Alberta Health

Office of the Chief Medical Officer of Health
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Edmonton, Alberta T5J 2N3
Canada

RECORD OF DECISION – CMOH Order 13-2020

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 09-2020 on April 7, 2020 and Record of Decision – CMOH Order 10-2020 on April 10, 2020.

Whereas having determined that it is necessary to create a separate Order that addresses the unique aspects of residential addiction treatment services facilities located in the Province of Alberta, I hereby make the following Order which removes residential addiction treatment services facilities from the scope of Record of Decision - CMOH Order 09-2020 and Record of Decision – CMOH Order 10-2020.

1. Effective immediately all service providers of a residential addiction treatment services 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 residential addiction treatment service providers attached as Appendix B to this Order in accordance with the operational and outbreak standards.

2. For the purposes of this Order a "residential addiction treatment services facility" is defined as 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, a service provider of a residential addiction treatment services facility may be exempted from the application of this Order, by me, on a case-by-case basis.

4. In the event of a confirmed outbreak as described in the operational and outbreak standards, an individual who is employed or contracted to provide services within more

than one residential addiction treatment services 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 residential addiction treatment services facilities except the one residential addiction treatment services facility in which they will continue to provide services for the duration of the outbreak.

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 This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 28 day of April, 2020.

Deena Hinshaw, MD
Chief Medical Officer of Health

Document: Appendix A to Record of Decision – CMOH Order 13-2020

Subject: Updated Operational and Outbreak Standards for Residential Addiction Treatment Service Providers under Record of Decision – CMOH Order 13-2020.

Date Issued: April 28, 2020

Scope of Application: As per Record of Decision – CMOH Order 13-2020.

Distribution: All licensed residential addiction treatment service providers under the Mental Health Services Protection Act (MHSPA).

Purpose:
The operational expectations outlined here are required under the Record of Decision – CMOH Order 13-2020 (the Order) and are applicable to all service providers licensed under the MHSPA in Alberta, unless otherwise indicated. They set requirements for all operators[1] or service providers, residents[2], staff, as well as any visitors.

- These expectations outline the operational and outbreak standards that apply in order to support early recognition and swift action for effective management of COVID-19 to prevent spread amongst vulnerable populations.
- These expectations may change existing requirements (e.g., in 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 (AHS) employee, or another essential worker (e.g., physicians, critical maintenance person).

Key Messages:

- Facilities may continue admission of new residents according to processes defined in this order, as well as continue to transfer between settings in the usual way (e.g. from detox to treatment).
- To prevent the spread of respiratory viruses, including COVID-19, among vulnerable groups, we are setting a number of expectations that apply to operators, staff, residents and essential visitors.
- The intent of these expectations is to help ensure that vulnerable individuals living and working in residential addiction treatment settings are kept as physically safe as possible, mitigating the risks of COVID-19 – which are significant – as well as other infections.

Table 1 - Symptoms of COVID-19

[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).

Symptoms of COVID-19 (*Residents & Staff*)

• fever (**38°C** or higher)
• Any new or worsening respiratory symptoms:
  ○ cough
  ○ shortness of breath/ difficulty breathing
  ○ sore throat
  ○ runny nose

  - Note, there may be situations where individuals experiencing withdrawal from alcohol or drugs may exhibit symptoms that are the same or similar to COVID-19 symptoms, an investigation for a COVID-19 outbreak will only be considered if there are symptoms that are not consistent with withdrawal but are symptoms of COVID-19.

- All new residents are required to wear a mask (surgical or procedural) for 14 days from the time they are admitted to the facility.
- Anyone with symptoms listed in **Table 1** must be isolated and tested for COVID-19.
- AHS Coordinated COVID-19 Response is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms listed in **Table 1** for additional guidance and decision-making support at a site that does not already have an outbreak.
  - The AHS Coordinated COVID-19 Response team should only be contacted with the ***first symptomatic person*** in a health care facility. Sites that do not already have a confirmed COVID-19 outbreak should promptly report newly symptomatic persons.
  - The site must ensure the symptomatic person is swabbed, *preferably* through on-site capacity, if available. If not, AHS Coordinated COVID-19 Response will arrange for the resident to be tested.
  - Once the AHS Coordinated COVID-19 Response team has been informed and a COVID-19 outbreak has been declared, the AHS Zone Medical Officers of Health (or designate) will be the contact going forward.
  - If a resident's test is negative, they may engage in all treatment activities, but are required to continue to wear a mask until 14 days after they are admitted to the facility.
  - If a resident's test is positive, the operator should immediately implement protocols for a confirmed COVID-19 outbreak, including continuing to isolate the individual.
  - 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.
- The definitions of phases referenced within the document include:
  - A site in **outbreak prevention** is defined as:
    - No residents or staff showing any symptoms of COVID-19
  - A **site under investigation** is defined as:

        - At least one resident or staff member who exhibit any of the symptoms of COVID-19
    - A **confirmed COVID-19 outbreak** is defined as:
        - Any one individual (resident or staff) laboratory confirmed to have COVID-19
        - Note that sites with two or more individuals with confirmed COVID-19 will be included in public reporting.

Site Specific Guidelines:
*Note that if there is conflicting information between the below documents and these guidelines, these guidelines supersede.

- Operators **must review and implement** the AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites.
- 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).

Symptom Screening:
Health Assessment Screening

- Anyone (staff, visitors, and residents) entering the site, **must** be screened each time they enter (unless they have remained on the facility's property).
    - 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, true medical emergency).
- Screening shall involve both of the following:
    1. Temperature screening, and
        - The temperature of all residents and staff 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. Resident must be tested for COVID-19.
        - If any staff answers **YES** to any of the screening questions, they will not be permitted to enter the facility. If the staff member has a fever, cough, shortness of breath/difficulty breathing, sore throat or runny nose (as per **Table 1**) they should be tested. Testing can be facilitated by completing the AHS online assessment tool for staff.
        - If any visitor answers **YES** to any of the screening questions, they will not be permitted to enter the facility. Visitors must be directed to isolate and complete the AHS online assessment tool to arrange for testing.
- Note that the Health Assessment Screening asks residents to identify **new** or **worsening** respiratory symptoms and **new onset** atypical symptoms; pre-existing symptoms should not be considered symptoms for COVID-19.

Active Health Screening

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

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

Resident Movement Around Their Community

- Residents who are not required to isolate must stay on the facility's property, except where necessary (e.g., medical appointments, groceries, pharmacy) while observing physical and social distancing requirements.
- If possible, arrangements should be made to support residents in obtaining necessities without them leaving the site when a site is **under investigation** or in a **confirmed** outbreak. Operators must ensure the following (or communicate these expectations to the residents and/or staff, as required, and work to ensure compliance):
    - Residents who are isolated (even if asymptomatic) are required to make alternate arrangements for their necessary supplies (e.g. groceries, medication refills, etc.) if those are not provided by the facility staff.

Admissions/transfers

- All new residents are **required to wear a mask (surgical or procedural) for 14 days from the time they are admitted to the facility**.
    - If a resident is asymptomatic, they may engage in all treatment activities as long as they are masked and practicing physical distancing requirements.
    - If a resident has symptoms identified in **Table 1** upon admission, they are to be isolated and tested as soon as possible. AHS Coordinated COVID-19 Response should be contacted immediately and they will arrange testing for COVID-19.
        - If the resident's test is negative, they may engage in all treatment activities, while continuing to wear a surgical/procedure mask until 14 days after they have been admitted to the facility.
        - If a resident's test is positive, operator should immediately implement protocol for a confirmed COVID-19 outbreak, including continuing to isolate the individual.
    - Current residents that return to the facility from other settings may be required to wear a surgical/procedure mask for 14 days, at the discretion of the operator.
        - This may be dependent on an assessment of the risk that the resident was exposed to COVID-19, within those other settings.
        - If the resident is determined to not require 14 day masking, they are subject to the same Health Screening Assessments as all other residents/staff. This screening may also result in a requirement to isolate (See *Health Assessment Screening*).
- People will continue to move into these settings (e.g., as new residents), according to

existing processes and will continue to transfer between settings in the usual way (e.g., from detox or the community). 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.

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

Discharge:

- Should residents choose to discharge themselves and/or family members wish to take a resident home to care for them during a COVID-19 outbreak at the site, it is **strongly recommended** that resident and/or family 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 (including outpatient counsellor, if applicable), physician, at-home supports, and any alternate decision maker (as applicable).
    - Residents may be re-admitted ONLY if the facility is in outbreak prevention phase. Residents **will not** be re-admitted while the facility is **under investigation** or in a **confirmed outbreak** of COVID-19.
        - Facilities may be in COVID-19 outbreak for extended periods of time (i.e. weeks to months)
    - The resident and/or their family must understand they will be responsible for the resident's care until the facility is able to re-admit the client.

Expectations of Staff & Operators:

Staff and Operator Disclosure

- Staff must **immediately** tell their supervisor if they have worked in the last 14 days at 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 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 to the facility is required and will not result in dismissal or job loss.
- Operators will notify all residents, staff, families, and identified supports if there is a **confirmed** outbreak. Operators should communicate transparently with residents, families

and identified supports when their site is **under investigation** for COVID-19.

Staff Working at Single Facility

- 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.
  - 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.
  - This order is inclusive of all staff at the facility (e.g. treatment providers, health care workers, food service workers, housekeeping, administrative, etc.).
    - Essential Services persons permitted to enter the site include:
      - Any emergency response personnel (police, fire, ambulance, etc.),
      - Urgent/emergent contracted building maintenance services (e.g. elevators, heating/cooling, fire alarms, etc.),
      - Group facilitators (e.g. AA facilitator)
      - Essential pick-ups and deliveries (e.g. laundry, food, supplies, etc.),
      - Emergency medical staff (e.g. paramedics),
      - Public health,
      - Infection control,
      - MHSPA inspectors, and
      - Other similar essential services.
    - Where applicable, facility operators must determine the model of medical care that is appropriate for their residents that minimizes the number of physicians, nurse practitioners, or nurses physically attending patients in that facility. Physicians, nurse practitioners, and nurses 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.
- 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 residential addiction treatment operators, though not mandated, implement the above directive even when not in a confirmed outbreak.

Routine Practices and Additional Precautions

- Residents who first enter the residential addiction treatment facility are required to wear a mask for 14 days after they have been admitted to the facility.
- All **staff** providing **direct resident care** or **working in resident care areas** (i.e. any area where clients are present) 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 care or cannot maintain adequate physical distancing (2 meters) from resident and co-workers.
  - These staff are required to put on a surgical/procedure 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 surgical/procedure mask and before and after removing the surgical/procedure mask.
  - During a confirmed COVID-19 outbreak, 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 only required to use surgical/procedure 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 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 steps are 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 are provided with the required PPE, are trained, and have practiced the appropriate use (i.e. putting on and taking off) of PPE prior to caring for, or entering the room of, a symptomatic resident.
    - This may be done in partnership with Public Health and includes (but may not be limited to) the correct choice of, application (putting on) of and removal of the PPE (e.g., preventing contamination of clothing, skin, and environment).
- Staff who are following 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.
- Any individual who has had direct contact with a person who is a confirmed case of COVID-19, without wearing recommended PPE (i.e., before they are aware that the person has a confirmed case of COVID-19), is required to isolate as per direction from Public Health.

Deployment of Staff and Resources

- In the case of a **confirmed** COVID-19 outbreak, operators must:
    - Identify essential care and services and postpone non-urgent care and services, if required, depending on the scope of the 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/treatment 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 treatment) 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.

Enhanced Environmental Cleaning

Operators must:

- Communicate daily, to the appropriate staff, regarding need for enhanced environmental cleaning and disinfection and ensure it is happening.
- Use disinfectants that have a Drug Identification Number (DIN) issued by Health Canada and do so in accordance with label instructions.
  - Look for an 8-digit number (normally found near the bottom of a disinfectant's label).

- Common/Public Areas:
  - Increase the frequency of cleaning and disinfecting of any "high touch" surfaces (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote), care/treatment areas, dining areas and lounges, as appropriate to the facility to a **minimum of three times daily**.
  - In addition, cleaning and disinfection should be performed at least **once per day** on all low touch surfaces (e.g., shelves, bedside chairs or benches, windowsills, headwall units, over-bed light fixtures, message or white boards, outside of sharps containers).
  - Immediately clean and disinfect any visibly dirty surfaces.

- Resident Rooms
  - If resident rooms have visitors/health staff attending to the resident, they should be considered "high touch" areas and cleaned a minimum of three times daily as above and "low touch" surfaces at least once per day.

- If there are no visitors/staff coming to a resident room, there is no need to increase frequency of in-room cleaning. Workers who visit a resident who is not isolated are obligated under Order 07-2020 to prevent the spread of infection to the resident. This will include the cleaning and disinfection of surfaces that are contacted. Essential visitors are expected to observe any infection prevention requirements set out by the facility including those set out in the 'Expectations of Residents and Designated Essential Visitors' guidelines below (e.g., frequent hand hygiene, wearing masks or face coverings).

- In addition, cleaning and disinfection should be performed at least **once per day** on all low touch surfaces (e.g., shelves, bedside chairs or benches, windowsills, headwall units, over-bed light fixtures, message or white boards, outside of sharps containers).
- Immediately clean and disinfect any visibly dirty surfaces.
- 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 **hand hygiene** has been performed **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 physical distancing, hand hygiene (hand washing and hand sanitizer use) and limiting the spread of infection in areas where they are likely to be seen. At a minimum this includes placing them at entrances, in all public/shared washrooms, treatment and dining areas.
  - Post the physical distancing 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 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

- For communal sleeping quarters the minimum requirement for placement of beds is 1 metre apart, and beds must be arranged so that residents sleep with maximum distance between their heads, depending on bed arrangement this could be toe to toe or head to toe rather than head to head.
- Remove or discard communal products (e.g., shampoo, creams).
- Residents must have their own personal products.
- Where there are privacy curtains, change or clean, if visibly soiled.

Shared dining

Group dining may continue for **non-isolated** residents, if deemed appropriate and feasible, while maintaining the following standards:

- Minimize the size of the group of residents eating at any one time (e.g., increase the number of meal times, distribute groups eating into other available rooms, stagger the times when meals happen, etc.)
- Reduce the number of residents eating at a table to a maximum of 2, with as much distance apart as possible or implement alternatives that allow the required distance of 2 meters.
- 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/Recreation Activities

- Continue recreational and group treatment for **non-isolated** activities while meeting these expectations:
  - Reduce the size of the group activity as much as is reasonable while maintaining a 1 metre physical distance between residents.
  - Facilitate access to phone calls and other technology to maintain the link between residents, family and friends
  - To clarify, Order 07-2020, Clause 3, which prohibits indoor gatherings of more than 15 people, does not apply to the normal operations of residential addiction treatment facilities. Normal operations of essential services that include more than 15 people may proceed, but risk mitigation strategies such as physical distancing must be in place.
  - Remove or secure (lock up or put in an area that only staff can access) any moveable recreational supplies. If you use any of these (e.g., for one-to-one or small group activities that meet existing physical and social distancing and other group/recreational expectations), ensure they are cleaned and disinfected before and after any use and re-secure.
  - Scheduled resident group recreational/special events are to be cancelled/postponed if a site is **under investigation** or in a **confirmed** outbreak.
    - Recreational activities for non-isolated residents should be one-on-one activities while maintaining physical distancing.

Expectations of Residents and Designated Essential Visitors

- Visitors, **in the limited instances** when they will be allowed to **enter** any residential addiction treatment facility, are limited to a single individual designated by the resident or guardian (or other alternate decision-maker).
- Each designated essential visitor must be verified and undergo a health screening prior to entering the facility. This includes a temperature check or a questionnaire (see Appendix B).
- Facilities must have staff to conduct this screening and verify the visitor as the designate.
- **No visitors**, including those designated as essential, are allowed entry into these facilities, **except for visits**:
  - Where the resident's quality of life and/or care needs cannot be met without their

assistance.

- **Outdoor visits** with the designated essential visitor and one other person (maximum group of 3, including the resident) should be supported, when desired.
    - Residents who are <u>not</u> required to isolate may go outdoors as long as they remain on the facility's property and observe physical distancing requirements.
    - It is important for mental health to spend time outdoors. It is encouraged that residents be given an opportunity to spend time outdoors, where feasible and appropriate, and have safe outdoor visits when desired.

Designated Essential Visitors

- One essential visitor may be designated by the resident, or their alternate decision-maker.
    - This means only a single individual is designated.
    - The designated essential visitor can be a family member, friend or companion.
    - The designated essential visitor cannot be under 18 years of age (see #2 below for exception).
    - A resident may identify a temporary replacement designated essential visitor for approval if the designated essential visitor is unable to perform their role for a period of time (e.g. self-isolation, other caregiving duties, or otherwise unable). To clarify, the intent is not for this designate to change regularly or multiple times, but to enable a replacement, when required.
    - The site contact (e.g. case manager, facility administrator) will confirm each designated essential visitor and ensure that they meet the criteria in this document.
- Visits from the designated essential visitor are **permitted in the facility** within the following parameters**:**
    1. Visits where the resident's quality of life and/or care needs cannot be met without the designated essential visitor's assistance.
        - Designated essential visitors may carry out quality of life and/or care related activities, as appropriate, where staff are unable to provide those due to emergent pandemic impacts, and where the designated essential visitors have been provided appropriate guidance, if needed.
        - Operators are encouraged to be responsive to resident needs and utilize this option when it is in the best interest of the resident
    2. Residents and visitors who meet the above parameters will not be restricted unnecessarily however resident and site circumstances, including regular visitation policies, may mean that not all desired visits are able to be accommodated.
- Designated essential visitors must:
    1. Pre-arrange visits with the operator (e.g., facility administrator or identified designate) and be expected.
    2. Be escorted by site staff to the resident's room and remain in the resident's room for the duration of the visit other than when assisting with required quality of life or care activities (e.g. meal time) or supporting an outdoor visit.
    3. Not visit with any other residents.
    4. Must wear a surgical/procedure mask continuously throughout their time in the facility and shall be instructed how to put on and take off that surgical/procedure mask and any other personal protective equipment (PPE) that might be required (by staff/operator).
    5. Perform hand hygiene (including hand washing and/or use of hand sanitizer) on entry and exit from rooms, when leaving and returning to the facility and as directed.

- Operators must:
    1. Ensure that only the designated essential visitor is allowed into the site at any time.
    2. Ensure that the Health Assessment Screening (see below) is conducted on every visit.
    3. Instruct any visitors permitted to enter the site to wash their hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer (greater than 60% alcohol content).
    4. Provide any visitors with the appropriate PPE, including a surgical/procedure mask that covers the visitor's mouth and nose, and instruct the visitor on how to safely put on and take off the surgical/procedure mask as well any additional PPE (if it is required). Ensure that visitors wear the surgical/procedure mask continuously while in the facility.
    5. Prior to caring for, or entering the room of, a symptomatic resident, ensure that any designated essential visitors or family members are provided with the required PPE, are trained, and have practiced the appropriate use of PPE.
        - 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).
- 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 is a confirmed case of COVID-19), is required to self-isolate as per direction from Public Health.

Outdoor Visitation

- Residents who are not required to isolate may go outdoors as long as they remain on the facility's property and observing physical/social distancing requirements.
- It is important for mental health to spend time outdoors. It is encouraged that residents be given an opportunity to spend time outdoors, where feasible and appropriate.
- Outdoor visits with the **designated essential visitor plus one other person** (total group size of 3, including the resident) should be supported, when desired and in alignment with the operator's regular visitation policies. There is no age restriction for the other person (e.g. minors should be permitted).
    - Arrangements for the outside visit (including scheduling, frequency, feasibility, etc.) should be made by the designated essential visitor, or the resident, directly with the operator.
        - Operators must not unreasonably deny requests for an outdoor visit that would normally be permitted under the operator's visitation policy, however resident and site circumstance (and the requirements for physical distancing and other protective measures ordered) may mean that not all desired visits are able to be accommodated.
    - All outdoor visitors must continuously mask during the visit and follow appropriate physical distancing requirements, as appropriate (e.g. considerations for being hard of hearing, etc.). Any type of mask (e.g. non-medical) should be permitted.
    - Visitors, other than the designated essential visitor, will be asked to remain outdoors at all times (i.e. entry to the facility will not be permitted).
        - If the only suitable outdoor space is solely accessible through access to the facility, and an outdoor visit is considered essential to quality of life, only

a designated essential visitor is permitted and must follow all requirements for entering visitors. Staff must escort the visitor using the most direct path through the facility.

- All Chief Medical Officer of Health Guidance must be followed.
- Residents must wash their hands or use hand sanitizer immediately upon re-entry to the building and be screened per this order.

Health Assessment Screening for Visitors

Any visitor who intends to enter a facility, and/or who cannot maintain physical distancing during an outdoor visit must be screened. This screening must be completed every time the designated essential visitor enters the site. Visitors who do not enter (i.e. outdoor visits) and who follow all physical distancing during the outdoor visit are not required to be screened. Screening shall involve the following:

1. Temperature screening
2. COVID-19 Questionnaire (see **Appendix B**)
3. Confirmation of identity and "designated essential visitor" status (only if entering the building)
4. Documentation of arrival and exit times (only if entering the building)

Communication

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

- Communicate transparently at all times with residents, families and staff.
- Communicate updated information relevant to their staff, residents, 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

- Surgical/procedure masks required for staff and essential visitors use will be **procured** and **supplied** to **all residential addiction treatment facilities** (within the scope of this order).
- 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, orders can be placed through Provincial Emergency Social Services online form found at https://ppe.sp.alberta.ca/Lists/Requests/New.aspx?IsDlg=1

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's Mental Health Services Protection Act Licensing Inspector (mhspa@gov.ab.ca)
- AHS Coordinated COVID-19 Response is available to all congregate settings. They must

be contacted as soon as there is a person showing symptoms listed in Table 1 for additional guidance and decision- making support at a site that does not already have an outbreak

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

Document: Appendix B to Record of Decision – CMOH Order 13-2020

Subject: COVID-19 Questionnaires for Residential Addiction Treatment Service Providers under Record of Decision – CMOH Order 13-2020.

Date Issued: April 28, 2020

Scope of Application: As per Record of Decision – CMOH Order 13-2020.

Distribution: All licensed residential addiction treatment service providers under the Mental Health Services Protection Act (MHSPA).

COVID-19 **Resident** Screening[3]

1.	Do you have any of the below symptoms:		
	• Fever (**38.0°C** or higher)	**YES**	**NO**
	• Any **new** or **worsening** respiratory symptoms:		
	○ Cough	**YES**	**NO**
	○ Shortness of Breath / Difficulty Breathing	**YES**	**NO**
	○ Runny Nose	**YES**	**NO**
	○ Sore throat	**YES**	**NO**

- 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.
- Resident must be tested for COVID-19, preferably through on-site capacity, if available. If not, AHS will arrange for the resident to be tested.

[3] 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[4]

1.	Do you have any of the below symptoms:		
	• Fever (**38.0°C** or higher)	**YES**	**NO**
	• Any **new** or **worsening** symptoms:		
	○ 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 **in the last 14 days**?	**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**

- If any **staff** answers YES to any of the questions, the individual **MUST NOT** be permitted to enter the facility. Staff should be given a surgical/procedure mask and instructed to leave immediately.
- Staff must be instructed to complete the online AHS Self Assessment Tool for Health care workers to arrange for testing.

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

COVID-19 **Essential Visitor** Screening[5]

1.	Do you have any of the below symptoms:		
	• Fever (**38.0°C** or higher)	**YES**	**NO**
	• Any **new** or **worsening** symptoms:		
	○ 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 **in the last 14 days**?	**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**

- If any **essential visitor** answers YES to any of the questions, the individual **MUST NOT** be permitted to enter the facility and should be instructed to leave immediately.
- Visitor should be directed to self isolate and to complete the online COVID-19 Self-Assessment tool or contact 811 to arrange testing for COVID-19.

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