

RECORD OF DECISION – CMOH Order 06-2020**Re: 2020 COVID-19 Response**

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.

This 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.

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.

Therefore, having determined that certain activities could transmit COVID-19 as an infectious agent and that certain other steps are necessary to lessen the impact of the public health emergency, I hereby make the following Order:

1. Effective immediately all operators and service providers of a health care facility, located in the Province of Alberta, must adhere to the operational protocols attached as Appendix A to this Order.
2. For the purposes 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*;
 - (d) a lodge accommodation under the *Alberta Housing Act*; and
 - (e) any facility in which residential addiction treatment services can be offered or provided by a service provider who has been issued a licence under section 6 of the *Mental Health Services Protection Act*.
3. Despite section 1 of this Order, an operator or service provider of a health care facility may be exempted from the application of this Order, by me, on a case-by-case basis.
4. This Order remains in effect until rescinded by the Chief Medical Officer of Health.

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Rescinded and replaced by
CMOH Order 10-2020

Signed on this 25th day of March, 2020.



Deena Hinshaw, MD
Chief Medical Officer of Health

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Rescinded and replaced by
CMOH Order 10-2020

APPENDIX A



Document: Appendix A to Record of Decision – CMOH Order 06-2020

Subject: Updated Operational Standards for Licensed Supportive Living and Long-Term Care and residential addiction treatment service providers licensed under the *Mental Health Services Protection Act* (MHSPA) under Record of Decision – CMOH Order 06-2020

Date Issued: March 25, 2020

Scope of Application: As per Record of Decision – CMOH Order 06-2020

Distribution: All licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals) as well as all residential addiction treatment service providers licensed under the MHSPA.

Purpose:

The operational expectations outlined here are required under the Record of Decision – CMOH Order 06-2020 (the Order) and are applicable to all licensed supportive living (SL), long-term care (LTC) facilities and service providers licensed under the MHSPA in Alberta. They set requirements for all operators¹ or service providers, residents², staff, as well as any designated essential visitors (or families and others who are allowed to visit when a resident is dying, as per CMOH Order 03-2020).

- These expectations apply when a site is **not** in outbreak and **will change** if a site is actually experiencing an outbreak.
- These expectations may change existing requirements (e.g., in the Supportive Living and Long Term Care Accommodation Standards, the Continuing Care Health Service standards, the MHSPA), 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 employee, or another essential worker (e.g., physicians, critical maintenance person).

Key Messages:

- Individuals over 60 years of age and those with pre-existing health conditions are most at risk of severe symptoms from COVID-19. To prevent the spread of respiratory viruses, including COVID-19, among seniors and vulnerable groups, we are setting a number of proactive expectations for any site **not already in a COVID-19, or other, outbreak.**

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).

- Many individuals with substance use concerns may have underlying health conditions, making them more at risk of severe symptoms from COVID-19.
- 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.
 - Once a site is confirmed to be in a COVID-19 (or other) outbreak, additional expectations **already** apply, for contracted providers, through Alberta Health Services (e.g., see <https://www.albertahealthservices.ca/info/Page6421.aspx>). For providers that are not contracted to AHS, some of the available guidelines are currently applicable.
 - Additional direction regarding action in a COVID-19 outbreak will be provided under the direction of the Chief Medical Officer of Health, and made available.
- Thorough cleaning and disinfection of frequently touched surfaces and equipment can assist in disrupting disease transmission and help prevent COVID-19 and death in those who are at high risk.
- We recognize that socialization and activity are an important part of life and recovery in these congregate settings. These new expectations are required to safeguard people while we are in this pandemic.
 - Changes to how life and activities happen within these congregate settings are critical at this time, beyond the physical and social distancing expectations that are already required of all Albertans.

Symptom Notification and Response

- Operators will ask all **residents** to immediately notify their primary site contact (preferably by phone), if they are feeling unwell.
 - Upon notification of a resident feeling unwell, the operator must communicate to the resident and staff about any steps they need to take both to assist the resident and to ensure staff safety. This may include helping the resident (or asking the designated essential visitor to assist) to proceed through any required COVID/illness screening.
- Operator must advise **staff** that they are required to conduct a daily self-check (like all Albertans) for signs of [COVID-19](#), for their own health as well as 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 remain off work for 10 days or until symptoms resolve, whichever is longer, or as per direction of the Medical Officer of Health. If this happens while the staff member is on shift, they must notify their supervisor and immediately leave the facility and self-isolate.
 - Site administrators must exclude symptomatic staff from working.
- Operators will notify all residents, staff and families if there is a case of COVID-19 at the site or if there is a confirmed outbreak (of any kind), and any additional measures that the operator is taking and that they should take.

Enhanced Environmental Cleaning

- Operator must:
 - Communicate daily, to the appropriate staff, regarding need for enhanced environmental cleaning and disinfection and ensure it is happening.
 - 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) in

resident rooms, care/treatment areas and common areas such as dining areas and lounges, as appropriate to the facility to a minimum of three times daily.

- Immediately clean and disinfect any visibly dirty surfaces.
- 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).
- 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.
- 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 [social distancing](#), [hand hygiene \(hand washing and hand sanitizer use\)](#) and [limiting the spread of infection](#) in areas where they are likely to be seen. At a minimum this includes placing them at entrances, in all public/shared washrooms, treatment and dining areas.
 - Post the social distancing tips [fact sheet](#) in a place that is available to all residents, designated essential visitors and staff.
- No resident who is feeling unwell or under isolation (www.alberta.ca/COVID19) 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.
 - If a resident of a residential addiction treatment facility is feeling unwell, consideration should be given to them returning to their home, where possible and safe.
- Any visits from the designated essential visitor must occur in that resident's room, other than when the designated essential visitor is assisting with required care activities (e.g., mealtimes)³.

Shared Rooms

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

Shared Dining

³ RECORD-OF-DECISION CMOH Order 03-2020

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

Group/Recreational Activities

- Continue recreational and group treatment activities (only for non-symptomatic or non-isolating residents), meeting these expectations:
 - Reduce the size of the activity to five or fewer residents
 - To the greatest extent possible, pursue one-on-one activities
 - Meet all existing social distancing requirements
 - Facilitate access to phone calls and other technology to maintain the link between residents, family and friends
- Remove or secure (lock up or put in an area that only staff can access) any moveable recreational supplies. If you use any of these (e.g., for one-to-one or small group activities that meet existing physical and social distancing and other group/recreational expectations), ensure they are cleaned and disinfected before and after any use and re-secure.

Entry and Re-Entry to Building

Designated Essential Visitors

- Unless otherwise permitted under Order 03-2020, no visitors are allowed into the facility.
 - See the [Order](#), as well as the Guideline associated with that Order, for detailed requirements including Health Assessment Screening.

Residents and Staff

Health Assessment Screening

- All entering and re-entering residents and staff must be screened each time they enter the site.
- Screening shall involve both of the following:
 1. Temperature screening:
 - The temperature of all residents and staff must be taken by a non-invasive infrared or similar device (oral thermometers must not be used).
 - For reference, normal temperatures are: ear/forehead 35.8-38.0°C (96.4-100.4°F)

- Anyone with a measured temperature of 38.0C or higher **MUST NOT** be admitted to the facility and should be advised to leave the building in order to protect the health of the residents.

2. COVID-19 Questionnaire:

1.	Do you have any of the below symptoms:		
	• Fever	YES	NO
	• Cough	YES	NO
	• Shortness of Breath / Difficulty Breathing	YES	NO
	• Sore throat	YES	NO
	• Runny Nose	YES	NO
	• Feeling unwell / Fatigued	YES	NO
	• Nausea/Vomiting/Diarrhea	YES	NO
2.	Have you, or anyone in your household travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever?	YES	NO
4.	Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

- 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).

Failed Health Assessment Screening

- If any **staff** answers YES to any of the questions, the individual **MUST NOT** be admitted to the facility and should be instructed to leave immediately.
- If any **resident** answers YES to any of the questions, the individual shall immediately be isolated in the facility.
 - Residents shall be taken to their room, or to an available isolation room, wearing a procedure/surgical mask. See other sections of this document for further information (e.g., who to contact if you don't know what type of mask to use and where to get additional supplies, if needed).
 - See also above "Symptom Notification and Response"

Resident Movement Around Site and Community

- All residents must stay on the facility's property, except in the case of necessity (e.g., walking, groceries, pharmacy) or exceptions (e.g., medical appointments) while observing physical and social distancing requirements.

Resident Relocation

- Residents who intend to relocate from the facility, or terminate their service agreement, on a temporary, permanent or semi-permanent basis must do so in consultation with the facility

operator.

- 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 are consulted.

Resident Move-In and Transfer

- People will continue to move into these settings (e.g., as new residents), according to existing processes, as well as continue to transfer between settings in the usual way (e.g., return from hospital). They are subject to the same Health Screening Assessments as all other residents/staff, with an assessment to be completed by the transferring site to ensure suitability for transfer (and other isolation or other requirements that have been set for all Albertans by the Chief Medical Officer of Health).

Routine Practices and Additional Precautions

People living and working within, or visiting, these sites **do not** need to wear or use any additional personal protective equipment (PPE) – like masks or gloves or other PPE – unless they are in a situation where they or someone else is displaying or reporting symptoms of illness.

Expectations of Staff & Operators

- Staff shall monitor all residents for any symptoms of illness.
 - Staff must wear a procedure/surgical mask for any encounter with a resident who fails the Health Screening Assessment.
- PPE is **only required** if you are advised by a health care practitioner, or by public health, that it is required. See contacts identified elsewhere in this document, for additional information regarding need for PPE (IPC) or access to supplies.
- Under the above direction, if personal protective equipment (PPE) is required (for residents or staff):
 - When putting on PPE, the following sequence of steps is required:
 1. Perform hand hygiene
 2. Cover body (i.e. gown)
 3. Apply facial protection (i.e. mask, visor, eye protection)
 4. 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
- Staff who are working at multiple sites must ensure that they are changing into clean clothes/uniforms prior to entering a new facility.

Expectations for Residents and Designated Essential Visitors

- Residents and designated essential visitors shall perform hand hygiene (including hand washing and/or use of hand sanitizer) on entry and exit from their rooms, when leaving and returning to the facility and as directed by required posters or the site.

- Where hand washing facilities are not available, hand sanitizer must be available in each resident's room and at site entry points (except in the case of operators whose clients have substance use issues, where alternate hand washing sinks will be determined by the site and made available to the residents).
- Designated essential visitors shall be instructed how to put on and take off any PPE, if it is required.

Communication

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

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

Access to Supplies

- 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, please contact Provincial Emergency Social Services, to advise them of your PPE needs: PESSECC-LOGISTICS@gov.ab.ca.

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

- Alberta Health Services (for those with contracts to provide continuing care health services or for infection prevention and control support): continuingcare@albertahealthservices.ca
- Alberta Health's Accommodation Licensing Inspector (asal@gov.ab.ca)
- Alberta Health's Mental Health Services Protection Act Licensing Inspector (mhspa@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