

Relaunch Strategy for Research at the Alberta Children's Hospital

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Rationale

During the onset of the COVID-19 pandemic, the University of Calgary (UCalgary) and Alberta Health Services (AHS) were required to scale-back non-essential approved research activities. Governments, universities, and health care institutions are working on a phased approach to re-opening, including clinical research activities, while mitigating the threat of resurgence and future waves of the virus.

Child health research is essential for the advancement of care and improved outcomes. Most academic child health centers in Canada have relaunched most of their university and hospital based research operations. It is essential that Calgary not fall behind in our major contributions to national child health research. Delays in relaunch will result in major scientific and financial losses for funded investigators, failure of essential progress for trainees, unavoidable loss of employment of key personnel, millions in lost Alberta Medical Association (AMA) Academic Medicine and Health Services Program (AMHSP) salaries and other community investments, and compromise of the rights of patients and families to access experimental treatments and participate in research.

A phased approach has been taken to relaunch research at the Alberta Children's Hospital (ACH). Any changes in provincial, city, AHS, or UCalgary guidelines, or in COVID-19 cases and projections, including a potential second wave, will influence ACH research relaunch, including potential requirements to scale back. A primary concern of research leadership across the Department of Pediatrics (DoP) and the Alberta Children's Hospital Research Institute (ACHRI) is to ensure the safety of the public, patients and families, our staff and research participants during the COVID-19 pandemic, while scaling up research activity to near pre-COVID volume. It is agreed that relaunching research needs to be done in a controlled manner. However, with the pandemic expected to last months or longer and consequences of research shut down accumulating daily, the need for prompt relaunch is pressing.

Accordingly, the following strategy is proposed to relaunch ACH research operations. The guiding principles below have been developed collaboratively by ACH operations, the DoP and ACHRI to assist researchers and staff in their approach to relaunching research. This is a living document that will be revised and updated as needed. This is followed by a

checklist which needs to be completed for each study by the principal investigator (PI) to ensure adherence to all policies and facilitate efficient approval by ACH operations and medical leadership.

Research staff & trainees working on-site at ACH

All research staff and work that can be conducted remotely should remain off site. PIs and researchers should prioritize workers on site during the phased return to work. For example, priority should be given to work that requires being on site to complete, time-sensitive work due to external deadlines, and/or necessary work conducted by students and trainees who are near completion of their studies. As per UCalgary policies, no staff member or student who does not feel comfortable conducting research that involves interacting with other people and/or on-site attendance at the ACH shall be compelled to do so. Prior to staff and students being permitted to re-enter ACH to conduct research, they must provide written evidence of their acknowledgment that they are doing so freely and without inappropriate persuasion. The return of staff and students to office spaces, permitted movement throughout the site, and the use of PPE and COVID-19 screening procedures will follow AHS guidelines for acute care sites and ACH specific protocols.

When on-site research staff must follow AHS and ACH guidelines including physical distancing, hand hygiene and PPE requirements and adjust their workflows, work areas, and schedules accordingly. This may require liaising with clinical and administrative staff to manage. Staff must use the swipe card enabled entrance closest to their work area to enter/leave the building. This reduces the flow of traffic through the main entrance giving priority to patients and families, and facilitates contact tracing if necessary.

Research participants visiting ACH [Updated May 13, 2021]

All in-person human participant research should be suspended until at least May 25, 2021, with the exception of studies where suspension could adversely affect the health of participants, or where time dependent follow-up assessments must occur. In-person research visits to ACH may continue under the aforementioned circumstances, in accordance with approved COVID work plans.

During the earlier stages of relaunch (outlined below), access of both personnel and study participants/parents/guardians to the facility will only be through controlled entrances aligned with individual study requirements. Research participants coming to ACH for a research-only appointment should be screened using the [online tool](#) or [telephone screen](#). For all research participants/parents/guardians, a member of the research team will escort the participant from the checkpoint door directly to the location where their research appointment is scheduled. Research visits by minors at ACH require a minimum of 3 people: the participant, a parent/guardian, and a member of the research team. The number of research team members and study participants on-site should not exceed the minimum number required to conduct the research. Restrictions are in place as to the number of people who can accompany a child to an appointment. If exceptions to these restrictions are required to facilitate research appointments pre-approval is required through the ACH Site Command Post.

Research participants visiting clinical areas must follow AHS guidelines for the unit/area. Research visits that occur within a clinical area must be booked according to the clinical booking schedule. Research participants coming to ACH in tandem with a clinical visit will be screened using the [pre-screening tool](#) for their clinical visit. Research teams are encouraged to pre-screen for the research portion of their visit. Research participants who are visiting an area of the hospital not primarily used for clinical care (e.g., dedicated research spaces) will be escorted directly to that area. Appropriate cleaning and disinfecting protocols must be adopted for these areas and are the responsibility of the research team overseeing the visit. Research visits that occur in a dedicated research space should be booked by the research team with a minimum 30 minute gap between appointments in order to allow enough time to properly clean the area/equipment. Research teams should plan participant visits minimizing the amount of time spent in the facility, the number of encounters with other people on-site, and the impact on entrance screening.

As per Conjoint Health Research Ethics Board (CHREB) and Health Research Ethics Board of Alberta (HREBA) requirements, information regarding potential risks related to participating in research, including visiting ACH for research appointments and COVID-19 must be disclosed to participants and outlined on the study consent form.

Staff positive COVID-19 tests & contact tracing

ACH staff and physicians who have tested positive for COVID-19 are asked to help with early identification of the risk of further transmission. The ACH Site Command Post and IPC team have created a [document](#) on direction for staff/physicians/contractors who have tested positive for COVID-19. Research staff are asked to contact their Manager/PI as well as the Patient Care Manager for any clinical areas they attended (Step 1). It is important to note that it is voluntary for the staff member to provide this information. Workplace Healthy and Safety (WHS) contact tracing will continue to occur in the background and the WHS advice and direction regarding self-isolation is the source of truth.

The PI or their delegate must keep a log of staff and research participant visits to the site including arrival/departure date and time. Each team must have the ability to track and contact staff/participants in the event of potential exposure to COVID-19. There is a [template](#) available to track staff/participants on-site.

Planning to resume research in clinical areas

Researchers need to discuss resuming research with the clinical manager(s) and relevant medical leadership before resuming activities. This includes the Patient Care Manager/Unit Manager and the physician lead for the clinical area (Section Chief). Teams can also check the [AHS list](#) of clinical area readiness-status to see if the clinical area they wish to work with is open to research. If the area where the research is to occur is not on the list, researchers should reach out to the clinical manager and area medical leadership. Restarting clinical studies is contingent on the clinical areas in question being open to research, as well as any research services required (e.g., Alberta Precision Lab, pharmacy, diagnostic imaging). If the project requires AHS or other services, researchers should confirm directly with those services to ensure they are able to accommodate research. The **ACH Research Workplan** checklist below should be completed to facilitate these discussions.

Planning to resume research in non-clinical areas

Requests to resume research in non-clinical areas of the hospital must be reviewed by the relevant leadership group/individual. This includes the Alberta Children's Hospital Research Institute Scientific Director Clinical Research, and the Department of Pediatrics Sr. Consultant Child Health Research. Contacts are listed at the end of this document. Restarting studies is contingent on the areas in question being open to research, as well as any research services required (e.g., Alberta Precision Lab, pharmacy, diagnostic imaging). If the project requires AHS or other services, researchers should confirm directly with those services to ensure they are able to accommodate research. The **ACH Research Workplan** checklist below should be completed to facilitate these discussions.

Phased return to research

Permitted research studies will follow a staged relaunch, similar to that of AHS Ambulatory Relaunch Staging. All research personnel must show evidence of knowledge of COVID-19 safety requirements, appropriate to the relaunch stage.

ACH clinical research relaunch stage 0 – AHS Ambulatory Relaunch Stage 1 (completed)

- Critical/essential studies involving life-saving treatment/therapies

- Approved COVID-19 research

ACH clinical research relaunch stage 1 – AHS Ambulatory Relaunch Stage 2 (current state)

- Research studies that are coordinated with visits to the acute care facility or Medical Clinics for clinical care
- Research studies that occur in the context of clinical care-related hospital encounters (e.g., Emergency Department)
- All studies subject to approval by AHS Clinical Area Manager(s)

ACH clinical research relaunch stage 2 – AHS Ambulatory Relaunch Stage 3

- All funded research studies, with appropriate COVID-19 safety requirements.
- New research studies that have been REB and AHS approved
- **Reach 80% capacity**

ACH clinical research relaunch stage 3 – Alberta relaunch Stage 3

- All research studies, no COVID-19 related safety requirements.
- No restrictions on capacity.

A reminder that all phases are reversible should external or internal circumstances change.

COVID safety requirements [Updated May 13, 2021]

The following items should be considered and outlined within each study's **Research Work Plan**.

- Only the minimum number of research personnel and research participants to enter site to safely complete the study.
- Research associate calls participant 2 days before appointment to confirm process of entering the hospital with participant as well as completes AHS outpatient screening protocol for symptoms or exposure to COVID-19.
 - Use the [online tool or telephone screen](#)
 - Provide written instructions to research participant – [template](#)
- For research-only visits, if a participant or another person attending the appointment identifies that they are symptomatic or have a COVID-19 risk factor through the appointment confirmation process, the appointment should be re-scheduled.
- ACH is screening outpatient appointments using the expanded symptom list. The same approach should be used for research visits.
- A 30-minute buffer will be mandated between bookings so that study groups do not overlap, and thorough cleaning can take place.
- PPE (face masks and appropriate hand hygiene) mandated for anyone entering the facility as per the AHS policy.
- Additional PPE including eye protection required for all patient interactions as per AHS policy.
- Participants must wear a mask unless the research activities required prohibit masking (e.g., swabs). A clean mask will be provided upon completion of the activity. Researchers will maintain continuous masking and eye protection while interacting with participants.
- Screening for COVID-19 / influenza by means of a checklist. This should be part of phone screening 1-2 days prior to scan day, as well as on the day of the scan.
- Explain to participants/guardians in advance about preparations and their assumed risks re COVID-19, using a standard disclosure (see [CHREB](#) requirements or [HREBA](#) requirements).
- Immunocompromised or otherwise high-risk participants would not be permitted to visit the site for research visits unless the visit was combined with a clinical visit and deemed clinical necessary for patient management.

- Please request that all participants leave their valuables at home.
- Cleaning at end of every day of door handles, desks, workstations, equipment, etc. in addition to routine cleaning procedures for the facility. Appropriate cleaning of high contact areas between users (workstations, computers, etc.) also required.
- Researchers involved need to be trained in the expected IPC procedures they need to follow.
- Any equipment that touches participants must follow strict cleaning procedures between participants.

ACH Research Workplan Checklist

The following checklist is designed to facilitate the development of your study's Research Workplan for review, discussion and ultimate approval by ACH Management which must include the Patient Care Manager responsible for the clinical service or area with support from the Site Manager or Site Project Manager as needed. Contacts are listed below the checklist. Items with a '☐' indicate this information needs to be brought forward to ACH Management for review.

	Question	Comments or action(s) to be taken	Status
Staff working on-site at ACH	Have all options for remote work been explored?	Only work that cannot be completed remotely should be conducted on-site. ☐ Provide justification that no other contact mode is possible other than face to face. This document may assist F2F Challenge .	Yes No NA
	Are staff aware of COVID related facility changes and expectations about accessing and moving about the building?	Ensure staff review return to site information Staff MUST use swipe enabled entrances near their work area.	Yes No NA
	Is there a plan to ensure physical distancing in the working area?	Visually inspect workspace (e.g. office or lab) to ensure staff can maintain 2m/6ft physical of distance.	Yes No NA
	If workspaces are shared with multiple users, is a plan agreed upon to ensure physical distancing, cleaning and a safe workspace?	Consider for all shared spaces including 4th floor, common facilities. Liaise with clinical/administrative staff as needed. ☐ Will need to inventory all workspaces on site (both patient and non-patient) that are planned to be used to support the work. Many spaces have been repurposed over the pandemic and confirmation that all spaces are available is required.	Yes No NA
	Have all staff and students been instructed on infection control and prevention?	IP&C guidance	Yes No NA
	Are all staff/students aware of the continuous masking expectations and the requirement to use eye protection?	Continuous masking guidance, PPE FAQ, Bring your Own PPE guidance The DoP can help researcher staff acquire masks/eye protection if necessary.	Yes No NA

	Is there a plan to ensure staff complete fit for work requirements?	Fit for work screening Implementation guide	Yes No NA
	Have all trainees acknowledged the possible risks of working on-site?	Review UCalgary experiential learning standards and complete acknowledgement form.	Yes No NA
	Have you identified a research team member responsible for ensuring the continued adherence of your team to public health guidelines?		Yes No NA
	Does the PI or their delegate have a system in place for tracking staff/participant visits to the site for potential contact tracing?	<input type="checkbox"/> Outline the system used to track staff/participant visits. Include PI/delegate contact info, including phone number) within workplan. A tracking template is available.	Yes No NA
Research participants visiting ACH	Do the consent/assent forms disclose risk(s) of entering ACH?	CHREB guidance HREBA guidance	Yes No NA
	How will you notify patients and families of visitation and site access restrictions? Are you aware of the process for obtaining visitation exceptions, if required?	AHS COVID-19 Designated Family/Support and Visitation Guidance Visitation exception requests are approved by the ACH Site Command Post (SCP) and must be submitted by the unit/clinic/program management. Exception requests should be sent a minimum of 24 hours in advance of the planned visitation to: SCP.Calgary.ACH@ahs.ca . When sending exception requests please: <ul style="list-style-type: none"> • Label the subject line “ACH Visitor Exception Request – [Location]” • Provide the following information: <ul style="list-style-type: none"> ○ Reason for the exception request ○ Name of the patient ○ Names of the people requesting simultaneous visitation/entry to the building and their relation to the patient 	

		<ul style="list-style-type: none"> ○ Anticipated length of the visitation exception request 	
	How will you ensure that research participants who feel unwell do not visit ACH?	<p>Participant and guardian should be pre-screened using the online tool or telephone screen prior to appointment.</p> <p><input type="checkbox"/> A plan is required to pre-screen participants (including instructions for visiting the site). Please include details for resources to complete this work.</p> <p>ACH Covid info for outpatient appointments</p>	
	What is your plan to minimize the time spent on-site for patients and families?	<p>Staff can meet participants at front entrance of ACH to escort them to the designated waiting area. Staff then escort participants immediately after appointment to appropriate exit.</p> <p>Details will be discussed with ACH management to plan for the best route for participants to take while on site.</p>	
	How will you provide PPE to participants?	All visitors to ACH are required to wear a mask and wash hands. Participants and families obtain these at front entrance screening.	
	How will you ensure that equipment and/or high touch areas be sanitized between patient visits?	<p>Have a 30-minute buffer between booking patients so visits do not overlap and to allow for adequate cleaning time.</p> <p>The DoP can help researchers acquire cleaning supplies for non-clinical research areas.</p>	
Research Operations	Is the clinical area you plan to conduct research activities ready for research?	<p>Check AHS Health systems access for relaunch readiness of the operational area.</p> <p>Notify manager of any potential impact.</p> <p>Inform section head or other potentially affected medical leadership of intent to relaunch including estimated numbers to ensure does not complicate clinical operations</p>	Yes No NA

	<p>Have you discussed resuming research activities with ACH Management which must include the Patient Care Manager responsible for the clinical service or area with support from the Site Manager or Site Project Manager as needed.</p>	<p>Some areas are not listed on the readiness page but may still accommodate research.</p> <p>In addition to the details noted above, the following information will be required:</p> <p><input type="checkbox"/> A total of anticipated daily/weekly visits including the percentage of visits coinciding with a clinical visit and how they will be coordinated with clinic booking.</p> <p><input type="checkbox"/> Estimated time for the research component of the visit (whether isolated or combined with clinic)</p> <p><input type="checkbox"/> Number of patients per week requiring:</p> <p style="margin-left: 20px;">a) Lab draws b) Diagnostic imaging</p> <p><input type="checkbox"/> If after hours visits are required in your area, please share plans for after hour procedures and any resource requirements.</p>	<p>Yes No NA</p>
	<p>Have potential issues in following institutional and public health guidelines been identified?</p>		<p>Yes No NA</p>
	<p>Are measures in place to cease or alter research procedures in the event public health guidelines change?</p>		<p>Yes No NA</p>
	<p>Have you reviewed the latest AHS and UCalgary research guidance and re-entry protocols?</p>	<p>AHS research guidance UCalgary re-entry protocol</p>	<p>Yes No NA</p>

Contacts

For questions regarding the above process, please contact the following:

[AHS management](#)

Lynne Seidler, Site Manager (lynne.seidler@ahs.ca, 403-955-2439)

Jennifer Sullivan, Project Manager (Jennifer.sullivan@ahs.ca, 403-955-2437)

Department Research Team

Nicole Romanow (ntruest@ucalgary.ca, 403-955-7538)

AHS clinical manager contact list – please contact the manager for your area to review your workplan and receive approval to resume. For urgent/time sensitive requests, please cc the AHS management contacts above.

NAME	TITLE	UNIT	Email	PHONE	ASSISTANT	PHONE
Brent Seefried	Unit Manager	Respiratory Clinics. Respiratory Therapy, PFT Lab, Sleep Lab	Brent.Seefried@albertahealthservices.ca	955-2572	Leanne Hargas	955-7174
Carla Stiles	Unit Manager	Unit 4/Nursing Support Team/Infectious Disease/Dermatology/Pediatric Follow Up Clinics	Carla.Stiles@albertahealthservices.ca	955-7153	Sarah Pals	955-7586
Catherine Morrison	Patient Care Manager	Child Development Diagnostic Services / Neonatal Follow-Up Clinic / Child Abuse / Adolescent Medicine / Outreach Services / Neuro-Developmental Disorders (NDD) / Integrated Brain Health Initiative / FCRC / Emily's Back Yard / PFCC & Engagement / Transition Services / ACH Complex Care Initiatives	catherine.morrison@albertahealthservices.ca	955-2297	Jacquelin Lenin	955-7082
Conny Betuzzi	Patient Care Manager	Neuroscience Services, MSK (Ortho, Rheumatology) / Rehabilitation Services, Spiritual Care / Allied Health (OT, PT, SLP, Psych, SW), Child Life, Audiology, Therapy Assistants	conny.betuzzi@albertahealthservices.ca	955-7009	Pamela Hoffmann	955-7101
Diane V. Hill	Unit Manager	Child Development Diagnostic Services / Neonatal Follow-Up Clinic / Child Abuse / Adolescent Medicine	Diane.Hill2@albertahealthservices.ca	955-5943	Dianne Wispinski	955-591
Heather Hunter	Unit Manager	Rotary Flames House	heather.hunter@albertahealthservices.ca	955-5505	Teena Gilmore	955-5461
Jacinda Sartison	Care Manager	Home Care	jacinda.sartison@albertahealthservices.ca	955-2385	Shauna McBride	943-1746
Jane McMurray	Unit Manager	Pre-Admission Clinic (PAC), SSSU, PACU	Jane.McMurray@albertahealthservices.ca	955-7566	Carolanne Fright	955-2768

AHS clinical manager contact list – please contact the manager for your area to review your workplan and receive approval to resume. For urgent/time sensitive requests, please cc the AHS management contacts above.

NAME	TITLE	UNIT	Email	PHONE	ASSISTANT	PHONE
Jennifer Crysdale	Patient Care Manager	PCU 1 & 2 / HOT Program / Complex Care Program / HENT	jennifer.crysdale@albertahealthservices.ca	955-7267	Danielle Anderson	955-7265
Jennifer Tweed	Patient Care Manager	ED, Pediatric Critical Care Transport Team, Trauma Services	Jennifer.Tweed@albertahealthservices.ca	955-7620	Kerry Sturby	955-2591
Jessica Graham	Patient Care Manager	Pre-Admission Clinic (PAC), SSSU, PACU, OR, MDRD, OR Booking Office	Jessica.L.Graham@albertahealthservices.ca	955-7881	Carolanne Fright	955-2768
Karen Butel	Patient Care Manager	Pediatric Home Care, Rotary Flames House	Karen.Butel@albertahealthservices.ca	943-1796	Teena Gilmore RFH Shauna McBride Home Care	955-5461
Kelly Wilson	Unit Manager	PCU 3/Medical Day Treatment/Hemodialysis	Kelly.Wilson@albertahealthservices.ca	955-7405	Sarah Pals	955-7586
Kerry Hart	Unit Manager	NICU RSV Clinic	Kerry.Hart@albertahealthservices.ca	955-2453	Norah Carmichael	955-7242
Krista McIntyre	Unit Manager	PCU 1 / HOT Clinical Research Unit	Krista.McIntyre@albertahealthservices.ca	955-2931	Danielle Anderson	955-7265
Laura Slipp	Patient Care Manager	PICU / NICU / RSV / KidSIM	Laura.Slipp@albertahealthservices.ca	955-7929	Norah Carmichael	955-7242
Leah Harburn (on Mat Leave effective Jan 15) Tara Bourque	Unit Manager	Operating Room, MDRD OR Booking Office	Leah.Harburn@albertahealthservices.ca Tara.Bourque@albertahealthservices.ca	955-7180	Carolanne Fright	955-2768
Lisa Parsons	Unit Manager	Vision, Dental, Surgical & Sensory Clinic	Lisa.Parsons@albertahealthservices.ca	955-7970	Leanne Hargas	955-7174
Marlene Franklin	Unit Manager	PICU	Marlene.Franklin@albertahealthservices.ca	955-7452	Norah Carmichael	955-7242

AHS clinical manager contact list – please contact the manager for your area to review your workplan and receive approval to resume. For urgent/time sensitive requests, please cc the AHS management contacts above.

NAME	TITLE	UNIT	Email	PHONE	ASSISTANT	PHONE
Mary O’Gorman	Unit Manager	PCU 2, HENT, Complex Care Program	mary.ogorman@albertahealthservices.ca	955-7409	Danielle Anderson	955-7265
Melanie Matiisen-Dewar	Unit Manager	Allied Health, and Vi Riddell Children’s Pain & Rehabilitation Centre, Rehab Stream (OT, PT, SLP, Audiology, Therapy Assistants)	melanie.matiisen-dewar@albertahealthservices.ca	955-7965	Pamela Hoffmann	955-7101
Megan Mill	Unit Manager	Allied Health / Vi Riddell Children’s Pain & Rehabilitation Centre / Pain / Psychosocial Stream (Child Life, Psych, SW)	Megan.Mill@albertahealthservices.ca	955-7179	Pamela Hoffmann	955-7101
Nadine Gall	Manager	Neuro-Developmental Disorders (NDD), Integrated Brain Health Initiative, FCRC, Emily’s Back Yard, PFCC & Engagement, Transition Services, ACH Complex Care Initiatives	Nadine.Gall@albertahealthservices.ca	955-5978	Jacquelin Lenin	955-7082
Rachelle Van Vliet	Patient Care Manager	PCU 3 & 4/Nursing Support Team Hemodialysis/Infectious Disease / Dermatology /Pediatric Follow Up Clinics/ Medical Day Treatment	Rachelle.VanVliet@albertahealthservices.ca	955-7239	Sarah Pals	955-7586
Renee Sholes	Patient Care Manager	GI, Diabetes / Endo Clinics, Pediatric Centre for Weight & Health, Nephrology, Urology, Cardiology, Vision, Dental, Surgical & Sensory Clinic, Respiratory Clinics. Respiratory Therapy, PFT Lab, Sleep Lab	Renee.Sholes@albertahealthservices.ca	955-7249	Leanne Hargas	955-7174
Ruth Kohut	Patient Care Manager	Inherited Metabolic Clinic / Genetic Services	Ruth.Kohut@albertahealthservices.ca	955-7782	Barb Fox	955-7469
Sarah Wilkie	Unit Manager	Neuroscience, MSK (Ortho, Rheumatology), Rehabilitation Services	Sarah.Wilkie@albertahealthservices.ca	955-2617	Pamela Hoffmann	955-7101
Tara Bourque (covering for Leah Harburn’s mat leave effective Dec 30th)	Unit Manager	Operating Room, MDRD OR Booking Office	Tara.Bourque@albertahealthservices.ca	955-7180	Carolanne Fright	955-2768
Terri Shykula	Unit Manager	Trican Hematology/Oncology/BMT Clinics and Day Treatment Unit	Terri.Shykula@albertahealthservices.ca	955-7309	Danielle Anderson	955-7265

AHS clinical manager contact list – please contact the manager for your area to review your workplan and receive approval to resume. **For urgent/time sensitive requests, please cc the AHS management contacts above.**

NAME	TITLE	UNIT	Email	PHONE	ASSISTANT	PHONE
Trish Dubyk	Unit Manager	ED, Pediatric Critical Care Transport Team, Trauma Services	Trish.Dubyk@albertahealthservices.ca	955-7416	Kerry Sturby	955-2591
Warren Kerney	Unit Manager	GI, Diabetes / Endo Clinics, Pediatric Centre for Weight & Health, Nephrology, Urology, Cardiology	Warren.Kerney@albertahealthservices.ca	955-2904	Leanne Hargas	955-7174
Winnifred Cull-Power	Care Manager	Schools & Community Program Nursing Staff	winnifred.cullpower@albertahealthservices.ca	943-1806	Shauna McBride	943-1746
Craig Vines	Executive Director	Diagnostic Imaging	Craig.vines@ahs.ca	944-2707		

Non-clinical area contact list – please contact the appropriate individual to review your workplan and receive approval to resume.

Nicole Romanow	Sr. Consultant	Department of Pediatrics research space at ACH	Ntr.romanow@ucalgary.ca			
Dr. Marinka Twilt	Scientific Director Clinical research	Alberta Children's Hospital research space at ACH	Marinka.twilt@ahs.ca			