
  - February 11 (Fri) – 8 am-3:15 pm

## Physician Quality Improvement Patient Partners Workshop

Healthcare is all about the patient, so why not ask the patient what would improve the system? NH PQI will be offering a workshop that will help suggest ways to include patient partners on your quality improvement project teams.

This virtual workshop will run on March 9 from 5:30-7:30 pm via Zoom. Please RSVP for the workshop at [physicianqi@northernhealth.ca](mailto:physicianqi@northernhealth.ca) or [the Northern Health Physician Quality Improvement website](#).

## Upcoming webinar - Dreaming it into Being: The Realization of the National Collaborating Centre for Indigenous Health

Learn more about how the National Collaborating Centre for Indigenous Health grew from an idea into reality.

Dr. Margo Greenwood, Academic Leader of the National Collaborating Centre for Indigenous Health, is an Indigenous scholar of Cree ancestry. She is also Vice-President of Indigenous Health for the Northern Health Authority in British Columbia and Professor in both the First Nations Studies and Education programs at the University of Northern British Columbia. Her academic work crosses disciplines and sectors, and focuses on the health and well being of Indigenous children and families and public health. Dr. Greenwood has recently been named to the Order of Canada for her many local, national, and international contributions.

**Date:** February 3, 2022

**Time:** 2:30-4:00pm PST

**Link:** <https://unbc.zoom.us/j/61624411254?pwd=M0dTM1Nzdjl3ckxXZFBtdnZRSIZOZz09>

**Meeting ID:** 616 2441 1254

**Password:** 377509

## Information at Care Transitions Reminder – Learn more about the Required Organizational Practice!

Required Organizational Practices (ROPs) are evidence-informed practices addressing high-priority areas that are essential and that the organization must have in place to enhance patient safety and minimize risk.

Participation and achievement of national standards of care gives reassurance to the public, patients and families, caregivers and the entire organization that Northern Health is providing high-quality services.

The accurate and timely exchange of information is necessary to ensure a smooth transition of care, minimize misunderstanding, and reduce the need for clients and families to repeat information.

Depending on the nature of the transition (between services, units/facilities), relevant information must be provided to the receiving care providers. Such information may include allergies, medications, diagnoses, test results, advance directives, etc. Northern Health has improved documentation tools related to transition of care information. It is important to have an accurate and timely exchange of information during transitions of care. Clients/families also need information on the reason for the transition in order to make decisions and support their own care.

#### [Information at Care Transitions Poster](#)

See also the Policies: [Transition of Care Communication](#) and [Patient Transfers](#) on OurNH

For more information on ROPS see the [ROP Handbook](#)

#### **Resources for patients with chronic pain (virtual)**

The CHANGEpain clinic in Vancouver provides a wide range of pain-related education in an online group medical visit format. The group visits are MSP-billable so there is no cost to patients with a valid BC health number. Numerous sessions are offered daily, with topics ranging from general education like Pain Neuroscience, to more specific chronic pain conditions, such as Persistent Head & Face Pain, along with physical conditioning classes in stretching, yoga and pilates. Patients can self-register for these group medical visits.

- [Group Medical Visit Listing](#)
- [Group Medical Visit Calendar](#)

#### **Employed Student Nurse Program now accepting applications! Postings open from January 24 – February 18, 2022**

The Employed Student Nursing (ESN) Program is now accepting applications for the 2022/23.

This year, we are seeking candidates for both summer and year round positions, starting as early as April 2022. We have also revised our application process so that students can identify their preferred practice areas and communities where they are available for work, rather than having to select a single position to submit their application. As part of the application review process, our team will look to match you with an ESN position based on your preferences and availability.

To submit your application, please visit [ExpectMore Competition #5531463](#).

For more information about the program and application process, please visit [Student practice education and new graduate support](#).

## **A free four part Patient Engagement Learning Series by BC Patient Safety Quality Council – starting February!**

On the second Wednesday of the month, from 12-1 pm via zoom, take in the latest learning series from BC Patient Safety Quality Council (BCPSQC) about patient engagement:

- **A Foundation of Patient Engagement** – Improving Health Care Through Partnerships
  - February 9, 12-1 pm PST
- **Culturally Safe Patient Engagement** – What Matters to Indigenous Patient Partners
  - March 9, 12-1 pm PST
- **Diversity, Equity and Inclusion in Patient Engagement**
  - April 13, 12-1 pm PDT
- **Measuring the Success and Impact of Patient Engagement** – Evaluation and Closing the Loop
  - May 11, 12-1 pm PDT

[Click here to learn more and register for BCPSQC's free four part Patient Engagement Learning Series today!](#)

## **Registration is now open for the Rural Health Equity Conference 2022!**

On February 14 and 28, the Rural Health Equity Conference 2022 will explore equity and health issues in rural settings, sparking dialogue and connections between people who share a passion for responding to the unique needs of rural and remote communities. This conference is being offered virtually on two separate dates (February 14 and 28), which will allow for reconnection and continued conversation. Presentations will explore strategies for genuine engagement and create dialogue about the implications of research findings for both rural communities and service organizations. The goal is to spark partnerships for transformative research and knowledge translation. Community action for health equity and relational, integrated knowledge translation are the two main themes that guide our program.

To learn more and for free registration, visit the [Rural Health Equity Conference website](#).  
**#RHE2022**

## **Resecting Tobacco: Traditional vs. Commercial use**

First Nations Health Authority is excited to launch an [animated video](#) that may help individuals consider quitting commercial tobacco and learning more about [Respecting Tobacco](#).

Made in partnership with Indigenous Story Studio, with the guidance from Elders at Tsow-Tun-Le-Lum Society and youth from around BC. This video highlights important teachings around culture, sacred tobacco and wellness.

For thousands of years, natural tobacco has been an integral part of Indigenous culture in many parts of BC and Canada. Used in ritual, ceremony and prayer, tobacco was considered a sacred plant with immense healing and spiritual benefits. Learn why the

tobacco plant should be treated with great respect. For more information, visit [Respecting Traditional Tobacco, Quitting Commercial Tobacco](#).

## Now Available: Northern Health Antimicrobial Mobile Assistant – Firstline (formerly known as Spectrum)

### What is it?

- Firstline is a mobile app that can be customized to deliver local antimicrobial stewardship and infectious diseases resources within any hospital or health system.

### How do we access it?

- Download the mobile app for free from your app store (available for IOS and android) or access [online](#) from your desktop.

### How do we navigate it?

- Go to the [NH Antimicrobial Stewardship](#) page for an intro on navigating the application

## UHNBC phones are getting refreshed! Get the updated Phone Refresh Master Phone List and learn more about how this impacts you

We are pleased to announce the upcoming installation of the new Cisco phone system for UHNBC during Winter 2022. Please review this memo for the information that you will need and stay tuned for upcoming schedule announcement.

The fourth and fifth floors at UHNBC will be changed during the week of January 26.

In addition to changing the phones, two significant changes will be taking place:

- Some phone numbers will get a new 10 digit number
- Local dialing will change from four to six digits

**Will my number change?** Wherever we can, we are trying to keep numbers the same but there will be some circumstances that require us to change your number. To find out if your number is changing, refer to the [updated PG Phone Refresh Master List](#). Numbers will be added as we work through different areas of the hospital. Share your new number with frequent contacts and by updating your email signature and voicemail message in advance. Number changes to the Global Address Listing will be initiated by the project team at the time of the cutover. **If your department is scheduled for replacement in the next month and you don't see your number on this list or it is wrong**, please contact [phone.help@northernhealth.ca](mailto:phone.help@northernhealth.ca)

\*Managers with a new number that require an EARL call routing change should submit a request via the ITS Service Desk

**What about my extension?** All 4-digit dialing will become 6-digit dialing by adding a prefix of 50. For example, if you used to dial 5511 to call for IPT 1, you will now dial 505511. This allows for internal 6-digit dialing across all upgraded NH sites and no long distance charges. For a list of NH Cisco site prefixes, click [here](#).

**What about faxing?** Faxing services will also be upgraded to provide an enhanced experience. Faxing will now be 10-digits (no 9 or 1 needed). Some fax numbers will also change, but the old and new numbers will work for a period of 30 days so that contacts can be updated.

**How can I get training on my new phone?** Remote training sessions (via Teams) will be offered closer to the cutover dates for each department. Stay tune for more updates.

Issues? Contact us [Phone.Help@northernhealth.ca](mailto:Phone.Help@northernhealth.ca)

## **Education Opportunity: Provincial Perinatal Substance Use Project's first virtual conference – Realizing the Provincial Vision 2022: Perinatal Substance Use**

- **Dates:** February 9-10, 2022 at 9 am – 4 pm PST
- **Location:** Virtual event
- **Cost:** Free
- **Objective:** Gather together health care professionals, physicians, health care leaders, Indigenous leaders and Knowledge Keepers, policymakers, cross-sector partners and people with lived and living experience to network, learn and share perspectives on evidence-informed, leading practices, wise practices and culturally safe care that are contributing to strengthening the perinatal substance use continuum of care.

To learn more:

- Registration link: [Realizing the Provincial Vision 2022: Perinatal Substance Use](#)
- Overview: [Provincial Perinatal Substance Use Project \(PPSUP\)](#)
- Questions? Email [ppsup@phsa.ca](mailto:ppsup@phsa.ca)

## **Deadline today: Electrocardiogram (ECG)/Holter Monitor Survey**

Attention all professions that perform electrocardiograms (ECGs) and/or Holter Monitors. Please complete this [short, voluntary, and anonymous survey](#) to help identify and plan for ongoing education as well as policy development.

Please note: the deadline to complete this survey is February 1, 2022 and is designed only for professions who perform ECGs and/or Holter Monitors.

## **Town hall meetings for medical staff**

Northern Health has been offering town hall meetings to share information about the COVID-19 pandemic, recruitment and retention strategies, to get feedback on upcoming plans and projects, and more! After every presentation, there will be time for questions and comments.

For more information about upcoming town hall and education events, including topics for each presentation and how to join the (virtual) meetings, please click into the schedule of events:

- [February 2 \(5-6 pm\): Pandemic update](#)
- March 2 (5-6 pm): Update on Pandemic, Testing and Immunizations

Dates and log-in information for these events will be posted to the [Continuing Medical Education site](#). These town halls will be recorded.

Please contact [physician.education@northernhealth.ca](mailto:physician.education@northernhealth.ca) for access to the latest town hall recording.

## **COVID-19 Virtual Clinic data**

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### **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, January 24**

- 210 nursing assessments
- 66 primary care provider appointments from Terrace, Prince Rupert, Valemount, Fort St John, Dawson Creek, Prince George, Mackenzie, Houston, Smithers, Thornhill, Quesnel, Kitimat, Tumbler Ridge, and Lakelse Lake

#### **Tuesday, January 25**

- 224 nursing assessments
- 58 primary care provider appointments Dawson Creek, Mackenzie, Chetwynd, Taylor, Prince Rupert, Quesnel, Houston, Terrace, Thornhill, Prince George, Fort St John, Moberly Lake, Topley, Tumbler Ridge, and Southbank

#### **Wednesday, January 26**

- 209 nursing assessments
- 54 primary care provider appointments from Dawson Creek, Fort St John, Houston, Prince George, Prince Rupert, Terrace, Topley, Chetwynd, Thornhill, Masset, Tumbler Ridge, and Moricetown

#### **Thursday, January 27**

- 217 nursing assessments
- 52 primary care provider appointments from Charlie Lake, Dawson Creek, Fort St John, Fraser Lake, Houston, Moberly Lake, Peace River Regional District, Prince George, Prince Rupert, Taylor, Telkwa, Terrace, Kitimat, Kitkatla, Lakelse Lake, Endako, Chetwynd, Quesnel, and Thornhill

#### **Friday, January 28**

- 152 nursing assessments
- 51 primary care provider appointments from Dawson Creek, Granisle, Houston, Prince George, Thornhill, Tumbler Ridge, Kitimat, Quesnel, Smithers, Terrace, Chetwynd, Fort St John, Rolla, Tomslake, and Fort St James

**Saturday, January 29**

- 101 nursing assessments
- 42 primary care provider appointments from Dawson Creek, Fort Nelson, Fort St John, Houston, Kitkatla, Prince George, Prince Rupert, Terrace, Tumbler Ridge, Moberly Lake, New Hazelton, Smithers, Port Edward, and Thornhill

**Sunday, January 30**

- 131 nursing assessments
- 44 primary care provider appointments from Dawson Creek, Fort St James, Fort St John, Kitimat, Peace River, Port Edward, Prince George, Prince Rupert, Smithers, Telkwa, Chetwynd, Mackenzie, Terrace, and Tumbler Ridge

**Wellness and more**

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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](#).