Alberta Health

Office of the Chief Medical Officer of Health
10025 Jasper Avenue NW
PO Box 1360, Stn. Main
Edmonton, Alberta T5J 2N3
Canada

RECORD OF DECISION – CMOH Order 12-2020 which amends CMOH Order 10-2020

Re: 2020 COVID-19 Response

Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

Whereas the investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

Whereas under section 29(2.1) of the *Public Health Act* (the Act), I have the authority by order to prohibit a person from attending a location for any period and subject to any conditions that I consider appropriate, where I have determined that the person engaging in that activity could transmit an infectious agent. I also have the authority to take whatever other steps that are, in my opinion, necessary in order to lessen the impact of the public health emergency.

Whereas I made Record of Decision - CMOH Order 10-2020 on April 10, 2020.

Whereas having determined that it is necessary to revise Part 2 of Record of Decision - CMOH Order 10-2020 to:

(a) revise the operational standards attached as Appendix A to Record of Decision - CMOH Order 10-2020; and

(b) revise the outbreak standards attached as Appendix B to Record of Decision - CMOH Order 10-2020.

I hereby make the following Order, which modifies my previous Record of Decision - CMOH Order 10-2020:

Part 2 of Record of Decision – CMOH Order 10-2020 is rescinded and the following is substituted in its place:

Part 2 – Updated operational and outbreak standards and screening questionnaires

1. Effective immediately all operators of a health care facility, located in the Province of Alberta, must

   (a) comply with the operational and outbreak standards attached as Appendix A to this Order; and

   (b) use the applicable COVID-19 questionnaires for licensed supportive living and long-term care, attached as Appendix B to this Order, in accordance with the operational and outbreak standards.

2. For the purposes of Part 2 of this Order, a "health care facility" is defined as:

   (a) an auxiliary hospital under the *Hospitals Act*;

   (b) a nursing home under the *Nursing Homes Act;*

   (c) a designated supportive living accommodation or a licensed supportive living accommodation under the *Supportive Living Accommodation Licensing Act;* and

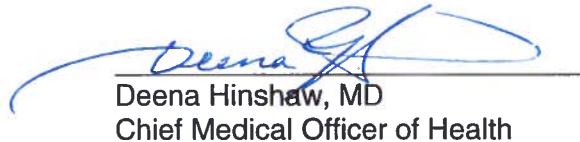
   (d) a lodge accommodation under the *Alberta Housing Act*.

3. Despite section 1 of this Order, an operator of a health care facility may be exempted from the application of this Order, by me, on a case-by-case basis.

4. In the event of a confirmed outbreak as described in the operational and outbreak standards, an individual who is employed or contracted to provide services within more than one health care facility, and who is not authorized to be absent from work under Part 1 of Record of Decision – CMOH Order 10-2020, is authorized to be absent from each of those health care facilities except the one health care facility in which they will continue to provide services for the duration of the outbreak.

5. This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 28 day of April, 2020.



Deena Hinshaw, MD
Chief Medical Officer of Health

Alberta

Document: Appendix A to Record of Decision – CMOH Order 12-2020

Subject: Updated Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care under Record of Decision – CMOH Order 12-2020.

Date Issued: April 28, 2020

Scope of Application: As per Record of Decision – CMOH Order 12-2020.

Distribution: All licensed supportive living (including group homes and lodges) and long-term care (nursing homes and auxiliary hospitals).

Purpose:

The operational expectations outlined here are required under the Record of Decision – CMOH Order 12-2020 (the Order) and are applicable to all licensed supportive living (SL) and long-term care (LTC) facilities, unless otherwise indicated. They set requirements for all operators[1], residents[2], staff[3], as well as any designated essential visitors.

- These expectations outline the operational and outbreak standards that apply to support early recognition and swift action for effective management of COVID-19 amongst vulnerable populations.
- These expectations may change existing requirements (e.g., in the Supportive Living and Long Term Care Accommodation Standards, the Continuing Care Health Service standards), but are required for the duration of this Order. Otherwise, those expectations are unchanged.
- These expectations apply to all staff including any person employed by or contracted by the site, or an Alberta Health Services (AHS) employee, or another essential worker.

Overview of updates:

1. Removed Residential Addiction Treatment facilities from scope
2. Updated Symptom Information - Table 1
3. Testing all residents and staff when COVID-19 identified - Page 5
4. Updated definitions of phases referenced - Page 5
5. Clarification on essential staff - Page 7
6. Recommendations for use of eye protection - Page 9
7. Additional information guiding temporary resident relocation - Page 13
8. Guidelines promoting quality of life - Page 15
9. Updated COVID-19 Questionnaires - Appendix B

[1] Operator means any operator, service provider, site administration or other staff member responsible for areas impacted by these expectations.
[2] A resident is any person who lives within one of these sites (sometimes called clients).
[3] Any person employed by or contracted by the site, or an Alberta Health Services employee or other essential worker.

Key Messages:

- Individuals over 60 years of age, those with pre-existing health conditions are the most at risk of severe symptoms from COVID-19, especially when they live in close contact as occurs within congregate settings.
- To prevent the spread of respiratory viruses, including COVID-19, among seniors and vulnerable groups, we are setting a number of expectations that apply to operators, staff, residents and designated essential visitors.
- We recognize that socialization and activity are an important part of quality of life in these congregate settings. These new expectations are intended to safeguard people while we are in this pandemic, with additional guidance to be considered to also support broader quality of life.
- The intent of these expectations is to help ensure that seniors and other vulnerable individuals living and working in these congregate settings are kept as physically safe as possible, mitigating the risks of COVID-19 – which are significant – as well as other infections.

Table 1- Symptoms of COVID-19

Symptoms of COVID-19 ***(Residents)***	**Symptoms of COVID-19** ***(All Albertans Including Staff and Visitors)***
• fever (**37.8°C** or higher) **New Onset:** • cough • shortness of breath/difficulty breathing • sore throat • runny nose • sneezing • nasal congestion • hoarse voice • difficulty swallowing • any atypical symptoms including: o Chills o Muscle aches o Nausea/vomiting/diarrhea o Feeling unwell/ fatigue/ malaise o Headache	• fever (**38.0°C** or higher) **New Onset:** • cough • shortness of breath/difficulty breathing • sore throat • runny nose

- Note that the list of symptoms for residents is expanded as residents may experience milder initial symptoms or be unable to report certain symptoms if cognitively impaired.
- Note that COVID-19 Screening Questionnaires (**Appendix B**) capture a more broad range of symptoms because they are intended to screen out any illness, not just COVID-19.

- Anyone with symptoms listed in **Table 1** must be isolated and tested for COVID-19.
- AHS Coordinated COVID-19 Response is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms listed in **Table 1** for additional guidance and decision-making support at a site that does not already have an outbreak of COVID-19.
    - The AHS Coordinated COVID-19 Response team should be contacted with the ***first symptomatic person*** in a congregate setting. Sites that do not already have a confirmed COVID-19 outbreak should promptly report newly symptomatic persons.
    - The site must ensure the symptomatic person is swabbed, *preferably* through on-site capacity, if available. If not, AHS will arrange for the resident to be tested.
    - Once the AHS Coordinated COVID-19 Response team has been informed and a COVID-19 outbreak has been declared the AHS Zone Medical Officers of Health (or designate) will be the contact going forward.
    - Note that if test results are negative for COVID-19, usual influenza like-illness (ILI) or gastrointestinal illness (GI) outbreak protocols should be followed, as appropriate to the identified organism causing the outbreak.
- If there is a new **confirmed** outbreak of COVID-19, it is required that all residents and staff on the affected site/unit be tested for COVID-19.
    - The swabs should be collected within 3 days of identifying the first confirmed case.
    - The swabs will be collected, preferably, through on-site capacity, if available. If not, AHS will arrange for the resident to be tested.
    - This testing should also occur if there appears to be transmission still occurring in an existing outbreak.
- The definitions of phases referenced within the document include:
    - A site in **outbreak prevention** is defined as:
        - No residents or staff showing any symptoms of COVID-19 as listed in Table 1.
    - A **site under investigation** is defined as:
        - At least one resident or staff member who exhibit **any** of the symptoms of COVID-19 as listed in Table 1.
    - A **confirmed COVID-19 outbreak** is defined as:
        - Any one individual (resident or staff) laboratory confirmed to have COVID-19
        - Note that sites with two or more individuals with confirmed COVID-19 will be included in public reporting.

Site Specific Guidelines

*Note that if there is conflicting information between the documents linked below and these standards, these standards supersede.

- Group homes for persons with developmental disabilities (PDD group homes with four or more residents)
    - Operators **must review and implement** the AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites .
- Licensed supportive living (SL), including designated supportive living (DSL)
    - Operators **must review and implement** the AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites . In addition, the following guidelines **must be applied as well**:
        - AHS Guidelines for Outbreak Prevention, Management and Control in Supportive Living and Home Living Sites,
- Long-Term Care (LTC)
    - Operators **must review and implement** the AHS Guidelines for COVID-19 Outbreak Prevention,

Control and Management in Congregate Living Sites . In addition, the following guidelines **must be applied as well**:

- AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites

Symptom Screening

Health Assessment Screening

- Anyone (staff, designated essential visitors, and residents) entering the site, **must** be screened *each* time they enter.
  - The only exception is in the case of an emergency where stopping to be screened would negatively affect the reason for their entry (fire, police, medical emergency).
- Screening shall involve both of the following:
  1. Temperature screening
     - The temperature of all residents, staff and visitors must be taken by a non-invasive infrared or similar device (oral thermometers must not be used).
  2. COVID-19 Questionnaire (See **Appendix B** for forms)
     - If a resident answers **YES** to any of the screening questions, the individual must immediately be given a procedure/surgical mask and isolated in their room, or an available isolation room. The resident must be tested for COVID-19.
     - If any staff answers **YES** to any of the screening questions, they will not be permitted to enter the facility. If the staff member has a fever, cough, shortness of breath/difficulty breathing, sore throat or runny nose (as per **Table 1**) they must be tested. Testing can be facilitated by completing the AHS online assessment tool for staff.
     - If any visitor answers **YES** to any of the screening questions, they will not be permitted to enter the facility. Visitors must be directed to isolate and complete the AHS online assessment tool to arrange for testing.

Active Health Screening

- For residents who have routine interface with health staff (e.g. personal care, etc.), staff must actively screen the resident for symptoms of COVID-19 **daily**.
  - Resident Screening Questionnaire should be used and a record of screening be kept on the resident's chart.
  - If the resident shows any signs of COVID-19, the resident must be immediately isolated and tested for COVID-19.
    - AHS Coordinated COVID-19 Response is available to all congregate settings. They should be contacted with the first symptomatic person in a congregate setting. Sites that do not already have a confirmed COVID-19 outbreak should promptly report newly symptomatic persons.
  - In a **confirmed** COVID-19 outbreak, staff must increase the active screening to **twice** daily (e.g. day shift and evening shift).
- For residents who do not have routine interface with health staff, operators must advise that they are required to conduct daily self-checks for symptoms of COVID-19.
  - Resident Screening Questionnaire should be provided to the resident for their reference.
  - Residents must immediately notify their primary site contact (preferably by phone), if they are feeling unwell.
  - Resident must be informed to immediately isolate and be tested for COVID-19.

    - AHS Coordinated COVID-19 Response is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms of COVID-19 for additional guidance and decision- making support.
- Operators must advise **staff** that they are required to conduct twice daily self-checks for signs of COVID-19, - as well as a self-check immediately prior to coming to work.
    - Any staff member that determines they are symptomatic at any time shall notify their supervisor and/or the facility operator and should be tested. Testing can be facilitated by completing the AHS online assessment tool for staff.
    - Any staff member who develops symptoms while at work must continue to wear a mask and be sent home immediately by private transportation (i.e. not public transit).

Expectations of Staff & Operators
Staff and Operator Disclosure

- Staff must **immediately** tell their supervisor if they have worked in the last 14 days or are currently working at a site (including but not limited to the sites to which this Order applies), where there is a **confirmed** COVID-19 outbreak.
- This disclosure is **mandatory**, for the purposes of protecting the health and safety of the disclosing staff member, other staff as well as the health and safety of the residents.
- Mandated disclosure ***cannot*** be used by an operator as the sole reason to dismiss a staff (e.g., lay off or fire); however, staff may be subject to work restrictions, depending on exposure and a risk assessment.
- Operators must **immediately** inform staff that disclosing exposure to COVID-19 (e.g. close contact to a confirmed case of COVID-19) to the facility is required and will not result in dismissal or job loss.
- Operators will notify all residents, staff and families if there is a **confirmed** COVID-19 outbreak. Operators should communicate transparently with residents and families when their site is **under investigation** for COVID-19.

Staff Working at Single Facility

Note: As per letter sent to all affected sites on April 22, 2020, operators are not to move forward with implementing single site staffing until they receive further direction to do so from Alberta Health (or Alberta Health Services on behalf of Alberta Health). This extra time is required to determine the best way to implement this directive.

- To protect the most vulnerable Albertans, **designated supportive living** and **long-term care** staff employed or contracted by the operator are limited to working within one single **designated supportive living** or **long-term care** facility. This will help to prevent the spread of illness between facilities.
    - The intent of this order is to limit the risk of transmitting **COVID-19** to our most vulnerable by reducing the number of different people who interact with residents.
    - This order is inclusive of **all facility staff** (e.g. health care workers, food service workers, housekeeping, administrative, etc.).
        - Essential Services persons permitted to enter the site include:
            - Emergency response personnel (police, fire, ambulance, etc.),
            - Urgent/emergent contracted building maintenance services (e.g. elevators, heating/cooling, fire alarms, etc.),
            - Essential pick-ups and deliveries (e.g. oxygen, laundry, food, supplies, etc.),
            - Other similar essential services.
        - Essential Services persons who should provide virtual services, where feasible and possible:

        - Physicians,
        - Nurse practitioners,
        - Allied health,
        - Home care,
        - Specialty consultants,
        - Educators,
        - Pharmacy,
        - Laboratory staff,
        - Public health,
        - Infection control,
        - Dialysis,
        - Authorized inspectors, officers and investigators for care, compliance or safety,
        - MAiD coordination,
        - Funeral home staff, and
        - Religious leaders.
        - Should it be necessary to attend the facility, they should limit the number of different facilities they enter and provide in-person care to only one facility per day to the greatest extent possible.
- Expected to be extremely rare, any requests for a consideration of an exemption may be brought forward on a case-by-case basis for consultation with AHS Zone Medical Officers of Health. Only the Chief Medical Officer of Health may grant an exemption.
- Staff will be granted a leave of absence from their non-primary employers. Non-primary employers will not penalize staff.
- In the case of a **confirmed** COVID-19 outbreak, all other congregate settings (i.e. non-designated licensed supportive living, lodges, and group homes) must require staff to work only at one congregate living setting for the duration of the outbreak.
- It is **strongly recommended** that all congregate living settings (i.e. non-designated licensed supportive living, lodges, and group homes), though not mandated, also implement this directive.

Routine Practices and Additional Precautions

- All staff providing **direct resident care** or **working in resident care areas** must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either involved in direct resident contact or cannot maintain adequate physical distancing (2 metres) from resident and co-workers.
    - These staff are required to put on a mask at entry to the site to reduce the risk of transmitting COVID-19 to residents and other workers, which may occur even when symptoms of illness are not present or recognized.
    - Staff must perform hand hygiene before putting on the mask and before and after removing the mask.
    - Where there is evidence of continued transmission (defined as at least 2 confirmed COVID-19 cases), continuous use of eye protection (e.g. goggles, visor, face shield) is recommended for all staff and designated essential visitors providing **direct resident care** or **working in resident care areas**.
- Any staff who do not work in resident care areas or have direct resident contact are required to mask if physical distancing (2 metres) cannot be maintained **at all times** in the workplace or if entry into resident care areas is required.

- Judicious use of all Personal Protective Equipment (PPE) supplies remains critical to conserve supplies and ensure availability.
- Additional PPE will be needed for those staff providing care to all isolated residents. This includes gowns, facial protection (mask, visor, eye protection), and gloves.
  - Under the above direction:
    - When putting on PPE, the following sequence of steps is required:
      1. Screen for symptoms
      2. Perform hand hygiene
      3. Cover body (i.e. gown)
      4. Apply facial protection (i.e. mask, visor, eye protection)
      5. Put on gloves
    - When taking off PPE, the following sequence of steps is required:
      1. Remove gloves
      2. Perform hand hygiene
      3. Remove body coverings
      4. Perform hand hygiene
      5. Remove facial protection
      6. Perform hand hygiene
- Operators must immediately ensure that staff and designated essential visitors are provided with the required PPE, are trained, and have practiced the appropriate use (i.e. putting on and taking off) of PPE prior to caring for, or entering the room of, a symptomatic resident.
  - This may be done in partnership with Public Health and includes (but may not be limited to) the correct choice of, application (putting on) of and removal of the PPE (e.g., preventing contamination of clothing, skin, and environment).
- Staff who are following hand hygiene guidelines, using appropriate PPE and applying it correctly while caring for residents with confirmed COVID-19, are not considered "exposed" and may safely enter public spaces within the facility or other rooms.
- Any individual who has had direct contact with a person who is a confirmed case of COVID-19, without wearing recommended PPE (i.e., before they are aware that the person has a confirmed case of COVID-19), is required to isolate as per direction from Public Health.

Deployment of Staff and Resources

- In the case of a **confirmed** COVID-19 outbreak, operators must:
  - Identify essential care and services and postpone non-urgent care and services, if required, depending on the scope of the confirmed COVID-19 outbreak.
  - Authorize and deploy additional resources to manage the outbreak, as needed, to provide safe resident care and services as well as a safe workplace for staff.
  - Assign staff (cohort), to the greatest extent possible, to either:
    - Exclusively provide care/service for residents that are asymptomatic (no illness or symptoms of illness), or
    - Exclusively provide care/service for residents who are symptomatic (have suspected or confirmed COVID-19).
    - When cohorting of staff is not possible:
      - Minimize movement of staff between residents who are asymptomatic and those who are symptomatic, and
      - Have staff complete work with asymptomatic residents (or tasks done in their rooms)

first before moving to those residents who are symptomatic.

- Deploy other resources, which may include staff who do not normally work in the newly assigned area (e.g., assisting with meals and personal support/care), to assist.
    - An operator must ensure that deployed staff are provided with appropriate training before the task is delegated to them and that appropriate supervision is provided, if needed.
- All staff are required to work to their full scope of practice to support residents.
- Continue to provide care and support for the symptomatic resident within the facility ("care and treat in place"), when possible given the seriousness of the presenting symptoms and in alignment with the resident's care plan and Goals of Care designation.
- Ensure that any required changes to the symptomatic resident's care (or support) plan, that may be required to treat COVID-19, or any other identified infection, are made and communicated to all staff who need to implement the care plan.
    - It is strongly recommended that, where necessary and applicable, the resident's physician, care team, community treatment team/supports, designated essential visitor and alternate decision-maker be consulted.
- If **immediate medical attention** is needed, call 911 and inform emergency response that you have a resident with suspected or confirmed COVID-19.
    - The operator must ensure this transfer is consistent with the resident's Goals of Care designation, advanced care plan, or personal directive.

Enhanced Environmental Cleaning

Operators must:

- Communicate daily, to the appropriate staff, regarding need for enhanced environmental cleaning and disinfection and ensure it is happening.
- Use disinfectants that have a Drug Identification Number (DIN) issued by Health Canada and do so in accordance with label instructions.
    - Look for an 8-digit number (normally found near the bottom of a disinfectant's label).
- Common/Public areas:
    - Increase the frequency of cleaning and disinfecting of any "high touch" surfaces (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote), care/treatment areas, dining areas and lounges, as appropriate to the facility to a **minimum of three times daily**.
    - In addition, cleaning and disinfection should be performed at least **once per day** on all low touch surfaces (e.g., shelves, bedside chairs or benches, windowsills, headwall units, over-bed light fixtures, message or white boards, outside of sharps containers).
    - Immediately clean and disinfect any visibly dirty surfaces.
- Resident Rooms
    - If resident rooms have visitors/staff attending to the resident, they should be considered "high touch" areas and cleaned a minimum of three times daily as above and "low touch" surfaces at least once per day.
    - If there are no visitors/staff coming to a resident room, there is no need to increase frequency of in-room cleaning. Staff who visit a resident who is not isolated are obligated under Order 07-2020 to prevent the spread of infection to the resident. This will include the cleaning and disinfection of surfaces that are contacted. Designated essential visitors are expected to observe any infection prevention requirements set out by the facility including those set out in Order 14-2020 (e.g., frequent hand hygiene, wearing surgical/procedure masks or face coverings).
- Immediately clean and disinfect any visibly dirty surfaces.

- Staff should ensure that **hand hygiene** has been performed **before** touching any equipment and clean and disinfect:
    - Any health care equipment (e.g., wheelchairs, walkers, lifts), in accordance with the manufacturer's instructions.
    - Any shared resident care equipment (e.g., commodes, blood pressure cuffs, thermometers) prior to use by a different resident.
    - All staff equipment (e.g., computer carts and/or screens, medication carts, charting desks or tables, computer screens, telephones, touch screens, chair arms) **at least daily and when visibly soiled.**
- Follow the manufacturer's instructions for difficult to clean items, or consult with Alberta Health Services (AHS) Infection Prevention and Control (IPC).
- All IPC concerns, for all settings, are being addressed through the central intake email continuingcare@albertahealthservices.ca.

Shared Spaces

Operators must ensure the following (or communicate these expectations to the residents and/or staff, as required):

- Place posters regarding physical distancing, hand hygiene (hand washing and hand sanitizer use) and limiting the spread of infection in areas where they are likely to be seen. At a minimum this includes placing them at entrances, in all public/shared washrooms, treatment and dining areas.
    - Post the physical distancing poster in a place that is available to all residents, designated essential visitors and staff.
- No resident who is feeling unwell or under isolation should be in any of the building's shared spaces except to directly come and go to essential appointments or other activities as set out in this document.

  Shared Rooms
    - Maintain a distance of two (2) metres between residents sharing a room and any designated essential visitor.
    - Remove or discard communal products (e.g., shampoo, creams).
    - Residents must have their own personal products.
    - Where there are privacy curtains, change or clean, if visibly soiled.

  Shared Dining
  - Group dining may continue for **non-isolated** residents, if deemed appropriate and feasible, while maintaining following standards:
    - Minimize the size of the group of residents eating at any one time (e.g., increase the number of meal times, distribute groups eating into other available rooms, stagger the times when meals happen, etc.)
    - Reduce the number of residents eating at a table to a maximum of 2, with as much distance apart as possible or implement alternatives that allow the required distance.
    - Have staff handle cutlery (e.g., pre-set tables).
    - Remove shared food containers from dining areas (e.g., shared pitchers of water, shared coffee cream dispensers, salt and pepper shakers, etc.)
    - Provide single service packets of condiments, provide packet directly to each resident, rather than self-serve in a bulk container.
    - Remove any self-serve food items made available in public spaces.

Group/Recreational Activities

- Recreational and group activities for **non-isolated** residents are permitted while meeting these expectations:
    - Meet all existing physical distancing requirements at all times
    - Reduce the size of the activity to five or fewer residents
    - To the greatest extent possible, pursue one-on-one activities
    - Facilitate access to phone calls and other technology to maintain the link between residents, family and friends
    - Remove or secure (lock up or put in an area that only staff can access) any moveable recreational supplies. If you use any of these (e.g., for one-to-one or small group activities that meet existing physical and social distancing and other group/recreational expectations), ensure they are cleaned and disinfected before and after any use and re-secure.
    - Scheduled resident group recreational/special events are to be cancelled/postponed if a site is **under investigation** or in a **confirmed** COVID-19 outbreak or if they cannot occur while meeting the above standards.

Resident Movement (Around Community/Admissions/Temporary Resident Relocation)

Resident Movement around their Community

- Residents who are not required to isolate are encouraged stay on the facility's property, except in the case of necessity (e.g., medical appointments, groceries, pharmacy, spend time outdoors, etc.) while observing physical /social distancing requirements.
    - Residents returning must wash their hands or use hand sanitizer immediately upon return to the facility and are subject to Health Screening Assessments (See *Health Assessment Screening*).
- If possible, arrangements should be made to support residents in obtaining necessities without them leaving the site when a site is **under investigation** or in a **confirmed** COVID-19 outbreak. Operators must ensure the following (or communicate these expectations to the residents and/or staff, as required, and work to ensure compliance):
    - Residents who are isolated (even if asymptomatic) are required to make alternate arrangements for their necessities (e.g. groceries, medication refills, etc.) if they are not provided by the facility staff.

Admissions

- People will continue to move into these settings (e.g., as new residents), according to existing processes and will continue to move between settings in the usual way (e.g., return from hospital admissions, emergency department visits, medical appointments, etc.).
    - All <u>new</u> admissions to the facility must be placed on contact/droplet precautions for 14 days from arrival to facility.
    - Current residents that return to the facility from other settings may be placed on contact/droplet precautions for 14 days, at the discretion of the operator.
        - This may be dependent on an assessment of the risk that the resident was exposed to COVID-19, within those other settings.
        - If the resident is determined to not require contact/droplet precautions, they are subject to the same Health Screening Assessments as all other residents/staff. This screening may also result in a requirement to isolate (See *Health Assessment Screening*).
- If the site is **under investigation**, the operator should consult with AHS Zone Medical Officers of Health before accepting new admissions into the site.
    - These decisions should be made on a case by case basis while using consistent decision-making

methods.
    - Decisions should be based on number of people affected, type of symptoms, location of infected residents within the facility, number of shared staff between units, acute care capacity, etc.
- If the site has a **confirmed** COVID-19 outbreak, the operator must stop admissions into the site, unless at the explicit direction of the AHS Zone Medical Officers of Health.
    - These decisions should be made on a case by case basis while using consistent decision-making methods.
    - Decisions should be based on number of people affected, type of symptoms, location of infected residents within the facility, number of shared staff between units, acute care capacity, etc.

Temporary Resident Relocation
Should a resident or client wish to temporarily relocate, they must (with operator/service provider support, as relevant):

- Involve their care team, physician, at-home supports, Alberta Health Services (AHS) Home Care (as applicable) and any alternate decision maker (as applicable) to make a decision.
- Have a detailed plan of care and service, applicable for an **indeterminate** length of time (up to or over one year), which takes into account **available** supports (based on current state of limited availability of home care services).
    - This plan should consider back-up arrangements for contingencies that may arise in the event of illness.
- Provide **written consent** (and a waiver of liability, if required) to the possibility of their facility room being used by someone else while they relocate, if necessary, and understand their responsibilities and the risks of temporary relocation, including but not limited to:
    - Responsibility for:
        - Indicating who will be the responsible receiving party (who they will be staying with).
        - Accommodation charge (as long as the room remains unoccupied by another resident).
        - Managing resident property.
        - Resident care and service requirements and needed equipment/supplies.
            - Acknowledgement that the family (resident and receiving party) will be responsible for the care of the resident (and any additional costs incurred, relating to relocation) until the facility is able to re-admit the client.
        - Acknowledgement that 14 day isolation upon relocation out of the facility **under investigation** or in a **confirmed outbreak** of COVID-19 is required for the safety of themselves and those around them. It may also be required at the future point when they return to the facility (or additional requirements as set by the CMOH).
            - Continuing to isolate beyond the 14 days, with the exception of the family with whom they live is strongly encouraged.
    - Risks of:
        - Limited capacity of Alberta Health Services Home Care to provide services.
            - In addition, other parts of the system (e.g., primary care, emergency rooms, emergency services, hospitals) may also be less easily accessed, or limited in the services they provide, for the duration of the public health emergency.
            - If the resident is moving to another jurisdiction (e.g. another province or territory), the potential limited capacity of that other jurisdiction to provide services.

    - Residents may be re-admitted while the facility is in **outbreak prevention**. Residents **will not** be re-admitted while the facility is **under investigation** or in a **confirmed** outbreak of COVID-19.
    - Residents may not be guaranteed to get their own room back.
    - Residents may not be admitted for several months after the pandemic is declared over, depending on availability of their room.
    - Any other risks that arise, that the operator and AHS cannot predict, which are the responsibility of the resident and receiving party

To support resident relocation, operators are responsible to:

- Share a copy of, or key information from the resident's care plan.
- Support the residents (or their alternate decision makers and the receiving party) to understand their rights and responsibilities, as well as the potential risks, should they choose to temporarily relocate.
- Ensure residents (or their alternate decision makers and the receiving party) have current general information respecting relevant community, municipal, provincial and federal programs, if required (as per Accommodation Standard 22).
- Ensure that any required documentation is completed, in advance of the temporary relocation, confirming resident (or their alternate decision makers and the receiving party) understanding of their responsibilities and the identified associated risks and retain that record.
- Ensure the resident is screened before the relocation and that the resident is provided with the appropriate PPE for relocation, if applicable based on the results of the screening.

Access to Supplies

- Surgical/procedure masks required for staff and designated essential visitor use will be **procured** and **supplied** to **all congregate facilities** (within the scope of this order) by AHS. This is inclusive of facilities with or without a contract with AHS.
    - For a provider that is a contracted AHS provider, please contact AHS for access to supplies of personal protective equipment (PPE): AHS.ECC@albertahealthservices.ca.
    - For a provider that is not a contracted AHS provider, supplies can requested at https://xnet.gov.ab.ca/ppe.

Communication

The operator shall review Alberta Health's website at www.alberta.ca/COVID19 and Alberta Health Services' website at www.ahs.ca/covid daily for updated information, and:

- Communicate transparently at all times with residents, families and staff.
- Communicate updated information relevant to their staff, residents, designated essential visitors and families and remove/replace posters or previous communications that have changed.
- Ensure all staff understand what is expected of them and are provided with the means to achieve those expectations.
- Ensure designated essential visitors understand what they must do while on site (and what they cannot do) and who they can contact with questions.
- Communicate to residents any relevant changes in operation at their site.

Operators may determine that they need to increase expectations, above and beyond what is outlined here, due to site configuration, specialized populations, etc. If so, and as applicable, please do so in consultation with any relevant partner. These may include (but not be limited to):

- Alberta Health Services (for those with contracts to provide continuing care health services or for infection prevention and control support): continuingcare@albertahealthservices.ca
- Alberta Health's Accommodation Licensing Inspector (asal@gov.ab.ca)
- Ministry of Community and Social Services (e.g., for persons with developmental disabilities group homes)
- Ministry of Seniors and Housing (e.g., for lodge programs that are not contracted to AHS)
- AHS Coordinated COVID-19 Response is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms listed in **Table 1** for additional guidance and decision- making support at a site that does not already have an outbreak

For any questions about the application of these updated operational standards, please contact Alberta Health: asal@gov.ab.ca

---

Below are additional guidelines for consideration:

Quality of Life

- Because of the various orders that restrict life for all Albertans and specifically life and activities within this setting, changes to how life and activities happen within these congregate settings are critical at this time.
- It is imperative that operators, staff and residents and families continue to work together to find innovative, accessible and feasible solutions to tackle any negative consequences, such as inactivity (physical and cognitive) and social isolation and loneliness.
- In this new reality, residents minimally need information, necessities and connection.
    - Information that is timely, accurate and relevant (e.g. delivery of paper information flyers, updates as things change).
    - Connections with family and friends, through video-chats, mail and mutual activity (such as both watching a movie or virtually visiting a place of interest and then discussing over the phone).
- As an added challenge, virtual and distance mechanisms are not always well used by those who live in these settings, so accessibility of technology (e.g., iPads or computers), may be challenging and will typically require the support of staff in the site to facilitate. Additional considerations must be given to support people with cognitive impairment, including the role of designated essential visitors, to maintain continuity of routine.

Socialization

- Socialization is an important part of quality of life.
- The separation resulting from restricting visitors must be recognized, acknowledged and respected for all individuals impacted; wherever possible, alternative means to connect must be supported by all staff and the operator.
- The operator and staff are expected to work together with the residents and their families (to the greatest extent possible), to find innovative, accessible and safe solutions to accommodate visitors and/or socialization for residents. This may include leveraging available technology to assist residents to keep in touch with their friends, families and loved ones.

- Meaningful interactions **must** continue to be supported while respecting social distancing requirements and visitor restrictions.

Residents Living with Cognitive Impairments

- Residents living with cognitive impairments need additional considerations to maintain their safety and quality of life.
    - Residents may need frequent reminders about hand hygiene, physical distancing, and other public health measures.
        - Keep information and instructions simple and repeatable.
    - Residents may not be able to volunteer or articulate symptoms of COVID-19 or other illness, staff should monitor the residents for any signs of illness, including any changes to the residents' routines, reactions and abilities (change itself may be an early sign, possibly indicative of symptoms of COVID-19 or another illness).
    - Attempts should be made to provide routine activities to help minimize emotional and behavioural distress, including increased anxiety, and confusion.
    - Ensuring access to, and relaying information through, a trusted and familiar source (family or friends) can help minimize anxiety and confusion. Residents may need help (similar to those with physical disabilities) to access phone calls and other technology to maintain communication with family and friends.
    - Recognize that residents' ability to interpret the environment, as well as their own histories, may mean that they have different reactions than others without cognitive impairments. For example, residents may become worried or confused by, or be afraid, when they see staff wearing masks and/or full PPE. They may also resist wearing surgical/procedure masks, even if required. Staff must make every effort to appropriately ensure the safety of themselves and the resident in these scenarios and respond in an acceptable and supportive manner.

Document: Appendix B to Record of Decision – CMOH Order 12-2020

Subject: COVID-19 Questionnaires for Licensed Supportive Living and Long-Term Care under Record of Decision – CMOH Order 10-2020.

Date Issued: April 28, 2020

Scope of Application: As per Record of Decision – CMOH Order 12-2020

Distribution: All licensed supportive living (including group homes and lodges and long-term care (nursing homes and auxiliary hospitals).

COVID-19 **Resident** Screening[4]

1.	Do you have any of the below symptoms:		
	• Fever (**37.8°C** or higher)	**YES**	**NO**
	• Any **new** or **worsening** respiratory symptoms:		
	o Cough	**YES**	**NO**
	o Shortness of Breath / Difficulty Breathing	**YES**	**NO**
	o Runny Nose or sneezing	**YES**	**NO**
	o Sore throat	**YES**	**NO**
	o Hoarse voice	**YES**	**NO**
	o Nasal congestion	**YES**	**NO**
	o Difficulty swallowing	**YES**	**NO**
	• Any **new onset** atypical symptoms including but not limited to:		
	o Chills	**YES**	**NO**
	o Muscle Aches	**YES**	**NO**
	o Nausea/Vomiting/Diarrhea	**YES**	**NO**
	o Feeling unwell/Fatigued/Malaise	**YES**	**NO**
	o Headache	**YES**	**NO**

If a **resident** answers YES to any of the screening questions, the individual must immediately be given a procedure/surgical mask and isolated in their room, or an available isolation room.

[4] Operators must be aware of, and follow, any applicable privacy legislation (e.g., Freedom of Information and Protection of Privacy Act, Health Information Act, Personal Information Protection Act, etc.), should they document/retain the Health Assessment Screening completed with residents and staff (or others).

COVID-19 **Staff** Screening[5]

1.	Do you have any of the below symptoms:		
	• Fever (**38.0°C** or higher)	**YES**	**NO**
	• Any **new** or **worsening** symptoms:		
	o Cough	**YES**	**NO**
	o Shortness of Breath / Difficulty Breathing	**YES**	**NO**
	o Sore throat	**YES**	**NO**
	o Runny Nose	**YES**	**NO**
	o Feeling unwell /Fatigued or **any** new onset of symptoms including nausea/vomiting/diarrhea	**YES**	**NO**
2.	Have you, or anyone in your household travelled outside of Canada **in the last 14 days**?	**YES**	**NO**
3.	Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever **in the last 14 days without** the use of appropriate PPE?	**YES**	**NO**
4.	Have you had close contact (face-to-face contact within 2 meters/6 feet) **in the last 14 days** with someone who is being investigated or confirmed to be a case of COVID-19 **without** the use of appropriate PPE?	**YES**	**NO**
5.	Have you had lab exposure to biological material known to contain COVID-19?	**YES**	**NO**

If any **staff** answers **YES** to any of the screening questions, they will not be permitted to enter the facility.

The only exception to staff being screened is in the case of an emergency where the stopping to be screened would negatively affect the reason for their entry (fire, police, true medical emergency).

[5] Operators must be aware of, and follow, any applicable privacy legislation (e.g., Freedom of Information and Protection of Privacy Act, Health Information Act, Personal Information Protection Act, etc.), should they document/retain the Health Assessment Screening completed with residents and staff (or others).

COVID-19 **Visitor** Screening[6]

1.	Do you have any of the below symptoms:		
	• Fever (**38.0°C** or higher)	**YES**	**NO**
	• Any **new** or **worsening** symptoms:		
	o Cough	**YES**	**NO**
	o Shortness of Breath / Difficulty Breathing	**YES**	**NO**
	o Sore throat	**YES**	**NO**
	o Runny Nose	**YES**	**NO**
	o Feeling unwell/Fatigued	**YES**	**NO**
	o Nausea/Vomiting/Diarrhea	**YES**	**NO**
2.	Have you, or anyone in your household travelled outside of Canada **in the last 14 days**?	**YES**	**NO**
3.	Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever **in the last 14 days without** the use of appropriate PPE?	**YES**	**NO**
4.	Have you had close contact (face-to-face contact within 2 meters/6 feet) **in the last 14 days** with someone who is being investigated or confirmed to be a case of COVID-19 **without** the use of appropriate PPE?	**YES**	**NO**

If any visitor answers **YES** to any of the screening questions, they will not be permitted to enter the facility. Visitors must be directed to self-isolate and complete the AHS online assessment tool to arrange for testing

[6] Operators must be aware of, and follow, any applicable privacy legislation (e.g., Freedom of Information and Protection of Privacy Act, Health Information Act, Personal Information Protection Act, etc.), should they document/retain the Health Assessment Screening completed with residents and staff (or others).