Alberta Health

Office of the Chief Medical Officer of Health
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Canada

RECORD OF DECISION – CMOH Order 23-2020 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 which was subsequently amended by Record of Decision – CMOH Order 12-2020 on April 28, 2020.

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

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

(b) revise the COVID-19 questionnaires 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Part 2 of Record of Decision – CMOH Order 10-2020 is rescinded and the following is substituted in its place: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

9. 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.

10. 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*.

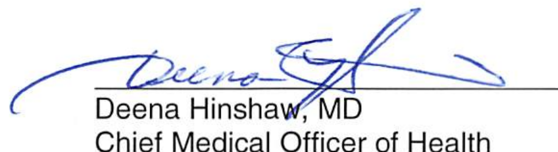
11. Despite section 9 of this Order, an operator of a health care facility may be exempted from the application of Part 2 of this Order, by me, on a case-by-case basis.

12. 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.

Part 3 – General

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 This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 25 day of May, 2020.



Deena Hinshaw, MD
Chief Medical Officer of Health

Document: Appendix A to Record of Decision – CMOH Order 23-2020

Subject: Updated Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care under Record of Decision – CMOH Order 23-2020.

Date Issued: May 25, 2020

Scope of Application: As per Record of Decision – CMOH Order 23-2020.

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

New Content
Resident Access to Health Professionals (page 16) • Expectations for on-site and off-site access to health professionals
Student Placement (page 17) • Guidance to support safe student placements
Guidance for Hair Salons (page 28) • Guidance for hair salons operating in these settings (in shared spaces or resident rooms; outlines a number of operator and additional service provider requirements, above and beyond industry guidance)
Staff Wellbeing (page 35) • Guidance for operators to support staff wellness
Clarifying Content
Symptoms Table (page 7) • Updated Symptoms (as per May 8 letter from Dr. Hinshaw)
Testing and Isolation (page 11) • Guidelines for testing, swab collection, consent, repeat swabs, and isolation • Clarification of isolation on return for current residents from other settings
Admissions (page 15) • Clarification on accepting admissions while site is under investigation, if only staff are symptomatic, admissions may proceed.
Room Cleaning (page 21) • Responsibility for resident room cleaning
Group/Recreational Activities (page 23) • Updated to promote resident satisfaction on site (incremental reintroduction of activity; group sizes not to exceed 17)
Resident Outings (page 24) • Considerations for resident outings (not recommended), safe transportation
Operator Communication (page 31) • Reformatted to require operators to communicate with residents/families about expectations, set additional house rules, etc.

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Purpose

The operational expectations outlined here are required under the Record of Decision – CMOH Order 23-2020 (the Order) and are applicable to all licensed supportive living (including group homes and lodges) and long-term care (LTC) facilities, unless otherwise indicated. They set requirements for all operators[1], residents[2], staff[3], students[4] as well as any designated essential visitors[5].

- 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 working within or visiting the site (e.g., home care), or another essential worker.

Key Messages

- As other parts of Alberta begin to relaunch, it continues to be important to maintain strong protections in place within these settings to minimize the introduction of and risk of virus transmission and spread.
- It is imperative that residents remain vigilant in their actions to protect themselves and others around them from COVID-19. Residents remain at extremely high risk of severe outcomes if they contract COVID-19.
- Individuals over 60 years of age and those with pre-existing health conditions are the most at risk of severe symptoms from COVID-19, especially when they live in close proximity as occurs within congregate settings.
- Tests for COVID-19 can only detect the virus at the time of the swab collection and provides only a point in time result. Someone with a negative test result may still go on to develop COVID-19 during the incubation period of 14 days after exposure.
- 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.

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[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 (including hairstylists and barbers), or an Alberta Health Services employee or other essential worker.

[4] Any person who is participating in a student placement or practicum allowed by the operator and the post-secondary institution.

[5] As per Order 14-2020

- 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.
- These expectations are intended to safeguard people for the duration of the pandemic. However, there is also the recognition that socialization and activity are an important part of quality of life in these congregate settings. This order includes both guidance to be considered to also support broader quality of life for residents as well as to support staff quality of work life and wellbeing.

Table 1: Outbreak Phases and Response

Table 1: Site Outbreak Phases

Outbreak Prevention	Under Investigation	Confirmed COVID-19 outbreak
No residents or staff showing any symptoms of COVID-19 as listed in Table 1.	At least one resident or staff member who exhibit **any** of the symptoms of COVID-19 as listed in Table 2.	Any one individual (resident or staff) laboratory confirmed to have COVID-19.

- Anyone with symptoms listed in **Table 2** must be isolated and should be asked to consent to testing 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 2,** 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 resident is swabbed through on-site capacity, if available. If not, AHS will arrange for the resident to be tested.
  - Swabs for staff should be arranged using the AHS online assessment tool. They will not be completed on site for privacy reasons.
  - 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, **all residents and staff** in the affected site/unit should be asked to consent to testing for COVID-19.
  - Testing of residents should ideally occur within 3 days of a COVID-19 case being confirmed, however if it takes longer than 3 days to obtain consent, this testing may still occur after that time.
  - Testing asymptomatic individuals within licensed group homes is at the discretion of the Zone MOH/designate, based on individual medical complexity and site circumstances.
- Sites with two or more individuals with confirmed COVID-19 will be included in public reporting.

Table 2: Symptoms of COVID-19[6]

Symptoms of COVID-19 (*Residents*[7])*	Symptoms of COVID-19 *(All Albertans including staff, students and visitors)*
• Fever (**37.8°C** or higher[8]) Any **new** or **worsening** respiratory symptoms: • Cough • Shortness of Breath/Difficulty Breathing • Runny Nose • Sneezing • Nasal Congestion/Stuffy Nose • Hoarse Voice • Sore Throat/Painful Swallowing • Difficulty Swallowing Any **new** symptoms including but not limited to: • Chills • Muscle/Joint Ache • Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite • Feeling Unwell/Fatigue/Severe Exhaustion • Headache • Loss of Sense of Smell or Taste • Conjunctivitis • Altered Mental Status	• Fever • Cough • Shortness of Breath/Difficulty Breathing • Sore Throat • Runny Nose • Chills • Painful Swallowing • Stuffy nose • Headache • Muscle/Joint Ache • Feeling Unwell/Fatigue/Severe Exhaustion • Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite • Loss of Sense of Smell or Taste • Conjunctivitis

* Note that the list of symptoms for residents is expanded (from the list for all Albertans) as residents may experience milder initial symptoms or be unable to report certain symptoms.

[6] Reflective of the May 8, 2020 update letter from Dr. Hinshaw
[7] See COVID-19 Recognizing Early Symptoms in Seniors
[8] Thermometer confirmed temperature is not required. If a resident feels they have a fever, offer testing.

Site Specific Guidelines

Licensed group homes for persons with developmental disabilities or others (i.e., those with four or more residents)	Other licensed supportive living (SL), including designated supportive living (DSL)	Long-Term Care (LTC)
Operators **must review and implement** the AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites .	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,	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

- Note that if there is conflicting information between the documents linked above and the standards on this order, these standards supersede.

Symptom Screening

Health Assessment Screening

- Everyone 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, students 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 should be asked to consent to testing 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 any symptoms of COVID-19 (as per **Table 2**) they should be asked to consent to testing. Testing can be facilitated by completing the AHS online assessment tool for staff.
     - If any visitor or other approved person answers **YES** to any of the screening questions, they will not be permitted to enter the facility. They must be directed to isolate and complete the AHS online assessment tool to arrange for testing.

Resident Active Health Screening

- For residents who have daily or more frequent interactions with health staff (e.g. personal care, etc.), health staff must actively screen the resident for symptoms of COVID-19 **daily**.
  - It is the operator's responsibility to ensure this happens, where they employ health staff (e.g., designated supportive living and long-term care).
  - Where the operator does **not** employ health staff (e.g. lodges, group homes, etc.), it is the responsibility of the health staff who have interaction, regardless of employer (e.g., home care staff)
  - The 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 should be asked to consent to **testing** 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, health staff must increase the active screening to **twice** daily (e.g., day shift and evening shift).
    - If there is not interaction with health staff twice daily, the resident should be advised to complete the second self-check.

- For residents who do not have daily or more frequent interactions with health staff, operators must advise each resident 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 should be asked to consent to testing for COVID-19.
  - In a **confirmed** COVID-19 outbreak, the operator will advise residents to increase their self-checks to twice daily.

Staff Health Screening

- 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).

Testing and Isolation

- Tests for COVID-19 can only detect the virus at the time of the swab collection and provide only a point in time result. Someone with a negative test result may still go on to develop COVID-19 during the incubation period of 14 days after an exposure.
    - **A negative test result does not take away the isolation requirements.**
- See Table 3 for an overview of testing and isolation requirements.
- Operators retain the ability to take a risk-based approach in requesting residents isolate above the requirements indicated in Table 3, in consultation with Zone MOH/designate.
    - Consideration of risks include attending a facility/location with known COVID-19 outbreak, not being able to maintain physical distance when out, etc.
    - It is not reasonable or necessary to have all residents who leave the building isolate upon their return.
- Each Zone has unique operational circumstances and requirements and continues to have the responsibility to determine how to best operationalize the testing guidelines, as long as the intent of the guidelines is met.

Testing of Previous Cases

- 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. For further details, please refer to Alberta Public Health Disease Management Guidelines.

Swab Collection

- For residents:
    - Swabs for residents will be collected through on-site capacity, if available (e.g. DSL/LTC).
        - If healthcare staff aren't available on site (e.g. lodges), AHS staff will be deployed to complete the swabbing. Please contact your usual zone level AHS contact for direction.
- For staff:
    - Swabs for staff should be arranged using the AHS online assessment tool. Swabs will not be completed on site for privacy reasons.

Resident Consent for Swab Collection

- Consent must be obtained from the resident (if able), or from their alternate decision maker prior to collecting the swab for testing.
- If a resident (or alternate decision maker on their behalf) declines the test for COVID-19, isolation requirements will still apply based on Table 3.

Table 3: Testing and Isolation Overview

Scenario	Isolation Required*[9]	Days Isolated	Offer Testing[10]
Symptomatic resident	Yes	10 from symptom onset OR until symptoms resolve *Whichever is longer*	Yes
Positive COVID-19 test	Yes	10 from symptom onset OR until symptoms resolve *Whichever is longer*	-
Close contact with someone who has COVID-19	Yes	14	Yes
New admission to facility (regardless of where they moved in from)	Yes	14	Yes
Current resident who returns from hospital admission *related* to confirmed COVID-19	Yes	14 from symptom onset OR until symptoms resolve Whichever is longer	No
Current resident who returns from hospital admission *unrelated* to COVID-19	Yes	14	Yes
Return from emergency department	No	-	No
Return from essential activity[11]	No	-	No
Return from non-essential activity	No	-	No
Return from Temporary Relocation (return from move out to stay with a family member or other for a period of time longer than 24 hours)	Yes	14	Yes
Routine asymptomatic testing	No	-	Yes
Situation Specific as per Chief Medical Officer of Health/designate	As per CMOH/designate	As per CMOH/designate	As per CMOH/designate

[9] Operators retain the ability to take a risk-based approach in requesting residents isolate in consultation with Zone MOH/designate.

[10] Residents should only be tested if they have not tested positive in the past 30 days

[11] Including medical appointment, groceries, pharmacy, outdoor time, employment, etc. If operator believes there was an

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.
- 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

- 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.
- As per Ministerial Order 625/2020, operators are required to submit relevant staffing information to Alberta Health, as directed.
- Ministerial Order 2020-26, directs the process and employment protections for staff and operators.
- 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.

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increased exposure risk while out of the facility, isolation and testing *may* be indicated.

- 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.

Table 4: Single Site Overview: Example guidance of where staff can work

<table>
<tr><th>Outbreak Phase(s)</th><th>Worksite 1</th><th>Worksite 2</th><th>Guidance</th></tr>
<tr><td rowspan="5">Outbreak Prevention or Site Under Investigation</td><td>DSL/LTC</td><td>DSL/LTC</td><td>Not allowed to work at more than one DSL/LTC.</td></tr>
<tr><td>DSL/LTC</td><td>Acute Care</td><td rowspan="4">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)</td></tr>
<tr><td>DSL/LTC</td><td>Lodge</td></tr>
<tr><td>DSL/LTC</td><td>Home Care</td></tr>
<tr><td>DSL/LTC</td><td>Retail Store</td></tr>
<tr><td>Confirmed Outbreak</td><td>Any licensed supportive living or LTC</td><td>Any licensed supportive living or LTC</td><td>Once in a confirmed outbreak, for the duration of that outbreak, all sites must restrict staff to working only at the outbreak site.</td></tr>
</table>

- 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.
- It is strongly recommended that all other congregate living settings (i.e. non-designated licensed supportive living, lodges, and group homes), though not mandated, also implement this directive.
- 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.

Admissions

- People will continue to move into these settings (e.g. from the community, acute care and other licensed supportive living and long-term care facilities), according to existing processes and will continue to move between settings in the usual way (e.g., return from hospital admissions, emergency department visits, etc.).
  - New admissions to the facility (from any location, including another licensed supportive living or long-term care facility) must be placed on isolation for 14 days and should be asked to consent to testing for COVID-19. (See *Testing and Isolation*)
    - **A negative test result does not take away the isolation requirements.**
  - Acute Care/Transition Services staff, when they are involved (e.g., for DSL and LTC) should advise residents of isolation requirements prior to arranging the admission/transfer. Otherwise, operators will do so in advance of move-in.
- If the site is **under investigation** for COVID-19 due to resident(s) only having symptoms (not staff), the operator should consult with AHS Zone Medical Officer of Health (or designate) before accepting new admissions into the site.
  - Having symptomatic staff member(s) only (i.e. no residents) should not restrict admissions to the site. Once a staff member has identified symptoms of COVID-19, they should no longer be working at the site until their isolation period is complete.
- 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 Officer of Health.
- Decisions should be made on a case-by-case basis while using consistent decision-making methods.
  - Considerations may include: Number of people affected, type of symptoms, location of infected residents within the facility, number of shared staff between units, acute care capacity, etc.

Resident Access to Health Professionals

As per Order 16-2020, the college of each regulated heath profession will be responsible for providing guidelines to their members. Refer to Order 18-2020 and 19-2020 for a list of businesses and entities that must remain closed, including a business or entity offering or providing a non-essential health service, as defined in section 8 of Order 07-2020, which is provided by a person other than a regulated member of a college established under the *Health Professions Act.*

- Wherever possible, these services should be provided virtually to limit the spread of COVID-19.
- Where these services cannot be provided virtually, services may be provided in person within the site, if the resident is not isolated.
- When a resident is isolated, decisions about accessing services will be made with the health care provider, resident (or alternate decision maker) and operator on a case-by-case basis depending on circumstances at the site, reasons for isolation, capacity to offer the service safely, etc.
- When a resident is accessing services off-site (i.e. in the practitioner's office, not within the licensed supportive living or long-term care site):
    - Resident should ensure that the health provider they are seeing is aware of *any* symptoms the resident is currently experiencing, in advance of arriving for the appointment.
    - Arrangements should be made by the resident (or alternate decision maker) with the practitioner's office to book an appointment time where the resident's potential contact with others is reduced.
    - Ensure transportation arrangements are as safe as possible (See Safe Transportation).
    - Operators will provide masks for the resident to use while they are at the off-site appointment.
    - It is recommended that the resident bring hand sanitizer and use after each touchpoint (e.g. after getting out of vehicle, upon arrival to office, after interaction with reception, etc.).
    - Resident must be screened (Health Assessment) upon re-entry into the facility where they live.
    - If the resident is absent from the facility for less than 24 hours, or is absent only for a non-COVID-19 related emergency department visit, they do not need to undergo a precautionary 14 day isolation period.
- When accessing services on-site (i.e. the practitioner comes to the facility):
    - The appointment time must be pre-arranged with the resident and operator to ensure it does not conflict with other operations or practitioner visits.
    - The practitioner must complete the Health Assessment Screening (Staff) and use appropriate PPE as directed by their regulatory college and CMOH Orders (e.g. continuous masking, eye protection, etc.).
    - All efforts must be made to ensure minimal contact with residents who are not receiving services.
        - If services are provided within a shared resident room, the other resident may be asked to vacate for the duration of the service provision.
        - If the other resident is on isolation, services are encouraged to be provided in an alternate space wherever possible.
    - If the operator is able to make a separate space available, that fits the needs of the practitioner (e.g., is private, has the required infection, prevention and control/IPC infrastructure like sinks, etc.), it is ideal that such a space be made available to minimize entry into the living spaces, where resident rooms are (i.e. to avoid going to resident rooms).

    - Practitioners are expected not to attend multiple designated supportive living or long-term care settings in the same day, where feasible.
    - If the practitioner is seeing multiple residents in the facility in one day, they must follow strict IPC measures as directed by their regulatory college, operator and this order (e.g. handwashing, PPE, enhanced cleaning of supplies/equipment, etc.) and where possible, provide services to those residents who are not isolated first.

Student Placements

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. The following guidelines are required to ensure students have safe access to healthcare settings to finalize their training:

- Post-secondary institutions are permitted to make their own decisions about proceeding with student placements based on their institution's unique circumstances, but placements are allowed, following all existing CMOH orders and any additional guidance provided by Alberta Health and the receiving operator.
- Operators are permitted to make their own decisions about accepting student placements based on the unique circumstances at the site. Considerations include:
    - Ability to maintain the operator's operational activities.
    - Ability to meet the student's educational objectives and ability to achieve the learning outcomes.
    - Availability of staff and/or post-secondary instructors to offer appropriate supervision to students.
    - Type (which healthcare program) and number of students.
    - The extent to which normal operations are disrupted by the COVID-19 response.
    - Availability of required PPE.
    - Usual processes will remain in place for agreements, contracts, liability, etc.
- When a site is in outbreak, operators should work in consultation with the post-secondary institution to determine ability to proceed with student placements.
- Students who are already working within a licensed supportive living or long-term care setting that is different from their proposed student placement location may need to meet additional precautions in advance of the practicum, depending on their unique situation (e.g., may need to isolate after their last shift at their original work site prior to initiating the student placement at the student placement location, etc.). This determination would be made by the receiving operator, considering the site circumstances and all available CMOH orders).
- As with all staff in **designated supportive living** and **long-term care facilities** and any other site under this order with **confirmed outbreak**, students in these settings can only work[12] at one facility for the duration of their student placement.
- Instructors (from the educational institution) are encouraged to provide in-person support within one facility per day to the greatest extent possible.

[12] Student placements are considered "work" for purposes of this order.

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 indoor 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, an isolated 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.

Access to PPE/Supplies

- Surgical/procedure masks required for staff and indoor 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.
- Operators must provide surgical/procedure masks to indoor designated essential visitors and to residents who are leaving the site (as per Resident Outings)
- Operators are not required to supply masks for outdoor visitors.
- Health professionals, those providing hair dressing or barbering services, and others not identified above, are responsible to provide their own PPE (as per Alberta Biz Connect Personal Protective Equipment).

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 and Disinfection

- Cleaning and disinfection is a very important measure to help disrupt disease transmission. This is especially important in settings where residents are typically at higher risk of more severe outcomes from COVID-19.
- As Alberta enters into staged relaunch, it is more important than ever to protect our most vulnerable Albertans. As more residents are out interacting with their community, enhanced cleaning and disinfection is an essential practice to help minimize the spread.

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:**
  - Cleaning and disinfection should be performed at least **once per day** on all **low touch** surfaces (e.g., shelves, benches, windowsills, message or white boards, etc.).
  - In addition, 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**.
  - Immediately clean and disinfect any visibly dirty surfaces.

- **Resident Rooms:**
  - Residents who do not have staff or designated essential visitors entering their room on a regular basis **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 on a regular basis, 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**.
  - Staff, including home care workers, are expected to observe any infection prevention requirements set out by the facility (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, home care workers are responsible for contributing to high touch cleaning, by cleaning any of the areas that they have come in contact with at the end of their visit.
  - 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.

    - 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).
    - There may be instances where residents express a personal preference not to have the additional cleaning occurring in their rooms multiple times a day.
        - 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.
        - The resident should also 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.
- Immediately clean and disinfect any visibly dirty surfaces.
- Staff should ensure that they perform **hand hygiene 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), safe relaunch 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. Consider placing signs at outdoor spaces where there is shared use (e.g. benches, tables, etc.).
    - 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.
- Residents within shared rooms, who are required to isolate (for any reason) should be moved to a private space, where possible.
    - Where this is not possible, the residents should not be within 2 metres of each other and use of physical barriers (e.g. curtains) be implemented at all times. Any shared spaces (e.g. bathrooms) must be cleaned and disinfected after each use.
    - The non-isolated resident should not be placed on isolation unless they also have a reason (beyond the shared room) to do so.

Shared Dining

- Group dining should continue for **non-isolated** residents 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, 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

- Operators, staff and residents and families should continue to work together to find innovative, accessible and feasible solutions to tackle any negative consequences of restrictions due to the pandemic, such as inactivity (physical and cognitive) and social isolation and loneliness.
- Meaningful interactions **must** continue to be supported while respecting physical distancing requirements and visitor restrictions.
- Recreational and group activities for **non-isolated** residents are **permitted** and **encouraged** while meeting these expectations:
    - Both indoor and outdoor group sizes may be increased to no more than fifteen (15) people, including residents, staff members (and any permitted others e.g., designated essential visitor), while ensuring the space is able to accommodate all physical distancing requirements.
        - It is ideal to keep group sizes as small as possible.
        - For clarity, outdoor visits as per Order 14-2020 are not considered group/recreational activities and those standards are not impacted by this group size increase.
    - Meet all existing physical distancing requirements at all times.
    - If residents are participating who are unable to maintain these requirements, a staff member or designated essential visitor must be available to assist (i.e., if this is an essential need for the resident that the staff are not able to meet).
    - It is recommended that previously cancelled activities are reintroduced incrementally (based on needs of the residents and operator), following all guidance and expectations to maintain safe and supported interaction.
        - Low risk activities should be introduced first (e.g. activities that do not use shared equipment and are suitable to physical distancing requirements).
        - Higher risk activities (such as group singing, preparing food, etc.) should be avoided.
    - All 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 the above standards.
        - 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.
    - Follow *Safe Transportation* expectations when using facility-operated vehicles for group activities (e.g. sight-seeing excursion).
        - Refer to Resident Outings for additional recommendations.
    - 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.
- Continue to encourage and facilitate access to phone calls and other technology to
    - Maintain the link between residents, family and friends, and

- Enable recreational activities in new ways.

Resident Outings

- Alberta has released the Relaunch Strategy. A key pillar of the strategy is 'strong protections for the most vulnerable Albertans'. Services that may be of interest to residents are beginning to open in the communities.
- This re-opening is going to proceed at a much slower and more cautious pace within these settings.
- It is **imperative** that residents remain vigilant in their actions to protect themselves and others around them from COVID-19. Residents remain at extremely high risk of severe outcomes if they contract COVID-19.
- **Residents who are not required to isolate are still encouraged (but not required) to stay on the facility's property, except in the case of necessity[13] (e.g., medical appointments, groceries, pharmacy, spend time outdoors, employment, etc.) while observing physical distancing requirements.**
  - Residents are **not** required to isolate after return from the above necessary appointments and outings, unless they meet the criteria for isolation (e.g., fail the Health Screening). See Testing and Isolation.
  - 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*).
  - Resident and site circumstance (e.g. site outbreak status, resident in isolation, etc.) and other protective measures ordered may mean that not all permitted resident outings can be supported. Operators should be transparent with residents and staff regarding circumstances where resident outings are not recommended due to resident or site circumstance.
- When a site is **under investigation** or in a **confirmed** COVID-19 outbreak, and for residents who are isolated, arrangements should be made, if possible, to support residents in obtaining necessities without them leaving the site 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.
  - At the discretion of the operator, some items coming into the building may be required to be cleaned and disinfected by the person dropping off the items (or possibly quarantined for a time). All appropriate precautions must be taken when staff deliver to a resident's room (e.g. items should be disinfected by the staff before touching it and bringing it to a resident's room).
- It is recommended that residents not participate in unnecessary outings however, they may choose to do so as activities open up in the community. Should a resident choose to leave for reasons other than necessity, the operator must advise the resident of their responsibility to :
  - Maintain physical distancing;
  - Wear a mask at all times and ask anyone you may be with to also wear a mask;

[13] 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.

- Ensure safe transportation (See Safe Transportation);
- Maintain good hand hygiene; and
- Inform the resident that they are subject to Health Assessment Screening upon re-entry.

Safe Transportation

Any transportation must be done as safely as possible. Operators must communicate the following Safe Transportation expectations to residents and families as appropriate. Residents, families and visitors are responsible for contributing both to their own safety and to the safety of the other residents and staff at the site to which the resident will return.

- Transportation within private vehicles (e.g., if resident drives self or when a visitor or family member picks up a resident)
    - The resident or visitor/family member will ensure that the vehicle has been cleaned and disinfected prior to the resident entering, with focus on high touch surfaces (e.g. handles, steering wheel, window controls, armrests, seat belts, etc.)
    - Driver and all passengers must be masked
    - The driver and resident/passengers will sit as far apart as possible, minimizing the number of passengers in the vehicle (e.g. one driver with resident sitting as far away as possible)

- Public Transit (including city busses, LRT, handi-bus, etc.)
    - Follow guidelines set out by municipal transit operators to maintain safety
    - Maintain safe physical distancing
    - Wear a mask
    - Frequently use hand sanitizer and especially after having contact with high touch surfaces (e.g. armrests, doors and railings, handles, etc.)
    - Refer to physical distancing tips for public transportation

- Transportation within facility operated vehicles (shuttle buses, vans, etc.)
    - Ensure vehicle has been cleaned and disinfected prior to residents entering, with a focus on high touch surfaces (e.g. handles, steering wheel, window controls, armrests, seat belts, etc.)
    - The driver and passengers must be masked (residents, staff, driver)
    - Sit as far apart as possible, minimizing the number of passengers in the vehicle
    - Frequently use hand sanitizer and especially after having contact with high touch surfaces (e.g. armrests, vehicle doors and handles, 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 (including medication supply).
        - 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, based on current CMOH orders at the time of return (or additional requirements as set by the CMOH).
      - As per Testing and Isolation regardless of the outbreak status of the facility, a resident who is returning from a temporary relocation will be required to isolate for 14 days upon return to the facility. Additional requirement may also exist, based on current CMOH orders at the time of return.
    - 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.
- Enable a return to the site as quickly as possible once the residents (or their alternate decision makers and the receiving party) indicate a desire to return. As per considerations above, this return may not be immediate, but the operator (and other involved parties) will communicate any considerations and timelines, as soon as they are known.

Guidance for Hair Salons

- Where an operator determines there is a reasonable resident need for **hairdressing or barbering service** per SL/LTC Accommodation Standard 9: Personal Choice Services, it is acceptable for operators to provide or offer this service.
  - Site circumstance (e.g. outbreak status) may disrupt the service offerings or cancel them entirely for a period of time.
  - In the case of a **confirmed** COVID-19 outbreak, hairdressing or barbering services are not permitted.
  - Hairdressing or barbering services must not be provided to symptomatic or isolated residents.
- Hair styling and barbering services are permitted to open in these settings, following industry guidance as well as additional requirements outlined below.
  - Recognizing that hair salons in these settings are different than other locations of service provision (e.g. hair stylists/barbers are coming into facilities), these four items from the industry guidance are interpreted as follows:

Industry Guidance (for a complete listing, click above hyperlink)	**Hair salons in Licensed Supportive Living and Long-Term Care**
• Workplace cleaning expectations (numerous).	• Service provision is subject to the enhanced environmental cleaning expectations of the facility (see below).
• Consider adjusting or waiving cancellation fees for clients who cancel due to quarantine, isolation or illness.	• Clients will not be charged a cancellation fee if they cancel due to isolation or illness.
• Ask clients to attend appointments unaccompanied, unless accompaniment is necessary (e.g. a parent or guardian).	• Clients may be accompanied to the appointment, if necessary.
• Ask clients not to arrive more than 5 minutes before their appointment.	• Communicate to clients about appropriate arrival time and additional requirements/protocols in place for safe resident movement (see below).

- Any provider of hair styling and barbering services in these settings must follow the additional requirements as set out below in **Tables 5 and 6**.

Table 5: Location specific requirements

Shared Space	Resident Room

• Limit the number of residents and service providers at one time, depending on space size.
    o Consider that some residents may require a designated essential visitor's (or staff) assistance/presence.
• Set up the space to ensure appropriate physical distancing between residents and permitted designated essential visitors or others.
• Reduce service offerings, depending on resident need, following industry guidance (e.g. blow drying is not recommended unless both service provider and resident wear a mask).
• Develop a process for recording each resident appointment (resident name, time, name of any person who accompanied them).
• Allow sufficient time between services for safe resident movement (e.g. ensure maximum capacity for the space size is not exceeded and no line-ups).
• Implement enhanced cleaning requirements, following any applicable CMOH public health orders, industry guidance and facility policy.
• Residents must come and leave independently or with the support of staff or designated essential visitor (e.g. the service provider cannot escort the resident through the building).
• All people must wash their hands or use hand sanitizer before entering and upon leaving the space.
• All efforts must be made to accommodate safe payment methods to prevent the spread of germs.
	• Sufficient time must be scheduled between services to implement enhanced cleaning requirements, following industry guidance and facility policy.
	• Perform hand hygiene (including hand washing and/or use of hand sanitizer) on entry and exit from rooms and as directed.
	• Appropriate physical distancing requirements..
	• All efforts must be made to ensure minimized contact with residents who are not receiving services.
	    o If service is provided in a shared room, the other resident should agree to vacate for the duration of the service provision.

Table 6. Requirements of operators and service providers

Operators must:	Service providers must:

• Ensure that the Health Assessment Screening is conducted prior to the service provider entering the facility and communicate that provider must self-assess throughout the time at the facility.
• Provide all relevant IPC facility policies and protocols to the service provider, including enhanced environmental cleaning and use of shared equipment requirements.
    o This includes providing posters on physical distancing, hand hygiene and limiting the spread of infection.
• Ensure, and validate, that all IPC policies and protocols are being followed.
    o This may include checklists that are completed by the service provider and submitted to the operator to maintain records for follow up.
• Instruct service providers on how to safely put on and take off required PPE and advise them on the frequency with which to discard old and replace with new while on site.
• Ensure that all service providers wear a mask continuously while in the facility.
	• Be screened at each time of entering the facility and self-assess throughout the time at the facility.
	• Not provide a service to symptomatic or isolated residents.
	• Provide appropriate PPE, including a mask that covers their mouth and nose, as well any additional PPE (if they determine necessary per Industry Guidance) and wear the mask continuously while in the facility including when providing service.
	• For shared spaces, direct residents to wash their hands or use hand sanitizer before entering the service space.
	• Complete any required documentation to confirm compliance with CMOH orders, industry guidance and operator requirements.
	• Understand and follow all requirements and guidance with respect to their service, including but not limited to frequent hand washing, continuous use of masks, enhanced cleaning and use of shared equipment requirements, and other IPC guidance provided by the facility and/or Public Health.
	    o This includes hanging posters and signage provided by the operator.
	• Remain in the service setting for the duration of the service provision other than to move between resident rooms, if relevant to the service.
	• Not visit with any staff (e.g., staff room) and not visit with any other residents other than those receiving the service.
	• Not work in more than one facility in any given day, as feasible.
	• Remain off site and off work, abiding by all required timelines, should they experience COVID-19 symptoms or any other illness.

Operator Communication

The operator shall review Alberta Health's and Alberta Health Services' websites regularly for updated information, and:

- Communicate transparently at all times with residents, families and staff and other allowed service providers.
- Communicate updated information relevant to their staff, residents, designated essential visitors, families and any allowed service providers 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, other visitors (see Order 14-2020), and allowed service providers 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.
    - This may include any adjustments made to house rules (i.e. site specific rules or guidelines in place), resident – operator agreements, handbooks etc.

Operators who would like consideration to further restrict Order guidelines due to site configuration, specialized populations, etc., must consult with relevant designate before doing so. 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)

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

Table 7: Revision History

Document	Overview	Description
Order 06 March 25, 2020	Pre-outbreak operational standards for licensed supportive living and long-term care and licensed residential addiction treatment service providers. These expectations applied in addition to Order 03 (visitor policy)	Pro-active expectations for sites not already in a COVID-19, or other, outbreak. Appendix A (7 pages) included requirements associated with: symptom notification and response, enhanced environmental cleaning, shared spaces, entry and re-entry to building, routine practices and additional precautions, communication, access to supplies.
Order 08 April 2, 2020	Suspected, probable and confirmed COVID-19 outbreak standards for licensed supportive living and long-term care and licensed residential addiction treatment service providers. These expectations applied in addition to Order 03 (visitor policy) and order 06 (pre-outbreak standards).	Appendix A (12 pages) included requirements associated with: staff and operator disclosure, routine practices and additional precautions, shared dining, resident movement around site and community, resident move-in and transfer, group/recreational activities, designated essential visitors, and deployment of staff and resources. Definitions of suspected, probably and confirmed outbreaks were includes as was information for contacting the AHS Coordinated COVID-19 response group.
Order 10 April 10, 2020	This order rescinded Orders 06 and 08. Applies to licensed supportive living and long-term care and licensed residential addiction treatment service providers. These expectations applied in addition to Order 09 (updated visitor policy).	The standards in Orders 06 and 08 were combined into one order and updated as appropriate. Key changes included: restricting staff movement among health care facilities and the requirement of staff to continuously mask (came into effect April 15, 2020). Updated pre-outbreak standards attached in Appendix A (9 pages) and updated outbreak standards attached in Appendix B (11 pages).
Order 12 April 28, 2020	This order revises Part 2 (two sets of standards) as found in the Record of Decision –CMOH Order 10. The Appendix A (17 pages) are the updated and integrated standards. Applies to licensed supportive living and long-term care. These expectations applied in addition to Order 14 (updated visitor policy).	Main updates included: - Removed licensed residential addiction treatment facilities from scope (separate order established) - Updated symptom information - Testing of all residents and staff when COVID-19 identified - Updated definitions of phases referenced - Clarification of essential staff - Recommendations for use of eye protection - Additional information guiding temporary resident relocation - Guidelines promoting quality of life - Updated COVID-19 Questionnaires

References

1. Alberta's Relaunch Strategy, Government of Alberta.
    - https://www.alberta.ca/alberta-relaunch-strategy.aspx
2. Community-Based Measures to Mitigate the Spread of Coronavirus Disease (COVID-19) in Canada, Government of Canada.
    - https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html
3. COVID-19 Orders and Legislation, Government of Alberta.
    - https://www.alberta.ca/covid-19-orders-and-legislation.aspx
4. COVID-19: Help prevent the spread information posters, Alberta Health.
    - https://open.alberta.ca/publications/covid-19-information-help-prevent-the-spread-poster
5. Disease Management Guidelines: Coronavirus COVID-19, Alberta Public Health.
    - https://open.alberta.ca/publications/coronavirus-covid-19
6. Infection Prevention and Control for COVID-19: Interim Guidance for Long Term Care Homes, Public Health Agency of Canada.
    - https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html
7. Information for AHS Staff & Health Professionals, Alberta Health Services.
    - https://albertahealthservices.ca/topics/Page16947.aspx
8. Recognizing Early Symptoms in Seniors (COVID-19), Alberta Health Services.
    - https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-recognizing-early-symptoms-in-seniors.pdf
9. Workplace Guidance and Supports, Alberta Biz Connect.
    - https://www.alberta.ca/biz-connect.aspx

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 remain critical at this time.
- Socialization is an important part of quality of life. The separation resulting from restricting visitors and physical distancing should be recognized, acknowledged and respected for all individuals impacted; wherever possible, alternative means to connect should be supported by all staff and the operator.
- 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).
    - **Necessities** related to unmet care or quality of life (e.g. psycho/social) needs that staff are unable to address and/or manage otherwise (e.g. virtual support by family and friends) should be identified by the operator, but may also be identified by the resident and families. Refer to Order 14-2020 for the role of designated essential visitors in these instances.
    - **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).
- Operators and staff should 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.
- 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.

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.

Staff Wellbeing

- Workers in licensed supportive living and long-term care settings are facing unique and additional challenges during the COVID-19 pandemic, including having to:
    - Quickly learn and implement new guidelines and expectations arising from a new disease where expectations change as new learning occurs
    - Deal with death of residents with increasing frequency, in some locations;
    - Be the front-line face of restrictions to resident movement and activity, as well as family and other visitors;
    - Even more than normal, compensate for changes in workforce demands and make difficult decisions; and
    - Manage competing demands with personal caring responsibilities.
- Operators should 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. Minimally, this may include:
    - Ensure all staff are aware of any new or updated policies, procedures, regulations or guidelines.
    - Regular one-on-one and team check-ins (virtually wherever possible) to maintain connections and share resources and support, which may include organizational resources and additional resources (see below).
        - Continue to talk to and listen to employees concerns and fears and collaborate with them to identify and implement (or connect them to) individual or group supports.
        - Highlight any counselling or mental health supports that may exist in employee benefits or group health plans.
        - Create tip sheets for employees highlighting new processes in place, host webinars, or place videos on websites to help staff.
        - Recognize the need for changes to adapt to ever-changing situations and encourage staff and leaders to be innovative in creating ways to help staff engage, discuss feelings and needs and develop strategies for managing these in the new workplace.
        - If they do not already exist, create opportunities for staff to individually or anonymously express concerns or needs.
        - Check with governing bodies (e.g. College and Association of Licensed Practical Nurses) or relevant associations (e.g. Allied Beauty Association) for particular industry guidelines and resources in addition to provincial guidance.

        - Encourage employees to safely connect with their friends, family and supports to stay connected.
    - Ensure staff have a path to give feedback and make suggestions.
    - Ensure staff have opportunities to participate in formal meetings about resident care or site operations as relevant.
    - Ensure communication lines are open amongst and between teams and from organizational and site leadership to management and front-line staff.
        - Staff should be provided with weekly, or biweekly as relevant, updates with accurate information and know who to contact with questions.
    - All stress is valid. Efforts must be taken by both staff members and the operator to address workplace stress the moment it is identified.
- Resources:
    - Check Workplace Guidelines for Business Owners on the Government of Alberta website
    - Visit Alberta Biz-Connect for businesses preparing to reopen as part of Alberta's relaunch strategies for resources to help keep you, your staff and your customers safe
    - The Canadian Mental Health Association offers tips for employers to consider and staying well in uncertain times
    - The Conference Board of Canada offers videos on reducing mental fatigue and mentally preparing to return to work
    - The Public Health Agency of Canada offers tips and resources for taking care of your mental health during COVID
    - The Centre for Addiction and Mental Health offers information, coping strategies and assessment tools
    - Consider offering training and educational opportunities such as:
        - Canadian Red Cross' Psychological First Aid
        - Mental Health Commission of Canada's Mental Health First Aid
        - Mental Health Commission of Canada Crisis Response Virtual Training
        - Canadian Mental Health Association
    - Alberta Health Services Help in Tough Times webpage offers links to supports and resources
    - 24-hour help lines:
        - Mental Health Help Line at 1-877-303-2642
        - Addiction Help Line at 1-866-332-2322
        - Suicide Prevention Service at 1-833-456-4566
        - Crisis Text Line Alberta

Document: Appendix B to Record of Decision – CMOH Order 23-2020

Subject: COVID-19 Questionnaires for Licensed Supportive Living and Long-Term Care under Record of Decision – CMOH Order 23-2020.

Date Issued: May 25, 2020

Scope of Application: As per Record of Decision – CMOH Order 23-2020

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

New Content
COVID-19 Resident Screening (page 38) • Added additional screening questions 2, 3 and 4.
Clarifying Content
COVID-19 Staff Screening (page 39) • Revision made to screening question 2 to add that traveler must be symptomatic
COVID-19 Visitor Screening (page 40) • Revision made to screening question 2 to add that traveler must be symptomatic

Appendix B

COVID-19 Resident Screening[14]

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 Nasal congestion/ Stuffy Nose	**YES**	**NO**
	o Hoarse voice	**YES**	**NO**
	o Sore Throat/Painful Swallowing	**YES**	**NO**
	o Difficulty Swallowing	**YES**	**NO**
	• Any **new** symptoms including but not limited to:		
	o Chills	**YES**	**NO**
	o Muscle/Joint Aches	**YES**	**NO**
	o Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite	**YES**	**NO**
	o Feeling Unwell/Fatigue/Severe Exhaustion	**YES**	**NO**
	o Headache	**YES**	**NO**
	o Loss of Sense of Smell or Taste	**YES**	**NO**
	o Conjunctivitis (commonly known as pink eye)	**YES**	**NO**
	o Altered Mental Status	**YES**	**NO**
2.	Have you travelled outside of Canada in the last 14 days OR have you had close contact with anyone showing symptoms who has travelled outside of Canada in the last 14 days?	**YES**	**NO**
3.	Have you had close contact (face-to-face contact within 2 metres/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 metres/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 a **resident** answers YES to any of the screening questions, the individual must immediately be given a procedure/surgical mask, isolated in their room, or an available isolation room and should be asked to consent to **testing** for COVID-19. Note: If you have a **fever, cough, shortness of breath, runny nose or sore throat**, you are legally required to isolate for at least 10 days from the start of your symptoms or until they resolve, whichever is longer.

[14] 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[15]

1.	Do you have any of the below symptoms:		
	• Fever (**38.0°C** or higher) or chills	**YES**	**NO**
	• Any **new** or **worsening** symptoms :		
	o Cough	**YES**	**NO**
	o Shortness of Breath/Difficulty breathing	**YES**	**NO**
	o Sore throat/Painful Swallowing	**YES**	**NO**
	o Stuffy/Runny nose	**YES**	**NO**
	o Headache	**YES**	**NO**
	o Muscle/Joint Ache	**YES**	**NO**
	o Feeling Unwell /Fatigue/Severe Exhaustion	**YES**	**NO**
	o Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite	**YES**	**NO**
	o Loss of Sense of Smell or Taste	**YES**	**NO**
	o Conjunctivitis (commonly known as pink eye)	**YES**	**NO**
2.	Have you travelled outside of Canada in the last 14 days OR have you had close contact with anyone showing symptoms who has travelled outside of Canada in the last 14 days?	**YES**	**NO**
3.	Have you had close contact (face-to-face contact within 2 metres/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 metres/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 and should be directed to complete the AHS online assessment tool for staff to determine if they require testing.

Note: If you have a **fever, cough, shortness of breath, runny nose** or **sore throat**, you are legally required to isolate for at least 10 days from the start of your symptoms or until they resolve, whichever is longer.

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, medical emergency).

[15] 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[16]

1.	Do you have any of the below symptoms:		
	• Fever (**38.0°C** or higher) or chills	**YES**	**NO**
	• Any **new** or **worsening** symptoms:		
	○ Cough	**YES**	**NO**
	○ Shortness of Breath/Difficulty breathing	**YES**	**NO**
	○ Sore throat/Painful Swallowing	**YES**	**NO**
	○ Stuffy/Runny nose	**YES**	**NO**
	○ Headache	**YES**	**NO**
	○ Muscle/Joint Ache	**YES**	**NO**
	○ Feeling Unwell /Fatigue/Severe Exhaustion	**YES**	**NO**
	○ Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite	**YES**	**NO**
	○ Loss of Sense of Smell or Taste	**YES**	**NO**
	○ Conjunctivitis (commonly known as pink eye)	**YES**	**NO**
2.	Have you travelled outside of Canada in the last 14 days OR have you had close contact with anyone showing symptoms who has travelled outside of Canada in the last 14 days?	**YES**	**NO**
3.	Have you had close contact (face-to-face contact within 2 metres/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 metres/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

Note: If you have a **fever, cough, shortness of breath, runny nose** or **sore throat**, you are legally required to isolate for at least 10 days from the start of your symptoms or until they resolve, whichever is longer.

[16] 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).