

RECORD OF DECISION – CMOH Order 10-2020 which rescinds CMOH Order 06-2020 and CMOH Order 08-2020

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 06-2020 on March 25, 2020 and Record of Decision - CMOH Order 08-2020 on April 2, 2020.

Whereas the outbreak standards attached as appendix A to Record of Decision - CMOH Order 08-2020 require operators and service providers of health care facilities to require staff members to work exclusively at one site in the case of a confirmed COVID-19 outbreak.

Whereas having determined that it is necessary to:

- (a) further restrict the movement of staff members between health care facilities;
- (b) revise the operational protocols appended to Record of Decision - CMOH Order 06-20; and
- (c) revise the outbreak standards appended to Record of Decision - CMOH Order 08-2020.

I hereby make the following Order, which rescinds my previous Record of Decision - CMOH Order 06-2020 and Record of Decision - CMOH Order 08-2020:

Part 1 – Restricting staff movement among health care facilities

1. Beginning April 16, 2020, but no later than April 23, 2020, each operator of a health care facility, and each contractor operating within a health care facility, located in the Province of Alberta, must restrict the movement of staff members among health care facilities by ensuring that each staff member works in only one health care facility.
2. For the purposes of Part 1 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*; and
 - (c) a designated supportive living accommodation under the *Supportive Living Accommodation Licensing Act*.
3. For the purposes of Part 1 of this Order, a “contractor” is defined as an individual who, or corporation that, under a contract or a sub-contract with the operator of a health care facility, provides or arranges for the provision of health care services or support services within the health care facility.
 4. For the purposes of Part 1 of this Order, a “staff member” is defined as any individual who is employed by, or provides services under a contract with, the operator of a health care facility or a contractor of the operator.
 5. For greater certainty, this Order applies to physicians and nurse practitioners to the extent set out in the standards attached in Appendix A and Appendix B of this Order.
 6. A staff member who is employed or contracted to provide services within more than one health care facility must as soon as reasonably possible disclose that fact to their supervisor (or for a contractor, the site administrator or designate) at each health care facility where they provide services.
 7. A staff member who is employed or contracted to provide services within more than one health care facility 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 period of time Part 1 of this Order is in effect.
 8. Despite section 1 of this Order, an operator, contractor or staff member of a health care facility may be exempted from the application of Part 1 of this Order, by me, on a case-by-case basis.

Part 2 – Updated operational standards and outbreak standards

9. Subject to section 12 of this Order, effective immediately all operators of a health care facility, located in the Province of Alberta, must adhere to:
 - (a) the operational standards attached as Appendix A to this Order; and
 - (b) the outbreak standards attached as Appendix B to this Order.

10. For the purposes of Part 2 of this Order an operator includes a service provider who has been issued a licence under section 6 of the *Mental Health Services Protection Act*.
11. 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*;
 - (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*.
12. The requirement to wear a mask at all times, as set out under the heading *Continuous Masking* in the operational standards attached as Appendix A to this Order, is effective as of April 15, 2020.
13. Despite section 9 of this Order, an operator of a health care facility defined in section 11 of this Order may be exempted from the application of Part 2 of this Order, by me, on a case-by-case basis.
14. This Order, or any Part of this Order, remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 10 day of April, 2020.


Deena Hinshaw, MD
Chief Medical Officer of Health

Document: Appendix A to Record of Decision – CMOH Order 10-2020

Subject: Updated Pre-Outbreak 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 10-2020.

Date Issued: April 10, 2020

Scope of Application: As per Record of Decision – CMOH Order 10-2020.

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.

***Amendments to previous orders are noted by this change in font.**

Purpose:

The operational expectations outlined here are required under the Record of Decision – CMOH Order 10-2020 (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, unless otherwise indicated. They set requirements for all operators¹ or service providers, residents², staff, as well as any designated essential visitors (or families and others who are permitted to visit when a resident is dying, as per CMOH [Order 09-2020](#)).

- These expectations apply when a site is **not** in outbreak and **will change** if a site is actually experiencing an outbreak, as per this Order, and outlined in Appendix B.
- 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, those with pre-existing health conditions, and those with substance abuse concerns who may have underlying health conditions, are the most at risk of severe symptoms from COVID-19, especially when they live in close contact as is the case with congregate settings.
- 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 outbreak**.
- Many individuals with substance use concerns may have underlying health conditions, making them more at risk of severe symptoms from COVID-19.

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).

- 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.
- Please refer to Appendix B – Suspected, Probable or Confirmed Outbreak Standards as soon as a staff member or resident has identified symptoms of COVID-19 for additional guidance.
- Thorough cleaning and disinfection of frequently touched surfaces and equipment assists 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 must advise all **residents** that they are required to conduct daily self-checks (like all Albertans), for signs of COVID-19. If a resident is unable to do a self-check, see below under “Health Assessment Screening”
 - Note that the list of signs and symptoms for residents is different than for staff, as residents may experience milder initial symptoms or be unable to report certain symptoms if cognitively impaired.
 - Residents must 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 twice daily** self-checks (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 Chief 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.
 - Any staff developing symptoms while at work must not remove their mask and must be sent home immediately.
 - Site administrators must exclude symptomatic staff from working.

Health Assessment Screening

- Those residents who have a routine interface with staff (e.g. personal care), should be actively screened by staff at least **once** daily using the COVID-19 Questionnaire (Residents) below.
- Documentation of screening should be kept in the resident chart.
- 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)

2. COVID-19 **Resident** Questionnaire (note additions/changes highlighted with *):

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

COVID-19 **Staff and Visitor** Questionnaire

1.	Do you have any of the below symptoms:		
	• Fever (38.0°C or higher)	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 permitted to enter the facility and should be instructed to leave immediately.
 - If staff member utilizes public transit, operator will send staff home via taxi with a mask.
- 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 below 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"
- Immediately implement *Appendix B: Suspected, Probable or Confirmed Outbreak Standards*.
- AHS Coordinated COVID-19 Response is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms of COVID-19 for additional guidance and decision making support.
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.

Expectations of Staff & Operators

Staff Working at Single Facility

- To protect the most vulnerable Albertans, **designated supportive living and long-term care** staff are limited to working within one single health care facility. This will help to prevent the spread of illness between facilities.
 - This order is inclusive of all staff at the facility (e.g. health care workers, food service workers, housekeeping, administrative, home care staff, etc.).
 - 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 that interact with residents.
 - Facility operators must determine the model of medical care that is appropriate for their residents that minimizes the number of physicians or nurse practitioners physically attending patients in that facility. Physicians and nurse practitioners should provide on-site, in-person care in only one facility, as defined by the order, to the greatest extent possible.
- Effective on April 23, 2020, staff will only be permitted to work at one single healthcare facility.
- Operators are not permitted to implement these changes sooner than April 16, 2020 to allow for a period of transition and effective implementation.
 - Recognizing the impact that this will have on staff and operators, Alberta Health and Alberta Health Services will communicate additional information and processes to support the implementation of this requirement.
- As soon as possible, but no later than April 15, 2020, staff will disclose to their supervisors:
 - If they are employed by multiple facilities and/or operators, and
 - Which site they prefer as their single primary worksite for the duration of this order
- Staff will be granted a leave of absence from their non-primary employers. Non-primary employers will not penalize staff.

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

Continuous Masking

- All healthcare workers 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 meters) 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 infection to residents and other workers, which may occur even when symptoms of illness are not recognized.
 - Staff must perform hand hygiene before putting on the mask and before and after removing the mask.
- Healthcare workers who do not work in resident care areas or have direct resident contact are only required to mask if physical distancing (2 meters) cannot be maintained at all times in the workplace or if entry into resident care areas is required.
- Judicious use of all PPE supplies remains critical to conserve supplies and ensure availability.
- Where possible, these requirements go into effect immediately. Facilities that need additional time to access masks through AHS or others are expected to be in compliance by April 15, 2020.
 - See contacts identified elsewhere in this document, for additional information regarding need for PPE (IPC) or access to supplies.
- 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

Enhanced Environmental Cleaning

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

- Use disinfectants that have a Drug Identification Number (DIN) issued by Health Canada and do so in accordance with label instructions.
 - Look for an 8-digit number (normally found near the bottom of a disinfectant's label).
- 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.
- In addition, room cleaning and disinfection should be performed at least once per day on all low touch surfaces (e.g., shelves, bedside chairs or benches, windowsills, headwall units, over-bed light fixtures, message or white boards, outside of sharps containers).
- Immediately clean and disinfect any visibly dirty surfaces.
- 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**
- Staff should ensure that **hands are cleaned before touching** the above-mentioned equipment.
- 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.

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

- 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.

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).
- Any new admissions and/or transfers to the facility should be placed on contact/droplet isolation for 14 days from arrival to facility.

Expectations of Residents and Designated Essential Visitors

- As per [Order 09-2020](#) no visitors are permitted, including those designated as essential, except for visits:
 - Where, in rare situations, the resident's care needs cannot be met without their assistance, or
 - When a resident is dying.
- Should a visitor be permitted, they must wear a mask continuously throughout their time in the facility and shall be instructed how to put on and take off any PPE.

- Any visits from the permitted 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.
- Residents and **permitted** 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).

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

- Should family members wish to take a resident home to care for them, it is **strongly recommended** that families understand the resident's care requirements and have any supplies/equipment in place.
 - This decision should be made in conjunction with the residents care team, physician, at-home supports, AHS Home Care (if applicable) and any alternate decision maker (as applicable).
 - AHS Home Care is limited in capacity due to COVID-19 pandemic preparations and may be unable to provide services.
 - Residents will not be re-admitted while the facility is in any level of outbreak.
 - Facilities may be in outbreak for extended periods of time (i.e. weeks to months)
 - Families must understand they will be responsible for the care of the resident (and any additional costs incurred) until the facility is able to re-admit the client.

Communication

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

- Communicate updated information relevant to their staff, residents, **permitted** 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

- Masks required for staff and 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 our without a contract with AHS.

³ RECORD-OF-DECISION CMOH [Order 09-2020](#)

- 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)
- AHS Coordinated COVID-19 Response is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms of COVID-19 for additional guidance and decision making support.
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.

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

Document: Appendix B to Record of Decision – CMOH Order 10-2020

Subject: **Suspected, probable and confirmed COVID-19 outbreak standards** for licensed supportive living, long-term care and residential addiction treatment service providers licensed under the Mental Health Services Protection Act (MHSPA) under Record of Decision – CMOH Order 10-2020.

Date Issued: April 10, 2020

Scope of Application: As per Record of Decision – CMOH Order 10-2020.

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

***Amendments to previous orders are noted by this change in font.**

Purpose:

The **suspected, probable and confirmed COVID-19 outbreak standards** outlined here are **required** under the Record of Decision – CMOH Order 10-2020 (the Order) and are applicable to all licensed supportive living (SL), long-term care (LTC) facilities and service providers licensed under the Mental Health Services Protection Act (MHSPA) in Alberta. They set requirements for all operators¹ or service providers, residents², staff³, as well as any designated essential visitors (or families and others who are allowed to visit when a resident is dying, as per [Order 09-2020](#)).

- These expectations outline what is required for COVID-19 outbreak control and management in congregate living sites, as well as additional resources to enable operators to respond.
- These expectations apply, in addition to Appendix A of this order and [Order 09-2020](#).
- 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.

Key Messages:

- Individuals over 60 years of age, those with pre-existing health conditions, and those with substance abuse concerns who may have underlying health conditions, are the most at risk of severe symptoms from COVID-19, especially when they live in close contact as is the case with congregate settings.
- The intent of these standards is to help ensure that those living and working in congregate settings where there is suspected, probable or confirmed COVID-19 outbreak are kept as physically safe as possible, mitigating the risk of further spread of COVID-19 within and between sites.
- [AHS Coordinated COVID-19 Response](#) is available to all congregate settings. They must be contacted

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 e.g., by group homes).

³ Any person employed by or contracted by the site, or an Alberta Health Services employee or other essential worker.

as soon as there is a person showing symptoms of COVID-19 for additional guidance and decision making support.

- The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- These standards set expectations for any site that has identified a resident or staff member who is reporting a suspected, probable or confirmed **COVID-19 outbreak**.

1. A **suspected COVID-19 outbreak** is defined as:
 - a. One resident or staff member who exhibit any of the symptoms of COVID-19
2. A **probable COVID-19 outbreak** is defined as:
 - a. Two or more individuals (staff or residents) who are linked with each other who exhibit any of the symptoms of COVID-19
 - b. Individuals who are linked means they have a connection to each other (e.g. share a room, dine at the same table, received care from the same staff member, etc.)
3. A **confirmed COVID-19 outbreak** is defined as **any of the following**:
 - a. Any one individual confirmed to have COVID-19, including:
 - i. Any **resident** who is confirmed to have COVID-19
 - ii. Any **staff member** who is confirmed to have COVID-19.

SUSPECTED COVID-19 Outbreak

- Early recognition and swift action must occur for effective management of COVID-19.
- A **suspected COVID-19 outbreak** is defined as:
 - One resident or staff member who exhibit any of the symptoms of COVID-19.
- **AHS Coordinated COVID-19 Response**⁴ **must be contacted as soon as there is a case suspected.**
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- With any level of COVID-19 outbreak, the individual with symptoms must be promptly isolated. The AHS Coordinated COVID-19 Response personnel, as indicated by their protocols, will arrange testing

⁴ The Coordinated COVID-19 Response team (available 24/7) will assist with site support for implementation of outbreak management and control measures including further testing, isolation protocols, staffing, personal protective equipment (PPE), additional testing of close contacts, education, etc.

for COVID-19. Any staff developing symptoms while at work must not remove their mask and be sent home immediately.

- If staff member utilizes public transit, operator will send staff home via taxi with appropriate PPE.
- Operators will notify all staff if there is a suspected outbreak of COVID-19 at the site and inform them of any additional measures that the operator is taking. Operators will identify the best way to provide communication (e.g. letters, email, posters, website, etc.).
- Measures that must be implemented, within this Order, are identified below by the type of site to which they apply. This section is followed by additional standards that **may** apply.
- Note that if test results for the symptomatic residents/staff are negative for COVID-19, usual influenza-like-illness or gastrointestinal illness outbreak protocols should be followed, as appropriate to the identified organism causing the outbreak.

PROBABLE COVID-19 Outbreak

- Early recognition and swift action must occur for effective management of COVID-19.
- A probable COVID-19 outbreak is defined as:
 - Two or more individuals (staff or residents) who are linked with each other who exhibit any of the symptoms of COVID-19
 - Individuals who are linked means they have a connection to each other (e.g. share a room, dine at the same table, received care from the same staff member, etc.)
- AHS Coordinated COVID-19 Response must be contacted as soon as there is a case suspected.
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- With any level of COVID-19 outbreak, the individuals with symptoms must be promptly isolated. The AHS Coordinated COVID-19 Response personnel, as indicated by their protocols, will arrange testing for COVID-19. Any staff developing symptoms while at work not remove their mask and must be sent home immediately.
 - If staff member utilizes public transit, operator will send staff home via taxi with appropriate PPE.
- Operators will notify all residents, families and staff if there is a probable outbreak of COVID-19 at the site and inform them of any additional measures that the operator is taking. Operators will identify the best way to provide communication (e.g. letters, email, posters, website, etc.).
- Measures that must be implemented, within this Order, are identified below by the type of site to which they apply. This section is followed by additional standards that **may** apply.
- Note that if test results for the symptomatic residents/staff are negative for COVID-19, usual influenza-like-illness or gastrointestinal illness outbreak protocols should be followed, as appropriate to the identified organism causing the outbreak.

CONFIRMED COVID-19 Outbreak

- Early recognition and swift action must occur for effective management of COVID-19.
- A confirmed COVID-19 outbreak is defined as **any of the following**:
 - Any one individual confirmed to have COVID-19, including:
 - Any **resident** who is confirmed to have COVID-19
 - Any **staff member** who is confirmed to have COVID-19.
- [AHS Coordinated COVID-19 Response](#) **must be contacted as soon as there is a case suspected.**
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- Operators will notify all residents, families and staff if there is a confirmed COVID-19 outbreak, and inform them of any additional measures that the operator is taking and that they should take. Operators will determine the best way to provide communication (e.g. letters, email, posters, website, etc.).
- Measures that must be implemented, within this Order, are identified below by the type of site to which they apply. This section is followed by additional standards that **may** apply.
- Any site-specific direction provided by the **AHS Coordinated COVID-19 Response** personnel, or other responding public health staff is required to be followed.

Licensed Supportive Living

Group Homes for Persons with Developmental Disabilities (PDD group homes with four or more residents)

- [AHS Coordinated COVID-19 Response](#) **must be contacted as soon as there is a case suspected.**
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- Operators **must review and implement** the [AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites](#) at the point that they identify or are notified that any person (resident or staff) has suspected/probable/confirmed COVID-19.

Licensed supportive living (SL), including designated supportive living (DSL)

- [AHS Coordinated COVID-19 Response](#) **must be contacted as soon as there is a case suspected.**
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill

- individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- Operators **must review and implement** the [AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites](#) at the point that they identify or are notified that any person (resident or staff) has suspected, probable or confirmed COVID-19. 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](#),

Licensed Residential Addiction Treatment

- [AHS Coordinated COVID-19 Response](#) **must be contacted as soon as there is a case suspected.**
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- Operators **must review and implement** the [AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites](#) at the point that they identify or are notified that any person (resident or staff) has suspected, probable or confirmed COVID-19.
- If the infection is determined not to be COVID-19, the site **must implement** any additional guidance provided by public health (e.g., guidelines for another influenza-like illness).

Long-Term Care (LTC)

- [AHS Coordinated COVID-19 Response](#) **must be contacted as soon as there is a case suspected.**
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- Operators **must review and implement** the [AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites](#) at the point that they identify or are notified that any person (resident or staff) has suspected, probable or confirmed COVID-19. In addition, the following guidelines **must be applied as well**:
 - [AHS Guidelines for Outbreak Prevention, Control and Management in Facility Living Sites](#)

Unless otherwise noted, the following standards are required for all facilities in suspected, probable or confirmed outbreak:

Staff and Operator Disclosure

- Staff must **immediately** tell their supervisor if either of the following applies:
 - If they have worked at or are working at a site (including but not limited to the sites to which this Order applies), where:
 - There is a confirmed COVID-19 outbreak.
 - If they have:
 - Symptoms of COVID-19,
 - Been exposed to any individual with suspected, probable or confirmed COVID-19 (including if a close or household contact has been told to self isolate, but has not been offered COVID-19 testing), or
 - Been tested for COVID-19
- This disclosure is **mandatory**, for the purposes of protecting the health and safety of the disclosing staff member, other staff as well 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 (e.g., may be asked not to work or work only at one site, etc.), depending on exposure and a risk assessment.
- Operators must **immediately** inform staff that disclosing exposure to COVID-19 to the facility is required and will not result in dismissal or job loss.
- Operators will notify all residents, staff and families if there is a **probable** or **confirmed** outbreak (as per definitions above). Operators will notify staff if there is a **suspected** outbreak (as per definition above).

Self-Isolation

- [Self-isolation](#) of those who are sick or have been exposed to COVID-19 must be done to help stop the spread of infections.
- Any individual (resident, staff or designated essential visitor) who has had direct contact with a person who is suspected or positive for COVID-19, without wearing recommended PPE (i.e., before they are aware that the person is suspected or confirmed for COVID-19), is required to self-isolate as per the [CMOH direction](#).
- Any individual (resident, staff or visitor) who is experiencing symptoms of COVID-19 will be required to isolate as per the [CMOH direction](#).

Resident Screening

- Those residents who have a routine interface with staff (e.g. personal care), should be actively screened by staff at least **twice** daily using the *COVID-19 Resident Questionnaire* using guidance in Appendix A (see symptom notification and response and health assessment screening sections)
- Documentation of screening should be kept in the resident chart.

Routine Practices and Additional Precautions

- All healthcare workers 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 meters) 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 infection to residents and other workers, which may occur even when symptoms of illness are not recognized.
 - Staff must perform hand hygiene before putting on the mask and before and after removing the mask.
- Healthcare workers who do not work in resident care areas or have direct resident contact are only required to mask if physical distancing (2 meters) cannot be maintained at all times in the workplace or if entry into resident care areas is required.
- Judicious use of all PPE supplies remains critical to conserve supplies and ensure availability.
- Where possible, these requirements go into effect immediately. Facilities that need additional time to access masks through AHS or others are expected to be in compliance by April 15, 2020.
- Additional personal protective equipment (PPE) will be needed for those staff providing care to all isolated residents (symptomatic or asymptomatic; whether the infection is suspected, probable or confirmed) **and** as advised by public health.
- 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 any designated essential visitors or family members (see [Order 09-2020](#)), are provided with the required PPE, are trained, and have practiced the appropriate use of PPE prior to caring for, or entering the room of, a symptomatic resident.
 - This may be done in partnership with public health and includes (but may not be limited to) the correct choice of, application (putting on) of and removal of the PPE (e.g., preventing

contamination of clothing, skin, and environment).

- Staff who are following handwashing guidelines, using appropriate PPE and applying it correctly while caring for residents with suspected or confirmed COVID-19, are not considered “exposed” and may safely enter public spaces within the facility or other rooms (see below cohorting staff and additional “suspected, probable or confirmed COVID-19” guidelines within this document).
- Any individual (resident, staff or designated essential visitor) who has had direct contact with a person who is confirmed for COVID-19, without wearing recommended PPE (i.e., before they are aware that the person is confirmed COVID-19), is required to self-isolate as per the CMOH direction

Shared Dining

- Group dining may continue for **non-isolated** residents, if deemed appropriate and feasible, while following standards set in Appendix A .
 - Operators must work with the AHS Coordinated COVID-19 Response personnel or other responding public health staff, considering site configuration and specialized populations (e.g. people who require assistance with eating), to determine how best to ensure safe dining for all (e.g., providing meals to residents in their rooms).

Resident Movement Around Site and Community

- While in **probable** or **confirmed** outbreak, operators must ensure the following (or communicate these expectations to the residents and/or staff, as required, and work to ensure compliance):
 - Residents who are isolated may not leave their room (even if asymptomatic).
 - They are required to make alternate arrangements for their necessities (e.g. groceries, medication refills, etc.) if they are not provided by the facility staff.
 - The operator may need to put special measures in place, working with public health, to help enable the isolation for residents who are not able to understand their own restrictions (e.g. if the person has dementia or cognitive impairment).
 - Residents who are not required to isolate 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. If at all possible, arrangements should be made to support residents in obtaining necessities without them leaving the site.
- Should family members wish to take a resident home to care for them during an outbreak, it is **strongly recommended** that families understand the resident’s care requirements and have any supplies/equipment in place.
 - This decision should be made in conjunction with the residents care team, physician, at-home supports, AHS Home Care (if applicable) and any alternate decision maker (as applicable).
 - AHS Home Care is limited in capacity due to COVID-19 pandemic preparations and may be unable to provide services.
 - Residents will not be re-admitted while the facility is in any level of outbreak.
 - Facilities may be in outbreak for extended periods of time (i.e. weeks to months)

- Families must understand they will be responsible for the care of the resident (and any additional costs incurred) until the facility is able to re-admit the client.

Resident Move-In and Transfer

- The operator should consult with AHS Zone Medical Officers of Health before accepting admissions and/or transfers into the site, once there is a **suspected** or **probable** outbreak.
 - These decisions should be made on a case by case basis while using consistent decision-making methods.
 - Decisions should be based on number of people affected by the outbreak, location of infected residents within the facility, number of shared staff between units, acute care capacity, etc.
- The operator must stop admissions and/or transfers into the site, once there is a **confirmed** outbreak, unless at the explicit direction of the AHS Zone Medical Officers of Health.
 - These decisions should be made on a case by case basis while using consistent decision-making methods.
 - Decisions should be based on number of people affected by the outbreak, location of infected residents within the facility, number of shared staff between units, acute care capacity, etc.
- Any new admissions and/or transfers to the facility should be placed on contact/droplet isolation for 14 days from arrival to facility.

Group/Recreational Activities

- Scheduled resident group recreational/special events are to be cancelled/postponed with a **probable** or **confirmed** outbreak.
- Recreational activities for non-isolated residents should be one-on-one activities while maintaining [physical distancing](#).
- Scheduled resident group recreational/special events may continue with a **suspected** outbreak while following standards set out in Appendix A.

Designated Essential Visitors

- As per Order 09-2020 no visitors are permitted, including those designated as essential, except for visits:
 - Where, in rare situations, the resident's care needs cannot be met without their assistance, or
 - When a resident is dying.
- Should a visitor be permitted, they must wear a mask continuously throughout their time in the facility.

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 potential/confirmed 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.
 - Continue to provide care and support for the symptomatic resident within the facility, when possible given the seriousness of the presenting symptoms and in alignment with the resident's care plan.
 - All staff are required to work to their full scope of practice to support residents.
 - 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, advanced care plan, or personal directive.

Staff Working at Single Facility

- Effective immediately when a facility is in a **confirmed** outbreak, staff are limited to working within one single health care facility. This will help to prevent the spread of illness between facilities.
 - This order is inclusive of all staff at the facility (e.g. health care workers, food service workers, housekeeping, administrative, home care staff, etc.).

- 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 that interact with residents.
- Staff will be granted a leave of absence from their non-primary employers. Non-primary employers will not penalize staff.
- Facility operators must determine the model of medical care that is appropriate for their residents that minimizes the number of physicians or nurse practitioners physically attending patients in that facility. Physicians and nurse practitioners should provide on-site, in-person care in only one facility, as defined by the order, to the greatest extent possible.
- Expected to be extremely rare, any requests for a consideration of an exemption may be brought forward on a case by case basis for consultation with AHS Zone Medical Officers of Health. Only the Chief Medical Officer of Health may grant an exemption.