

## **Questions and Answers: Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care (CMOH 23-2020)**

### **What are the changes in order 23?**

- Amendments to Order 10 include:
  - Updated symptom listing,
  - Additional clarity with respect to resident room cleaning, isolation and testing and admissions,
  - New guidelines for:
    - permitting hair salons to open within these settings,
    - resident access to health professionals; and
    - supporting safe student placements.
  - Updates to resident outings and group/recreational activities increasing the permitted group size up to 15 people from 5; and,
  - Information for operators to support staff wellbeing.

### **What happened to order 12?**

- Order 12 amended part 2 of Order 10-2020.
- Order 23-2020 is doing the same thing – repealing and replacing Part 2 of Order 10-2020 (as amended by 12-2020) and substituting it with the contents of Order 23-2020.

### **What facilities does this amended order apply to?**

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

### **When did these amendments take effect?**

- The amendments are effective on date of signing- May 25, 2020.

### **When will the restrictions implemented due to COVID-19 be rescinded entirely?**

- This is not something that can be answered right now.
- While the province is moving to implement a relaunch strategy, we recognize residents in long-term care and licensed supportive living are more vulnerable to COVID-19 than the general public.
- Preventative measures will remain in place for some time; it could be 18 months or longer.
- As things change and if it is reasonable and safe to lift some of the remaining restrictions, the CMOH orders will be adjusted.

### **Why is the COVID-19 symptom list longer for residents?**

- The list of symptoms is reflective of the May 8, 2020 update letter from Dr. Hinshaw. Residents may experience milder initial symptoms or be unable to report certain symptoms if cognitively impaired.

**Why does everyone need to complete the Health Assessment Screening prior to each entry to the facility?**

- This is a control measure in place to screen out any person who may have symptoms of illness.
- Any person who is showing illness is not permitted into the facility.
- Each person (resident, staff, and visitors) must be screened each time they enter the facility at every exit/re-entry point. It is not based on length of time away, contact with others or the activity performed.
- The only exception is as per the Order (in case of emergency).

**Are entrances to self-contained shared patio and courtyard type spaces for use by residents and staff considered an entry point to the facility and therefore included in the requirement for Health Assessment Screening?**

- No. Entrances to self-contained shared patios and courtyard type spaces for use by residents and staff (i.e. those only accessible from inside the facility) are not considered an entry point to the facility.
- Patios (or other outdoor areas) that are also accessible to or used by any others (e.g., allowed visitors) **would not be** considered self-contained and **would be** considered an entry point to the facility and anyone entering would be subject to Health Screening Assessment upon re-entry.

**How many times per day are residents required to be actively screened by health staff?**

- Residents who have daily or more frequent interactions with health staff should be actively screened at least once daily.
- In the case of a confirmed outbreak of COVID-19, screening should be increased to twice daily at minimum.
- For facilities that have residents under investigation for COVID-19, the minimum requirement remains once daily, but may be increased to twice daily at the operators discretion.

**How many self checks for COVID-19 per day are staff required to complete?**

- Staff are required to complete self-checks twice daily and immediately before going to work.
- This screening is a passive check where the staff person determines if they feel any symptoms of COVID-19.
- This passive self-check does not replace the Health Assessment Screening upon each entry to the facility.

**What are the COVID-19 testing guidelines for new and existing residents?**

- New admissions from any other settings should be offered testing for COVID-19 upon arrival at the facility.
- All existing residents who return to their facility from:
  - A hospital admission should be offered testing for COVID-19.
    - Note: Residents who are admitted to the hospital are offered testing for COVID-19 upon admission to the hospital.
  - An emergency department (with no hospital admission) can be offered testing for COVID-19.
  - Medical appointments do not require testing for COVID-19.
- If there is a new confirmed outbreak of COVID-19, all residents and staff in the affected site/unit should be offered testing for COVID-19.
  - Testing asymptomatic individuals within licensed group homes is at the discretion of the Zone MOH/designate, based on individual medical complexity and site circumstances.
- Voluntary expanded [asymptomatic testing](#) for DSL and LTC residents to better understand the disease in these settings and identify anyone who may have the virus without showing any symptoms.

**When a resident moves in how long after they move in should we swab? If they are isolating for 14 days can we swab on day 5/6/7?**

- There are no restrictions on when within the 14-day isolation period the resident should be swabbed.

**If a resident has tested positive for COVID-19, should they be tested again?**

- Residents, who have previously tested positive for COVID-19, have recovered, and who then have new symptoms should only be tested if it is more than 30 days after their previous positive result or if, in the opinion of the local MOH, a case-specific assessment warrants re-testing.

**Why are you now requiring all staff and residents in an affected site/unit be tested for COVID-19 once there is a confirmed outbreak in licensed supportive living or long-term care?**

- We want to quickly identify anyone who may be asymptomatic or pre-symptomatic in order to further limit the spread of COVID-19 within these congregate settings.

**Why is expanded COVID-19 testing only available to residents and staff working in designated supportive living 4 and 4-dementia and long-term care?**

- Residents in these settings are at an especially high-risk of severe outcomes if they contract COVID-19.
- Testing in these settings will teach us more about the behaviour of the virus and allow us to better protect residents in these settings.
- More testing for this population group will also improve our ability to detect cases early, prevent possible outbreaks and keep people safe.

**Who is responsible for COVID-19 testing (swabbing) for residents?**

- The facility staff will collect the swab, if the appropriate staff are employed.
- Alberta Health Services (AHS) will be deployed to complete swabbing of residents, if the facility does not employ staff who can collect swabs for COVID-19.

**Who is responsible for COVID-19 testing (swabbing) for staff?**

- Swabbing for staff will not be completed on site to ensure privacy and confidentiality. Staff must arrange for swabbing using the [AHS online assessment tool](#).

**When do residents (new or existing) need to be isolated?**

- A mandatory isolation period of 14 days is required for the following residents:
  - Any new admission to the facility,
  - Anyone who leaves the facility for more than 24 hours (regardless of destination or activity), and
  - Anyone who is KNOWN to have been exposed to COVID-19 (e.g., close contact with someone with COVID-19).
- Residents who are showing any symptoms of COVID-19 should be isolated and tested for COVID-19. Based on the test results and in consultation with Public Health, isolation may be lifted.

**Why do I need to isolate for 14 days after I move in?**

- COVID-19 has an incubation period of 14 days so it can take up to the full 14 days to develop the disease. It is possible to spread the virus before showing symptoms, so it is important to isolate for the full 14 days.

**I am moving into a licensed supportive living/long-term care with my pet (hamster, ferret, dog or cat). Does my pet also need to isolate when we move in?**

- Yes. Your pet will not be permitted to have contact with any other people or pets for the 14-day isolation period.
- It is strongly encouraged to complete your 14-isolation period first before moving your pet in with you. Otherwise, alternate arrangements may be needed to accommodate pet business breaks, walks, etc.

**If someone has symptoms of COVID-19 but declines the test, do they need to isolate?**

- Yes. Please talk to your Public Health contact for direction on how long they are required to isolate.

**What happens if someone has symptoms of COVID-19 and their test comes back negative?**

- Follow the direction given by Public Health. The resident should remain isolated until they do not have any symptoms.

**After a negative COVID-19 result, why was I told that my resident had to isolate for 5 days but another resident had to isolate for only 2 days. Why?**

- Advice will vary based on the type of infection, symptoms, and individual circumstances. Please listen to the advice given by Public Health based on each resident's unique scenario.
- A resident could have a different infectious disease that is not COVID-19.
- The June 12, 2020 letter from Dr. Hinshaw to operators offers clarity on testing and isolation requirements.

**When a resident is isolated, do staff need to wear Personal Protective Equipment (PPE) when in close contact?**

- PPE including gowns, facial protection (masks, visor, eye protection, etc.) are required for staff who are in close contact (within 2 metres) with all isolated residents.

**If there is a humidifier used in a room, should I wear an N95 mask instead of a surgical/procedure mask?**

- No. N95 masks are only required for Aerosol Generating Medical Procedures (AGMP) in COVID-19 suspected or confirmed cases. Humidifiers are not considered an AGMP and would not require the use of an N95 mask. AHS has developed a guidance tool to help with decision making on what constitutes an AGMP.
- Please refer to the following: [Aerosol-Generating Medical Procedure Guidance Tool](#).

**When must staff work only at one worksite?**

- This order continues requirements that have been put in place since order 10-2020 and have been implemented since then. It only restricts staff of designated supportive living and long-term care from working at another designated supportive living or long-term care facility.
- In addition, in the case of a confirmed COVID-19 outbreak, all staff in other licensed supportive living (including lodges and group homes) facilities will not be permitted to work in any other licensed supportive living or long-term care facility.
- Staff are **not required** to quit or take leaves of absences for jobs outside of licensed supportive living or LTC. This includes jobs in other healthcare settings (e.g. acute care, home care, etc.) or non-healthcare settings (e.g. retail stores, restaurants, etc.).

**In which settings is it acceptable for staff to work at more than one worksite?**

- This order does not restrict other employment these staff may have outside of licensed supportive living or long term care, though it is strongly recommended that workers try to limit the number of different work places to help prevent the spread of COVID-19.
- Refer to the table below for latest guidance:

Outbreak Phase(s)	Worksite 1	Worksite 2	Guidance
Outbreak Prevention or Site Under Investigation	DSL/LTC	DSL/LTC	Not allowed to work at more than one DSL/LTC.
	DSL/LTC	Acute Care	Allowed but it is recommended that staff limit the number of worksites to prevent the spread of COVID-19 Note that the designated Auxiliary Hospital units of acute care sites are included in the single site designation (so workers can work in the Auxiliary unit and other units in acute care, but not on the Auxiliary unit and a separate LTC/DSL facility)
	DSL/LTC	Auxiliary Hospital-Acute Care	
	DSL/LTC	Lodge	
	DSL/LTC	Home Care	
DSL/LTC	Retail Store		
Confirmed Outbreak	Any licensed supportive living or LTC	Any licensed supportive living or LTC	Once in a confirmed outbreak, for the duration of that outbreak, all sites must restrict staff to working only at the outbreak site.

**Who is considered an essential services person permitted to enter the facility?**

- Essential is a functional description solely linked to operations in the pandemic, it is not a label that identifies which staff are “more important” than others.
- We consider someone an essential services person if they are required to enter the building to do their work in order to maintain health and safety of the residents and the building. Examples are EMS, police, contracted building maintenance (elevator repairperson, fire alarm maintenance, etc.).
- We ask that other essential service persons who are able to provide services virtually to do so, when it is appropriate.
- We ask that as much as possible, essential service persons limit their in-person attendance to only one facility per day. Examples include physicians, physiotherapists, public health, etc.
- A full list of essential services, from the perspective of what businesses and services are still allowed to operate (which may intersect with this), is available online at [www.alberta.ca/covid19](http://www.alberta.ca/covid19).

**Can we bring in a contractor to complete work within suites?**

- As per Order 23-2020, urgent/emergent contracted building maintenance services are permitted. The operator should determine if the required work is urgent/emergent.

**Can we continue to offer tours of our empty suites?**

- No. There are many options for showing suites virtually (e.g. video chat, sharing photos, 3D pictures, etc.) that should be used.
- Only staff (employed or contracted by the facility), students, health professionals, residents, permitted visitors, and permitted hairdressers or barbers are allowed to enter the facility.

**Are residents permitted to access health professionals who are not employed or contracted staff?**

- Yes. These services should be provided virtually wherever possible and are permitted to be provided in person only if the resident is not isolated (if the resident is isolated, decisions are on a case-by-case basis) while following all requirements in Order 23-2020 for off-site and on-site service provision.

**Are foot care service providers permitted into the facility as a Health Professional?**

- Health professionals are defined as those who have a [regulatory college](#).
- Many foot care service providers are regulated health professionals including podiatrists, registered nurses, licensed practical nurses, etc.
- It is recommended that operators check with each provider to determine if they are a regulated health professional.

**What about volunteers? Can they come back in yet?**

- No. Only staff (employed or contracted by the facility), students, health professionals, residents, permitted visitors, and permitted hairdressers or barbers are allowed to enter the facility.

**What about paid companions? Can they come back in yet?**

- No. Only staff (employed or contracted by the facility), students, health professionals, residents, permitted visitors and permitted hairdressers or barbers, are allowed to enter the facility.

**Are outside pets allowed to visit?**

- No. Unfortunately, pets are not permitted to visit at this time.

**Can I visit with/touch my neighbour's pet that lives in the building?**

- Yes. However, you must maintain physical distance from your neighbour and wash your hands/sanitize immediately before and immediately after touching the pet.

**Why are students permitted to have placements in these settings?**

- Students in healthcare fields who graduate build capacity in the workforce. Student placements should continue where safe and feasible to enable graduation and entry into the workforce, following all guidelines to ensure safe access to healthcare settings to finalize their training.
- Student funding for operators is through Alberta Health to help enable this.

### **When are resident rooms required to be cleaned and disinfected at an increased frequency?**

- Residents who do not have staff or designated essential visitors entering their room do not require an increase to their regular scheduled weekly cleaning by the operator.
- Residents who have staff and/or designated essential visitors entering their room, require:
  - Low touch (e.g., shelves, benches, windowsills, message or white boards, etc.) area cleaning daily, and
  - High touch (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote) area cleaning three times per day.

### **What are auditors looking for to ensure cleaning is being completed?**

- Auditors are looking for evidence such as cleaning schedules, logs or flow sheets including what high and low touch surface cleaning is being done. Auditors will also be completing visual inspections of different areas of the building.
- Auditors may also have discussions with staff who are responsible for the cleaning to ensure that staff are aware of the required processes.

### **What role do staff, including AHS home care workers, and designated essential visitors have in resident room cleaning?**

- Operators may create a reasonable approach, 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.
- Staff, including AHS home care workers, are expected to observe any infection prevention requirements set out by the facility, including those set out in Order 23-2020 (e.g., cleaning and disinfection of surfaces, frequent hand hygiene, wearing surgical/procedure masks or face coverings, etc.) prior to leaving the resident room.
- Depending on the frequency of visits, AHS home care workers are responsible for contributing to high touch cleaning of areas that they have come in contact with at the end of their visit.
- 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).

### **What if a resident does not want increased room cleaning and disinfection?**

- Frequent cleaning and disinfection is one of the greatest preventative measures against infection, which is why it is a requirement.
- Resident wishes must be respected and a balanced approach must be taken. Residents should be encouraged to ensure good hand hygiene each time they leave their room and enter any building common area, especially if they decline the extra cleaning/disinfection.



**How many residents can sit at each table for dining?**

- The number of residents per mealtime should be minimized. This could mean having several sittings, utilizing additional spaces as extra dining areas, etc.
- The previous maximum of two per table has been removed to allow operators the ability to use individual site circumstances to determine the best way to meet physical distancing requirements.

**When can larger group/recreational activities start up again?**

- Recreational and group activities for non-isolated residents are permitted and encouraged, including groups not exceeding 15 people following all physical distancing and any other requirements.
- Previously cancelled activities can be incrementally reintroduced based on the needs of the residents and operator, following all guidance and expectations (e.g. cleaning/disinfecting frequency) in the Order to maintain safe and supported interaction.
- Scheduled resident group recreational/special events are to be cancelled/postponed if a site is in a confirmed COVID-19 outbreak or if they cannot occur while meeting expectations.
  - At the discretion of the operator, a site under investigation may have to cancel activities based on the extent of affected residents, interruption of daily operations, type of symptoms, etc.

**Are there some group/recreational activities still not recommended?**

- Higher risk activities (such as group singing, preparing food, etc.) should be avoided. Low risk activities (e.g. activities that do not use shared equipment and are suitable to physical distancing requirements) may start to resume slowly.
- Moveable recreational supplies (e.g. books, art supplies, fitness equipment, etc.) may be reintroduced (rather than locked up in an area that only staff can access) as long as the operator is able to ensure cleaning and disinfection before and after each use.
  - Otherwise, continue to 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 distancing and other group/recreational expectations), ensure they are cleaned and disinfected before and after any use and re-secure.

**Are operators able to use facility-operated vehicles to take residents on community drives/excursions?**

- Yes. Follow all guidance for Safe Transportation requirements in the Order.

**Are operators required to provide a mask for the driver of a private vehicle who is driving a resident?**

- No. The driver is responsible for providing his or her own mask for use.
- Operators are only required to provide a mask to a resident leaving the site.

**As Alberta has released the [Relaunch Strategy](#), are residents still encouraged to stay on the facility's property, except in the case of necessity?**

- Yes. Residents who are not required to isolate are still encouraged (though are not required) to stay on the facility property, except in case of necessity (e.g. medical appointments, groceries, pharmacy, spend time outdoors, work commitments, etc.).
- Though it is recommended that residents not participate in unnecessary outings, they may still choose to do so. In this case, they should be encouraged to maintain physical distancing, wear a mask at all times, ensure Safe Transportation, maintain good hand hygiene, and be subject to Health Assessment Screening upon re-entry.

**Can you please explain what 'except in the case of necessity' means?**

- Residents' perception of necessity will vary. However, when an outing is solely for the purposes of maintaining physical or psychological health, safety/security, or wellbeing, it is considered a necessity.

**Are hair salons able to re-open in licensed supportive living and long-term care?**

- Yes. If there is a resident need for hairdressing or barbering services and the operator is ready to allow this to happen, hair salons in these setting are permitted to re-open.
- Hair stylists and barbers must follow all [industry guidance](#) as well as additional requirements outlined in the Order to ensure the safety of clients.

**Are hair salons in licensed supportive living and long-term care required to provide their own PPE?**

- Yes. They must provide their own PPE, including procedure masks for themselves and for the resident (if it is required based on the services being provided to them).

**Is blow-drying hair recommended?**

- Blow drying hair is not recommended unless the stylist and the resident are both wearing masks.
- This applies to both hand held blow dryers and hood/bonnet/dome style hair dryers.

**Can hair stylists/barbers work in multiple licensed supportive living/long-term care facilities?**

- Where feasible, the stylist/barber should limit their work to one facility per day.

**What about other service providers or other amenities re-opening within these buildings? (e.g., coffee shops, restaurants, swimming pools, restaurants, day care and day programs, etc.)**

- For these services and amenities, please refer to [Alberta Biz Connect](#) for the latest public health guidance for services/amenities that may be permitted to open.
- Additionally, any consideration from Alberta Biz Connect must be combined with existing CMOH Orders that are applicable in these settings, including Order 23-2020, Order 14-2020 and any others that are relevant.
- No one besides staff (employed or contracted by the facility), students, health professionals, residents, permitted visitors and permitted hairdressers and barbers are allowed to enter the facility to provide or access any service or amenity.

**I recognize that resident quality of life is important. What about staff wellbeing?**

- Workers in these settings are facing unique and additional challenges during the COVID-19 pandemic.
- Operators are encouraged to regularly reinforce directly to their staff that staff wellbeing is a priority and implement positive work environment organizational policies and processes to address wellbeing at work.
- The Order includes several suggestions for what this might include, such as regular team check-ins, ensuring open communication lines and a resource listing that can be used and/or shared with staff.