

CMOH Order 29-2020

Information & Support for Operators



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- The intent of this slide deck is to provide an overview of the revised visiting restrictions impacting your setting.
- As you all know, but as a reminder, reviewing this slide deck does not replace reading through the order and Appendix entirely to understand the full requirements and expectations for your setting, but we hope it is helpful.

Agenda

- Background of Order 29
- New Expectations
- Enforcement
- Communication and Resources
- Questions

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- Strict limitations to visitor access were necessary in earlier stages of the pandemic. Severe outbreaks in congregate care settings are now less likely because we now know more about COVID-19 and the protections that have been put in place to date have worked. It is critical that all public health safety measures continue to be implemented and observed by all persons impacted by this Order to prevent the spread of COVID-19.
 - Temporary limitations will still occur in situations where threat of COVID-19 is imminent.
- To offset the negative consequences to residents due to the prolonged visitor restrictions in these settings, access to support from designated persons (other than staff) is supported as essential to maintaining the resident's mental and physical health, while still retaining necessary safety precautions.
- Furthermore, safe access to visitors (other than designated persons) helps support family caregivers and provides vital social interaction for residents.

Background – CMOH Order 29-2020

- In effect as of July 23, 2020
- Rescinds CMOH Order 14-2020
- Fourth CMOH Order addressing continuing care visitor restrictions
- Reflective of the stage of the pandemic and the negative consequences of restrictions to date
- Informed by residents and families, key stakeholders and partners
- Recognizes that restrictions will be longstanding

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- Though the Order was signed on July 16, 2020, it will be effective on July 23, 2020. This was done to give you as an organization time to develop your policy and processes for safe visiting that is required under this Order. It is recognized that the new order will shift your current processes and we hope that having this time is helpful. While there will be tremendous effort required, we are confident that once implemented, this approach will serve in the best interests of residents, families, staff and organizations to balance the need to protect all parties from COVID-19 with the critically important need for human connection and presence of family and supportive people.
- The new order rescinds and replaces Order 14-2020 and is the fourth order to address restrictions on visitors to prevent the spread of COVID-19 in these settings (auxiliary hospitals, nursing homes, designated supportive living or licensed supportive living sites, lodges and – new to this Order – residential hospice settings contracted with AHS).
- Each order has been sequentially updated based on the stage of the pandemic that we are in.
- Restrictions in these settings will be longstanding so there is a need to

address, from a provincial perspective, the toll that they are taking on the mental and physical health of residents.

- The new framework approach was developed after extensive review of feedback that government has received since the start of the pandemic and after hearing from over 6,000 Albertans in the telephone town hall series that were hosted at the end of June by Dr. Hinshaw. It was developed in collaboration with key stakeholders, including industry associations which represent many of you on the call today, and with our partners at Seniors and Housing, Community and Social Services, and Alberta Health Services.
- A reminder of previous requirements (Order 14-2020):
 - 1 designated essential visitor per resident
 - Access to resident based on unmet care or quality of life related need and end of life circumstance (end of life defined as last two weeks of life, where more people are permitted, one at a time unless space can accommodate more, then maximum 2 at a time)
 - Outdoor visits with 3 persons, including resident and designated essential visitor

New Expectations

- Designated Family/Support Persons
- Visitors
- Safe Visiting Practices
- Indoor/Outdoor Visits – Summary
- Risk Tolerance Assessment
- Restricted Access
- Operator Requirements
- Responsibilities for Visiting Persons

Overview of Visiting Framework

SUMMARY

Designated Family/Support Persons (up to 2) At minimum

Other Visitors

- Extenuating Circumstances At minimum
- Social Visits At minimum outdoors
Indoors: Subject to risk tolerance assessment and operator approach

Indoor Visits

- Resident Room At minimum
- Shared Care Area At minimum
- Designated Indoor Space Subject to risk tolerance assessment and operator approach

Outdoor visits

- Designated Outdoor space At minimum
Subject to operator approach

- The new visiting framework sets a minimum expectation for visiting persons, and gives flexibility at the site level to inform greater or lesser presence of people, informed by the needs and preferences of residents and families, in consideration of the site circumstance to take on more risk of exposure.
- Dr. Hinshaw recognizes that no two sites are the same in terms of the types of residents and clients served and layout of the site to safely accommodate visiting persons. Enabling this flexibility is in direct response to the calls for recognition that group homes are different from long-term care settings, which are different from seniors' lodges and private supportive living, which are different from hospice settings which are now also under this Order.
- At minimum, residents may each identify two designated family/support persons who will have access to them under this order. In addition, other visitors must be permitted entry in extenuating circumstances, including end of life, change in health status and pressing circumstances. As in Order 14, these visits may happen in a resident room, or in a shared care area if support is being directly provided by the person present (e.g. mealtime support).

- Under this new framework, operators may designate indoor spaces for visits, in addition to supporting visits in resident rooms and may, based on a risk tolerance assessment and preferences of residents and families, permit social visits from people other than the designated persons in resident rooms and designated indoor spaces.
- At minimum, designated outdoor spaces must be identified to accommodate outdoor social visits (over and above the two designated family/support persons).

Designated Family/Support Persons

- Residents may identify up to **two** designated family/support persons
 - Family member, friend, private or volunteer companion or support worker, legal guardian, agent, etc.
 - Aged 18 or older (exception for most suitable person)
- Supported as essential to maintaining resident mental and physical health
 - Standing schedule recommended, informed by resident needs
 - Presence is not determined by unmet need
- Multiple residents can have the same persons
- Temporary replacements acceptable

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- An operator must proactively and collaboratively work with residents, or alternate decision makers, to confirm up to two (2) designated family/support persons per resident, ensuring each resident has the level of support they desire and/or require.
- There no longer is a “designated essential visitor” role as per previous Orders.
- These persons may be a family member, friend, companion (privately paid or volunteer), support worker (privately paid or volunteer), power of attorney/trustee, agent, legal guardian, or any other person identified by the resident or alternate decision maker.
- These persons cannot be under 18 years of age; however, in rare circumstances, and if the most suitable individual is younger, individuals 16 years of age or older may be supported to be a designated family/support person.
- All designated family/support persons are recognized as care partners and must be supported as essential to maintaining the resident’s mental and physical health.
 - Visits must be coordinated with the operator however it is recommended that a standing schedule (a schedule that is

consistent week after week) is established based on resident needs and preferences – in that case, each visit does not need to be booked individually.

- Access can be for any reason – their presence is not determined by unmet need, as was the case with previous policies.
- It is possible for multiple residents to have the same designated family/support persons and, as previously, temporary replacements are acceptable if a designated family/support person is unable to perform their role for a period of time.

Visitors

- At minimum:
 - End of Life
 - Change in health status
 - Pressing circumstances
 - Outdoor Visits

Not subject to duration or frequency limitations
- As determined by risk tolerance assessment:
 - Indoor social visits

Subject to duration or frequency limitations

All designated family/support persons and visitors must be educated on *Safe Visiting Practices* and related site policies.

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- Access to indoor visitors (that is, people beyond the two designated family/support persons) will be determined by resident circumstance (extenuating circumstances), and by a site risk tolerance assessment for social visits.
- Visitors (other family, friends, accompanied minors, support persons, etc.) **must** be permitted entry in circumstances identified as extenuating:
 - End of Life:
 - Within the context of supportive living and long-term care: While it is difficult to be precise around when a resident is at the end of their life, end of life in this context refers to the last four to six weeks of life (a change from the two week period in the previous policy). A physician's note is not required for the determination of end of life.
 - Once there has been an end of life determination, increased access under this parameter will continue, beyond the four to six week timeframe, if a resident has not died.

- Within the context of hospice: Increased access under end of life parameters above apply from the **time of admission** to hospice.
- Significant change in health status: Any instance of sudden change in physical/mental/cognitive/spiritual health status, extreme loneliness or depression, or other situation where resident health has been or is suddenly compromised.
- Pressing circumstance: Any life event where on site access to someone other than the designated family/support persons might be necessary (e.g. financial or legal matters, family crisis, etc.).
- Other visitors (including accompanied minors) **may** be permitted for indoor visits for social visits.
 - In settings where the assessed risk of COVID-19 exposure is low and site and resident directed risk tolerance is high, visitors may be permitted for indoor social visits.
- And finally, other visitors (including minors) **must** be permitted for outdoor visits.
 - Access to outdoor visits may be based on site ability to accommodate more people (i.e. maintain physical distancing) and subject to operator approach (i.e. scheduling frequency and duration limitations).
- All designated family/support persons and visitors must be educated on *Safe Visiting Practices* and related site policies. Please refer to the fact sheets to supplement this process.

Safe Visiting Practices

- Risk of unknown exposure to COVID-19
- Hand hygiene
- Use of personal protective equipment
 - Safe physical touch
 - Cognitive/sensory impairments or traumatic experience
- Visiting animals
- Gifts

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- It is imperative that all persons entering these settings:
 - Understand the risk of exposure to COVID-19 (for self and others);
 - Follow all related site policies and public health measures in place; and
 - Remain vigilant in protecting themselves and others both while on site as well as off site.
- All visiting persons must understand safe visiting practices, which include:
 - Understanding the risk of unknown exposure to COVID-19
 - Any person with known risk of COVID-19 will not be permitted to enter
 - It is important for all persons to understand their risk of unknown exposure to COVID-19, based on their behaviour in the last 14 days, prior to entering the site and modify their behaviour accordingly.
 - Hand hygiene
 - Use of PPE

- Guidance for safe physical touch, when desired
- Guidance for situations of cognitive/sensory impairments or traumatic experience
- Visiting animals
- Gifts
- Please review the Order for details on above.

Indoor/Outdoor Visit Summary

Resident Room	<u>At Minimum</u> Up to two people; Up to 3 people at one time in <u>end of life</u> circumstances, unless all persons are from the same household in which case there is <u>no maximum</u> (EOL parameters upon admission for hospice clients) <u>Where permitted, based on risk tolerance assessment</u> Social visits: Up to two people
Shared Care Area	<u>At minimum</u> One designated family/support person at a time only
Designated Indoor Spaces (not care areas)	<u>Where permitted, based on risk tolerance assessment</u> Limited to a maximum of 3 people (including the resident) per grouping, unless the site can safely accommodate more *Subject to operator approach to scheduling
Designated Outdoor Spaces	<u>At minimum</u> Up to five people (including the resident) per grouping if physical distancing can be maintained *Subject to operator approach to scheduling

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- Here is a summary of the parameters for indoor and outdoor visits. Please review the Appendix to the Order in detail.
- Up to two people can visit in a resident room, not including the resident, if physical distancing can be maintained. In end of life (EOL) circumstances, up to 3 people at one time, not including the resident, is permitted. If all the people visiting in end of life circumstances are from the same household, there should be no maximum for visitor numbers.
- For semi-private rooms, the parameters are the same, but physical distancing from the other resident(s) must be maintained. If this cannot be maintained, the operator must do their best to make accommodations to support the residents (e.g. temporary relocation of resident, etc.)
- Only one designated family/support person is permitted a time in shared care areas such as a dining room.
- Where permitted, groupings in designated indoor spaces should be limited to three, including the resident.
- Up to five people, including the resident, per grouping is permitted for outdoor visits, if physical distancing can be maintained.
- A designated person does not have to be present for visits (this is a

change) and all visits in designated indoor and outdoor spaces are subject to operator approach to scheduling.

Risk Tolerance Assessment

- Risk Tolerance: Ability of a site, as an entity, to accept increased potential of exposure to COVID-19
 - Physical accommodation and the collective of residents and staff
- Risk Tolerance Assessment
 - Inform restricted access situations
 - Inform parameters for social visits where desired
- Risk tolerance will continuously change and depend on many factors.

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- Risk tolerance, in the context of this Order, is the ability of a site, as an entity (physical accommodation and the collective of residents and staff), to accept increased potential of exposure to COVID-19 to inform situations where restricted access may be necessary and where more visits (for example, social) are desired. Risk tolerance is fluid (i.e. is not constant; will continuously change) and will depend on many factors such as for example the prevalence of COVID-19 in the community in which the facility is located.
- You will identify the risk tolerance for your site based on conversations with residents, families and staff. Risk tolerance will vary between sites for many reasons including the health status of residents (i.e. a group home may be quite different from a long-term care facility), facility design and perception of risk tolerance by each resident or alternate decision maker.

Risk Tolerance Assessment

Factors to consider:

- Number of people on site
- Layout of site
- Collective health of residents, where known
- Number of residents actively leaving site for outings
- Resident and staff risk tolerance (if disclosed)
- Mechanism for ongoing monitoring of risk designation of region
- Other as relevant to your site

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- The basis of the risk tolerance assessment, which is outlined in Table 2 of the Appendix to the Order, recognizes that you as the operator are in the best position to know the limits of your site, and in consultation with residents, families and staff, arrive at a baseline understanding of the risk tolerance for your site. This is a tool for you to use to assess any identified risks and to determine the capacity of the site to manage more visitors (for example, social visits indoors).
- Factors that may influence the risk tolerance assessment include:
 - Number of people on site
 - Layout of site
 - Collective health of residents, where known
 - Number of residents actively leaving the site for outings
 - Resident and staff risk tolerance (if known)
 - Understanding and monitoring of current risk in the community around the facility
 - Other factors as relevant to your site

Restricted Access

- All restrictions:
 - Informed by risk tolerance assessment
 - Must be in collaboration with residents and families
 - May include consultation with organizational/agency executive
 - May include consultation with Zone Medical Officers of Health
- Designated family/support persons must never be overly restricted access to the resident(s) they support
 - A confirmed site outbreak may impact their standing schedule (at their own discretion) but will not prohibit their presence altogether
 - If the resident has COVID-19, viable and feasible options for continued access to the resident, if desired, must be identified

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- Restrictions such as duration and frequency limits on visits must only happen when reasonable attempts have been made by an operator to consider and offer alternative options.
- An operator may temporarily restrict access in situations where their risk tolerance assessment indicates increased risk of exposure to COVID-19.
 - Decisions on restrictions must consider input from residents and families and may include consultation with an organizational/agency executive or zone Medical Officers of Health, where appropriate.
 - Collaboration with the site's Resident and Family Council is encouraged where a Council is established and representative of residents and families as a collective.
 - Operators are required to develop a safe visiting policy and process, in collaboration with residents and families, that includes the criteria for restricted access.
 - Designated family/support persons shall never be overly restricted in their access to the resident(s) they support.
 - A confirmed site outbreak may impact their standing

schedule (at their own discretion) but will not prohibit their presence altogether

- If the resident has COVID-19, viable and feasible options for continued access to the resident, if desired, must be identified
- Examples of temporary increased restrictions on access include only allowing designated family/support persons, reducing number of persons permitted at one time, and limiting the number of additional people on site at any one time.

Operator Requirements

1. Policy and process for safe visiting during the COVID-19 pandemic (please review Order Appendix in detail)
2. Confirm up to 2 designated family/support persons per resident
3. Keep a list for verification purposes
4. Ensure *Health Assessment Screening* is conducted and instruct all persons to proceed directly to expected location of visit
5. Educate and instruct all persons to adhere to *Safe Visiting Practices* and related site policies
6. Designate outdoor and indoor spaces, as relevant
7. Ensure all persons have or are provided with required PPE, have been trained to use and have practiced use

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An **operator** must:

1. Develop, implement, maintain, and communicate a principle-based policy and process for safe visiting during the COVID-19 pandemic.
2. Proactively and collaboratively work with residents, or alternate decision makers, to confirm up to two (2) designated family/support persons per resident, ensuring each resident has the level of support they desire and/or require.
3. Keep a list of all designated family/support persons for verification purposes.
4. Ensure that the *Health Assessment Screening* is conducted on every person upon entering the site under this Order and instruct persons to proceed directly to the expected location of visit (resident room, shared care area or designated indoor space).
5. Educate and instruct all residents, designated family/support persons and visitors to adhere to *Safe Visiting Practices* and follow related site policies.
6. Designate outdoor spaces for outdoor visits and, where applicable, indoor spaces for indoor visits and mark them as such with signage.
7. Ensure residents, designated family/support persons and/or visitors

have or are provided with the required PPE (based on precaution required), have been trained to use, and have practiced the appropriate use of the PPE.

Safe Visiting Policy and Process

- a) Consider the needs and preferences of residents and families;
- b) Outline the method of coordinating visits;
- c) Identify the assessed risk tolerance of the site, with consideration of risks and mitigation plans for changes to resident or site circumstance;
- d) Identify the criteria for restricted access;
- e) Outline process for restricting visits due to non-complying persons;
- f) Outline dispute resolution process;
- g) Be evaluated regularly; and
- h) Be regularly communicated.

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An **operator** must:

1. Develop, implement, maintain, and communicate a principle-based policy and process for safe visiting during the COVID-19 pandemic. This policy and process must be developed in collaboration with residents and families, consider all guidance provided in within this Order and, at minimum:
 - a) Consider the needs and preferences of residents and families;
 - i. Parameters for visits must be flexible and supportive and reflective of the voice of the resident, where they are able to express their preferences regarding visiting.
 - ii. Unless otherwise compromised due to health status, residents should be supported to identify their own perceived risk tolerance.
 - b) Outline the method of coordinating visits to ensure safe presence and movement of people and equitable access to visits for all residents;
 1. Develop a standing schedule (if desired) for designated family/support persons based on the needs and preferences of the resident.

2. Develop a method for scheduling visits in shared spaces (indoor and outdoor) where applicable.
 - a) Identify the assessed risk tolerance of the site, in consultation with residents, families, and staff, with consideration of risks and mitigation plans for changes to resident or site circumstance;
 - b) Identify the criteria for restricted access;
 - c) Outline process for restricting visits due to non-complying persons;
 - d) Outline dispute resolution process, including method of documentation;
 - e) Be evaluated regularly, at minimum every three weeks or as risk conditions change or when residents or families indicate a need to re-evaluate; and
 - f) Be regularly communicated to residents, staff, and designated family/support persons, at minimum every time it is updated.

Responsibilities for Visiting Persons

1. Undergo screening and self-check for symptoms
2. Coordinate visits with operator
3. Be educated on and adhere to *Safe Visiting Practices* and related site policies
4. Only visit with the resident(s) they are supporting
5. Wear a mask continuously indoors and, if physical distancing cannot be maintained, outdoors
6. Notify operator of any symptoms that arise within 14 days of visiting

Entry may be refused if there is reason to believe an individual is not abiding by these responsibilities.

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All designated family/support persons and visitors must:

1. Undergo *Active Health Assessment Screening* at entry and self check for symptoms throughout visit.
2. Coordinate all visits with operator, unless done by the resident.
3. Be educated on and adhere to *Safe Visiting Practices* and related site policies.
4. Only visit with the resident(s) they are supporting.
5. Wear a mask continuously indoors; and, if physical distancing cannot be maintained, outdoors.
 - Single-use masks may be removed (and immediately disposed of) for indoor visits in a resident room if physical distancing can be maintained. A new mask must be worn in transit through the site.
6. Notify the operator of any symptoms that arise within 14 days of visiting with a resident.
 - Entry may be refused if there is reason to believe an individual is not abiding by these responsibilities.

Other Content

- Extended Visits
 - Off Site
 - On Site

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- The provincial policy does not restrict extended visits off site by residents or on site by visiting persons. Please see the order for more details.

Implications

- Unchanged considerations
 - Volunteers
 - Cleaning requirements
 - Shared Dining
 - Scheduled recreation
 - Residents visiting
 - Isolation requirement

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To address some of the linkages with CMOH Order 23-2020, which has the standards required during COVID-19, we wanted to take the time to reiterate unchanged parameters that intersect with the visiting restrictions.

- Volunteers
 - You may use off-site volunteers (or on site if a resident volunteer) for specific tasks to help support the implementation of CMOH Order 29-2020 (e.g. remote virtual/telephone training and education support to designated family/support persons and visitors; remote scheduling support; etc.).
- Cleaning requirements
 - You will continue to have to talk and collaborate to establish shared roles and responsibilities.
 - Under Order 23, you may create a reasonable approach to cleaning requirements, including the role of staff, service providers (e.g., home care) and visitors that meets the requirements to ensure both cleanliness and feasibility of operations.
 - For residents who prefer not to have additional cleaning in

their rooms, operators are encouraged to offer information on the benefits of cleaning but also respect the wishes of the resident. If cleaning is declined, resident should be encouraged to wash their hands when they leave their room and enter any common area.

- Operators are encouraged to take a balanced approach in these situations and offer information that explains the purpose and benefit of the cleaning/disinfection, but that also respects the wishes of the resident.
- Shared dining
 - A reminder that shared dining should continue for non-isolated residents. Order 23 includes expectations for doing this safely, including physical distancing, while maintaining resident-focused service.
- Scheduled recreation
 - Recreational and group activities for non-isolated residents continue to be permitted, while maintaining physical distancing.
 - Group sizes should still be kept as small as possible and may be no more than fifteen people, including staff members, while ensuring the space is able to accommodate all physical distancing requirements.
- Residents visiting
 - Non-isolating or quarantining residents should not be restricted from visiting with one another.
- Isolation requirement
 - Isolation requirements, at times, present a barrier to the mental health of residents returning from an extended stay off site (over 24hrs) and for new residents just moving in.
 - A reminder that zone Medical Officers of Health are able to modify isolation requirements on a case by case basis, considering the activity that the person engaged in off-site, who they were with and where they were. Please contact them if there is a resident struggling with the 14 day isolation requirement.

Enforcement

CMOH Order Enforcement

A COVID-19 compliance and monitoring team has been created in response to this pandemic.

- Alberta Health and AHS Environmental Public Health staff have authority under the Public Health Act to ensure compliance to Dr. Hinshaw's orders.
- Licensed supportive living, long-term care facilities and hospice settings may be visited to ensure compliance and enforce CMOH Orders. These visits may be announced or unannounced.

Communication and Resources

- Supportive resources will be available at:
<https://www.alberta.ca/protecting-residents-at-congregate-care-facilities.aspx>
 - Video
 - Fact Sheets
 - Q and A
- For any questions about the application of these updated requirements, please contact Alberta Health at: asal@gov.ab.ca or phone: 780-644-8428

***The most up-to-date information on COVID-19 can be found at the following link: www.alberta.ca/covid19.**

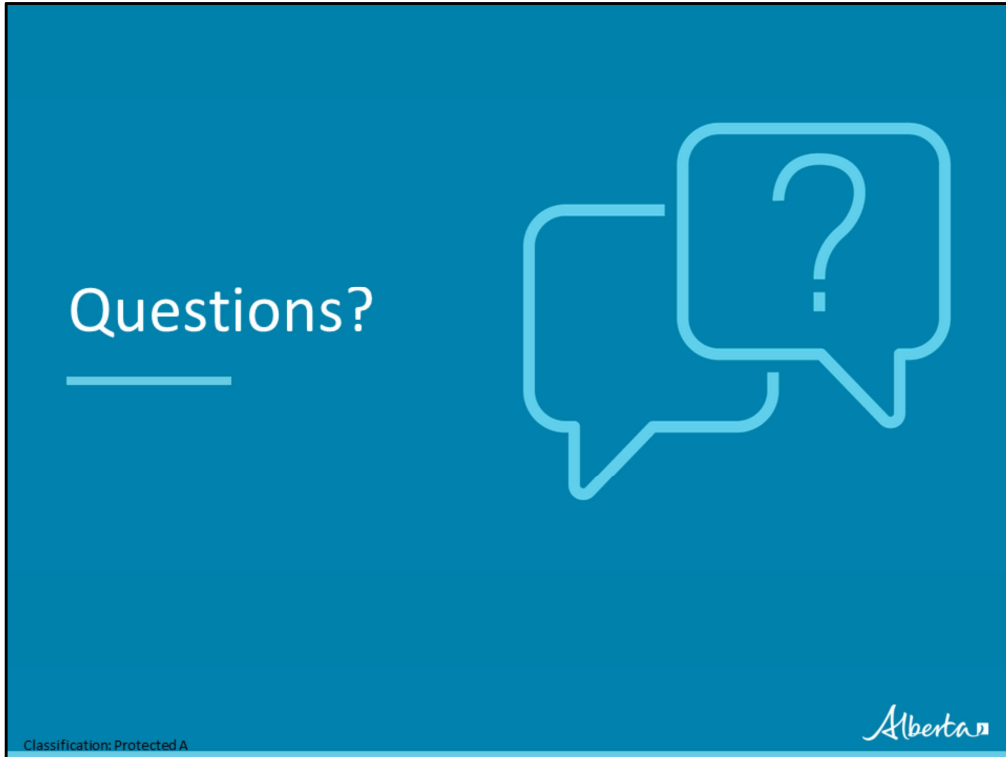
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- A series of resources are being developed to support the implementation of the updated visiting order. These include a video that you may use to socialize the changes with your residents and families, two fact sheets (one for residents and one for visiting persons) and a question and answer document. Please monitor alberta.ca/covid19 for the latest information.
- These will be accessible online and do not replace, but supplement, other resources developed by your organizations and associations.
- Alberta Health monitors the ASAL mailbox (email and phone calls) for COVID-19 related questions.
- Licensing inspectors are available to answer questions or concerns operators may have in relation to the application of the CMOH Orders. Complaints officers follow-up on complaints regarding specific sites.
- Feedback is also forwarded to the appropriate channels such as the Office of the Chief Medical Officer of Health, Emergency Operations Centre or other areas in government.
- Please feel free to contact the Accommodations Standards and Licensing Office at ASAL@gov.ab.ca or by phone at 780-644-8428.



- Thank you for your dedication to protect the safety and wellbeing of your residents and clients. Everything you have done and continue to do is so incredibly important and appreciated.
- Though this is an unprecedented time in our collective history, we know that together, we will get through it.



You are invited to participate in a scheduled Q and A session – see invitation in mail out for more details.