

RECORD OF DECISION – CMOH Order 29-2020 which rescinds CMOH Order 14-2020

Re: 2020 COVID-19 Response

Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health 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.

Whereas under section 29(2)(b)(i) of the *Public Health Act*, I may take whatever steps I consider necessary

- (A) to suppress COVID-19 in those who may have already been infected with COVID-19,
- (B) to protect those who have not already been exposed to COVID-19,
- (C) to break the chain of transmission and prevent spread of COVID-19, and
- (D) to remove the source of infection.

Whereas I made Record of Decision – CMOH Order 14-2020 on April 28, 2020.

Whereas having determined that it is desirable to allow for further visitation to take place within certain health care facilities.

Therefore, effective July 23, 2020 Record of Decision - CMOH Order 14-2020 is rescinded and I am taking the following steps to protect Albertans from exposure to COVID-19 and to prevent the spread of COVID-19:

1. All operators of a health care facility located in the Province of Alberta must comply with the requirements of this Order. For greater certainty, unless otherwise indicated in this Order, Appendix A to this Order represents the leading practices that Alberta Health expects operators of health care facilities to follow while carrying out the requirements of this Order.
2. For the purposes of this Order, a "health care facility" is defined as:
 - (a) an auxiliary hospital under the *Hospitals Act*;
 - (b) a nursing home under the *Nursing Homes Act*;
 - (c) a designated supportive living accommodation or a licensed supportive living accommodation under the *Supportive Living Accommodation Licensing Act*;
 - (d) a lodge accommodation under the *Alberta Housing Act*; and

- (e) any facility in which residential hospice services are offered or provided by Alberta Health Services or by a service provider under contract with Alberta Health Services.
3. All operators of a health care facility must develop and implement a safe visiting policy that enables visitors to attend to residents within the health care facility during the COVID-19 pandemic.
 4. Every attendance of a visitor must be prearranged with the staff of the health care facility in which the resident is located.
 5. Before allowing a visitor to attend to a resident within the health care facility, the staff of a health care facility must:
 - (a) record the individual's visit, including the date, time and information required to be collected under section 4(b);
 - (b) conduct a health assessment of the individual, including taking the individual's temperature and requiring the individual to answer a questionnaire;
 - (c) confirm that the individual does not have a temperature over 38 degrees Celsius or any illness identified under the heading *COVID-19 Designated Family/Support Person and Visitor Screening of Appendix A* to this Order;
 - (d) discuss and explain to the individual the *Safe Visiting Practices* guidance set out in Appendix A; and
 - (e) ensure the individual has any necessary personal protective equipment and instruct the individual as to how to use the personal protective equipment.
 6. If an operator permits a visitor to attend to a resident within the health care facility, in an area other than a resident's room, the operator must
 - (a) post signage visible to individuals entering the area, informing individuals that the area is a shared visiting space; and
 - (b) limit the number of visitors and residents that are able to access the area, to ensure that 2 metres distance can be maintained between every person accessing the area, at all times.
 7. Despite section 1 of this Order, an operator of a health care facility may be exempted from the application of this Order, by me, on a case-by-case basis.
 8. This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 16 day of July, 2020.


Deena Hinshaw, MD
Chief Medical Officer of Health





Document: Appendix A to Record of Decision – CMOH Order 29-2020

Subject: Guidance for safe visiting in licensed supportive living, long-term care and hospice settings.

Date Issued: July 16, 2020

Scope of Application: As per Record of Decision – CMOH Order 29-2020

Distribution: All licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals), and facilities offering or providing a residential hospice service model.

Summary of Changes		
Concept	CMOH Order 14-2020 (Previous Requirements)	CMOH Order 29-2020 (New)
Scope	<ul style="list-style-type: none"> Licensed supportive living Long-term care 	<ul style="list-style-type: none"> Licensed supportive living Long-term care Hospice (in continuing care and stand-alone)
Approach	<ul style="list-style-type: none"> ‘Restricted Access’ 	<ul style="list-style-type: none"> ‘Safe Access’ Resident-directed, site level approach
Types of Visits Permitted	<ul style="list-style-type: none"> Unmet Care/Quality of Life End of Life Outdoor 	<ul style="list-style-type: none"> No restrictions based on type of visit
Who is permitted to visit	<ul style="list-style-type: none"> 1 designated essential visitor Others in end of life One other for outdoor visits 	<ul style="list-style-type: none"> 2 designated family/support persons Other visitors in extenuating circumstances and, where agreeable, social visits
Location of indoor visit	<ul style="list-style-type: none"> Resident Room Care Area 	<ul style="list-style-type: none"> Resident Room Shared Care Area Designated Indoor Space
Outdoor visit parameters	<ul style="list-style-type: none"> Maximum three, including designated essential visitor and resident 	<ul style="list-style-type: none"> Maximum 5, including resident
Operator Approach	<ul style="list-style-type: none"> ‘Reasonable’ 	<ul style="list-style-type: none"> Minimum expectations, including consideration of resident needs, preferences and assessment of risk
Restricted Access	<ul style="list-style-type: none"> Consult with relevant authority 	<ul style="list-style-type: none"> Clear parameters, based on assessment of risk Dispute resolution expectations
Other	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> Pets, Gifts Guidance for safe physical touch and use of PPE when a barrier to communication

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Purpose

This Appendix supplements the application of CMOH Order 29-2020 (the Order), outlining the requirements for all operators¹, staff², residents³, as well as the families, friends and support persons of those residents who live within the facilities to which the Order applies. The intent of this guidance is to protect the health and safety of residents and staff in these facilities while ensuring safe and meaningful connection with the persons that support them.

Key Messages

- Individuals over 60 years of age and those with pre-existing health conditions are most at risk of severe symptoms from COVID-19. One of the key measures for protecting residents and staff in congregate living settings against COVID-19 exposure is limiting the number of people on site at any one time.
- Strict limitations to visitor access were necessary in earlier stages of the pandemic. Severe outbreaks in congregate care settings are now less likely because we now know more about COVID-19 and the protections that have been put in place to date have worked. It is critical that all public health safety measures continue to be implemented and observed by all persons impacted by this Order to prevent the spread of COVID-19.
 - Temporary limitations will still occur in situations where threat of COVID-19 is imminent. All restrictions must be determined in collaboration with residents and families and may include consultation with an organizational/agency executive or zone [Medical Officers of Health](#), where appropriate.
- To offset the negative consequences to residents due to the prolonged visitor restrictions in these settings, access to support from designated persons (other than staff) is supported as essential to maintaining the resident's mental and physical health, while still retaining necessary safety precautions.
- Furthermore, safe access to visitors (other than designated persons) helps support family caregivers and provides vital social interaction for residents.
- As of this Order⁴, visiting restrictions are as follows:
 - Indoor access for **designated family/support person(s)**
 - Residents may name up to two individuals for this role
 - Access to **visitors** in extenuating circumstances:
 - End of life (last 4-6 weeks, except in the case of hospice)
 - Change in health status (due to medical/social/spiritual crisis)
 - Pressing circumstances (including financial or legal matters, family crisis)
 - Outdoor visits in designated spaces:
 - Up to 5 individuals, including the resident, are permitted if feasible
 - Where desired and if determined safe, indoor social visits with **visitors** in designated indoor spaces.
- It is imperative that all persons entering these settings:
 - Understand the risk of exposure to COVID-19 (for self and others);
 - Follow all related site policies and public health measures in place; and
 - Remain vigilant in protecting themselves and others both while on site as well as off site.
- To recognize the threat of COVID-19, all operators must develop, maintain, implement and continuously evaluate a principle-based policy and process for safe visiting, informed by the needs and preferences of residents.

¹ Operator means any operator, service provider, site administration or other staff member responsible for areas impacted by these expectations.

² Any person employed by or contracted by the site, or an Alberta Health Services employee or other essential worker.

³ A resident is any person who lives within one of these sites (sometimes called clients e.g., by group homes).

⁴ This order rescinds and updates CMOH Order 14-2020.

- Individual site capacity for safe visiting varies. All operators must assess risk tolerance in developing a policy and process. This includes consideration of both individual and collective resident⁵ perception of risk as well as site configuration and ability to maintain physical distancing.

Designated Family/Support Persons

- An **operator** must proactively and collaboratively work with residents, or alternate decision makers, to confirm up to two (2) **designated family/support persons**⁶ per resident, ensuring each resident has the level of support they desire and/or require.
- These persons may be a family member, friend, companion (privately paid or volunteer), support worker (privately paid or volunteer), power of attorney/trustee, agent, legal guardian, or any other person identified by the resident or alternate decision maker.
- These persons cannot be under 18 years of age.
 - In rare circumstances, and if the most suitable individual is younger, individuals 16 years of age or older may be supported to be a designated family/support person.
- A resident or their designated family/support persons may identify a temporary replacement designated family/support person if a designated family/support person is unable to perform their role for a period of time (e.g. self-isolation, out of town, or otherwise unable).
 - To clarify, the intent is not for the designate to change regularly or multiple times, but to enable a replacement, when required, for a reasonable period of time depending on the circumstance.
- It is possible for multiple residents to have the same designated family/support persons.
- All designated family/support persons must be supported as essential to maintaining the resident's mental and physical health.
- Indoor and outdoor in-person access to the resident by designated family/support persons can be for any reason and all persons should be verified by the operator upon entry for indoor visits.
 - To clarify, designated family/support persons should contact the facility to coordinate⁷ the time of their visit to ensure the operator has the opportunity to manage the number of people on site at a given time.
 - It is recommended that designated family/support persons establish a standing schedule (a schedule that is consistent week after week) based on resident needs and preferences for resident room visits or in shared care areas to ensure operators expect their presence.
 - Designated family/support persons shall not be subject to restrictive pre-arranging or scheduling requirements (including duration or frequency limitations) unless the visit is intended to be in a designated shared space (indoors, including shared resident rooms, or outdoors).
- An **operator** must educate all designated family/support persons on [Safe Visiting Practices](#) and related site policies.

Visitors

- An **operator** must permit visitors (i.e. those other than designated persons) access to indoor and outdoor visits with a resident (as specified in [Table 1](#) summary of indoor and outdoor visit parameters).

⁵ When residents who share a room have differences in their desire for visits within their space (i.e. one resident does not want to take the risk of accepting visits), alternative options must be considered and provided. This may include providing alternative space for the visits, cohorting residents who do not wish to have visitors, etc.

⁶ As of this Order, the term Designated Essential Visitor is replaced by Designated Family/Support Person. All existing designated essential visitors will now be referred to as designated family/support person.

⁷ Should the requested time of visit not be agreeable to the operator (i.e. already have many other visitors at that time), a mutually agreeable alternative should be arranged.

- Access to indoor visitors shall be determined either by resident circumstance, in the case of extenuating circumstances or by the site's [risk tolerance assessment](#), in the case of social visits.
- Access to outdoor visitors shall be permitted, when desired by the resident, their alternate decision maker, or designated family/support persons.
- Visitors (other family, friends, accompanied minors, support persons, professionals, etc.) **must** be permitted entry in circumstances identified as extenuating:
 - End of Life:
 - Within the context of supportive living and long-term care: While it is difficult to be precise around when a resident is at the end of their life, end of life in this context refers to the last four to six weeks of life.
 - The **operator** must be reasonable and use their best judgement in making determinations about residents who are at end of their life with consideration given to providing a quality end of life for the resident and their visitors.
 - Once there has been an end of life determination, increased access under this parameter will continue, beyond the four to six week timeframe, if a resident has not died.
 - To clarify, a physician's note is not required for the determination of end of life.
 - Within the context of hospice: Increased access under end of life parameters above apply from the time of admission to hospice.
 - Significant change in health status: Any instance of sudden change in physical/mental/cognitive/spiritual health status, extreme loneliness or depression, or other situation where resident health has been or is suddenly compromised.
 - The **operator** must be reasonable and use their best judgement in making determinations about residents having a significant change in health status, in consultation with the resident and designated family/support person(s).
 - Pressing circumstance: Any life event where on site access to someone other than the designated family/support persons might be necessary (e.g. financial or legal matters, family crisis, etc.).
 - The **operator** must be reasonable and accommodate visitors in a pressing circumstance.

- An **operator** must not restrict entry to visitors in these three above instances. All visits must be coordinated with the operator.
- To clarify, these visitors shall not be subject to duration or frequency limitations in place by the operator to manage visitors.
- Visits in these situations are subject to [Indoor Visit](#) requirements regarding number of people at one time (Refer to [Table 1](#) for summary).

- Other visitors (including accompanied minors) **may** be permitted for indoor visits in circumstances identified as social visits.
 - In settings where the assessed risk of COVID-19 exposure is low and site and resident directed risk tolerance is high (refer to [Risk Tolerance Assessment](#)), visitors may be permitted for indoor social visits.
 - Access to social visits may be based on site ability to accommodate more people (i.e. maintain physical distancing) and subject to operator approach (i.e. scheduling frequency and duration limitations).
 - Visits in these situations are subject to [Indoor Visit](#) requirements regarding number of people at one time (Refer to [Table 1](#) for summary).
- Other visitors (including minors) **must** be permitted for outdoor visits.

- Access to outdoor visits may be based on site ability to accommodate more people (i.e. maintain physical distancing) and subject to operator approach (i.e. scheduling frequency and duration limitations).
- Visits in these situations are subject to [Outdoor Visit](#) parameters regarding number of people at one time (Refer to [Table 1](#) for summary).
- An **operator** must educate all visitors on [Safe Visiting Practices](#) and related site policies.

Operator Requirements

- An **operator** must:
 1. Develop, implement, maintain, and communicate a principle-based policy and process for safe visiting during the COVID-19 pandemic. This policy and process must be developed in collaboration with residents and families, consider all guidance provided in within this Order and, at minimum:
 - a. Consider the needs and preferences of residents and families;
 - i. Parameters for visits must be flexible and supportive and reflective of the voice of the resident⁸, where they are able to express their preferences regarding visiting.
 - ii. Unless otherwise compromised due to health status, residents should be supported to identify their own perceived risk tolerance.
 - b. Outline the method of coordinating visits to ensure safe presence and movement of people and equitable access to visits for all residents;
 - i. Develop a standing schedule (if desired) for designated family/support persons based on the needs and preferences of the resident.
 - ii. Develop a method for scheduling visits in shared spaces (indoor and outdoor) where applicable.
 - c. Identify the assessed risk tolerance⁹ of the site, in consultation with residents, families, and staff, with consideration of risks and mitigation plans for changes to resident or site circumstance;
 - d. Identify the criteria for restricted access;
 - e. Outline process for restricting visits due to non-complying persons;
 - f. Outline dispute resolution process, including method of documentation;
 - i. Refer to [Dispute Resolution](#) for minimum expectations for this process.
 - g. Be evaluated regularly, at minimum every three weeks or as risk conditions change or when residents or families indicate a need to re-evaluate; and
 - h. Be regularly communicated to residents, staff, and designated family/support persons, at minimum every time it is updated.
 2. Proactively and collaboratively work with residents, or alternate decision makers, to confirm up to two (2) designated family/support persons per resident, ensuring each resident has the level of support they desire and/or require.
 3. Keep a list of all designated family/support persons for verification purposes.
 4. Ensure that the [Health Assessment Screening](#) is conducted on every person upon entering the site under this Order and instruct persons to proceed directly to the expected location of visit (resident room, shared care area or designated indoor space).
 5. Discuss and explain [Safe Visiting Practices](#) and related site policies all residents, designated family/support persons and visitors and instruct all persons to adhere to them.
 6. Designate outdoor spaces for outdoor visits and, where applicable, indoor spaces for indoor visits and mark them as such with signage.

⁸ Where there is a difference in desire for visits between a resident and their family/visitors, the resident's preferences will be paramount.

⁹ Refer to [Risk Tolerance Assessment](#) for guidance

7. Ensure residents, designated family/support persons and/or visitors have or are provided with the required PPE (based on precaution required), have been trained to use, and have practiced the appropriate use of the PPE.
- Operators are encouraged to consider the following principles in the development of a site-based policy and process for safe visiting during the COVID-19 pandemic:
 - **Balanced:** Respecting the physical, mental, social, cultural and spiritual needs of the resident alongside the risks to the collective of more people on site.
 - **Risk-informed:** Perceived or actual risk factors are recognized and considered alongside the needs and preferences of residents (at an individual and collective level).
 - **Respectful:** Recognition that access to loved ones and supportive persons is deeply personal and contextual, often difficult for individuals to articulate and generalize.
 - **Responsive:** Recognition that site characteristics and resident circumstances change.
 - **Transparent:** Decisions or adjustments to an approach must be communicated in an immediate and timely manner with residents, families and other impacted persons.
 - **Collective responsibility:** All impacted parties have a duty to minimize risks to self and others and ensure safety both in on-site and off-site activity.
 - Operators may use off-site volunteers (or on site if a resident volunteer) on a case-by-case basis for specific tasks to help support the implementation of CMOH Order 29-2020 (e.g. remote virtual/telephone training and education support to designated family/support persons and visitors; remote scheduling support; etc.).

Designated Family/Support Persons and Visitor Responsibilities

- All designated family/support persons and visitors must be instructed to:
 1. Undergo Active [Health Assessment Screening](#) at entry and self check for symptoms throughout visit.
 2. Coordinate all visits with operator, unless done by the resident.
 3. Be educated on and adhere to *Safe Visiting Practices* and related site policies.
 4. Only visit with the resident(s) they are supporting.
 5. Wear a mask continuously indoors; and, if physical distancing cannot be maintained, outdoors.
 6. Notify the operator of any symptoms that arise within 14 days of visiting with a resident.
- Entry may be refused if there is reason to believe an individual is not abiding by these responsibilities.

Indoor Visits

- An **operator** must not limit residents from visiting with each other.
 - Residents who are not required to isolate (e.g. not symptomatic nor required to isolate in the case of outbreak protocols, etc.) or quarantine (e.g. not a close contact of someone symptomatic) are permitted to visit indoors with other non-isolating or non-quarantining residents of the same site. If a site is under investigation for an outbreak, or in an outbreak, these visits should occur with physical distancing requirements in place.
 - Visits between residents may be in a resident room or in a designated shared space (see below).
- At minimum, an **operator** must permit visits from designated family/support persons and visitors in extenuating circumstances in resident rooms and shared care areas within the following parameters¹⁰ (Refer to [Table 1](#) for summary):
 - **Resident Room¹¹:** **Up to two at one time**, space permitting.

¹⁰ Subject to [Restricted Access](#)

¹¹ In the case of a semi-private room, physical distancing from the other resident(s) must be maintained. If this cannot be maintained, the operator must do their best to make accommodations to support the residents (e.g. temporary relocation of resident, etc.)

- At a minimum, visitors other than the designated family/support persons shall have access to a resident room in end of life, change in health status or pressing circumstance situations.
 - The only exception to “up to two at one time” is in the case of end of life, **where three persons at one time** are permitted, unless all persons are from the same household in which case there is **no maximum**.
- Shared care areas (where direct care, such as assistance with eating, rehabilitation support, bathing support, is provided): **One at a time** (designated family/support person only)
 - Semi-private resident rooms should be considered a resident room and not a shared care area.
- Social visits from others (not designated family/support persons or visitors in extenuating circumstances) may occur in resident room.
- An operator may designate shared indoor space(s) for indoor visits.
 - Designation of indoor visiting spaces should be informed by the site’s risk tolerance assessment, including consideration of location of space, size of space and ability to safely accommodate more people (e.g. maintain physical distancing).
 - Visits in designated indoor spaces may be restricted to designated family/support persons only or can include other visitors if building design/space makes this feasible. All visits must occur in spaces where physical distancing is possible between all persons and groupings.
 - Limit of **3 people per grouping** (including the resident), unless the site can safely accommodate more.
- A designated family/support person is not required to be present for an indoor visit.

Outdoor Visits

- It is important for mental health to spend time outdoors. An **operator** must not restrict access to outdoors for residents who are not required to isolate (e.g., not symptomatic nor required to isolate in the case of outbreak protocols, etc.) or quarantine (e.g., not a close contact of someone symptomatic, etc.). When desired, residents must be supported to spend time outdoors and have outdoor visits, while observing physical distancing requirements.
- While residents who are not required to isolate (i.e. symptomatic) or quarantine (i.e. close contact of someone who is symptomatic) are encouraged to stay on site property, they are not required to do so.
 - For visits that go beyond the property (e.g. community walks), arrangements with the operator are only required if the resident requires staff support to prepare for or be transported to the visit.
 - For greater clarity, if a resident requires a designated family/support persons’, or visitors’ (when permitted) assistance to be transported to the visit, arrangements with the operator should not be required beyond the existing operator policy for social leaves for notification.
- An **operator** must support outdoor visits with **up to five people** (including the resident), when desired.
 - An operator may determine a lesser maximum number of people based on the amount of space, the number of groupings, and the ability to maintain physical distance between all persons and groupings (with the exception of those from the same household).
 - **Operators** must designate suitable outdoor space(s) for visits.
 - A designated family/support person is not required to be present for the outdoor visit.
 - Outdoor visitors, other than the designated family/support persons, will be asked to remain outdoors at all times (i.e. entry to the site will not be permitted), unless otherwise indicated by operator.
 - Operators are encouraged to designate indoor space if feasible for instances where weather conditions make outdoor visits not appropriate.

Table 1. Indoor and Outdoor Visit Summary

Indoor Location	Requirements ¹²
Resident Room (private rooms)	<p><u>At Minimum</u> Up to two people at one time (not including resident):</p> <ul style="list-style-type: none"> ○ Designated Family/Support Person(s); and/or ○ Visitor(s) in change in health status or pressing circumstance situations <p>Up to 3 people at one time in <u>end of life</u> circumstances, unless all persons are from the same household in which case there is <u>no maximum</u></p> <ul style="list-style-type: none"> ○ Designated Family/Support Person(s); and/or ○ Visitor(s) <p><u>Where permitted, based on site’s risk tolerance assessment</u> Social visits, up to two people at one time (not including resident); designated family/support person not required</p>
Resident Room (semi- private rooms)	<p>Same as private rooms, but physical distancing from the other resident(s) must be maintained</p> <p>If this cannot be maintained, the operator must do their best to make accommodations to support the residents (e.g. temporary relocation of resident, etc.)</p>
Shared Care Area (where direct care is provided)	<p><u>At minimum</u> One designated family/support person at a time only</p>
Designated Indoor Spaces (not care areas)	<p><u>Where permitted, based on site’s risk tolerance assessment</u> Limited to a maximum of 3 people (including the resident) per grouping, unless the site can safely accommodate more</p>
Designated Outdoor Spaces	<p><u>At minimum</u> Up to five people (including the resident) per grouping if physical distancing can be maintained</p>

Extended Visits

- As per [CMOH Order 23-2020](#) (which amends CMOH Order 10-2020):
 - An **operator** must advise residents of their responsibilities regarding Resident Outings.
 - Residents returning from off-site outings of less than 24 hours are not required to isolate, unless they fail the Health Assessment Screening.
 - Residents returning from off-site outings of more than 24 hours are required to isolate for 14 days following their return.
 - Modification to isolation requirements in specific situations may be granted by zone [Medical Officers of Health](#), on a case-by-case basis, for the resident.

Off-Site Overnight Stays

- An **operator** must support residents in leaving the site for recreational extended stays (over 24 hours) off-site (e.g. visits to family cabin, weekends at family house, etc.), when desired.

¹² Numbers subject to [Restricted Access](#)

- Where a resident is immunocompromised or medically fragile, they should involve their care team, physician, at-home supports and any alternate decision maker to make a decision about leaving on an extended stay off-site.

On-Site Overnight Stays

- In extenuating circumstances (i.e. end of life; change in health status or pressing circumstance), when requested and where feasible, an operator may implement a process for overnight stays for one or more designated family/support persons and/or other visitors.
 - Prolonged overnight stays (i.e. night after night) should be supported, following all [Safe Visiting Practices](#) and related site policies, in hospice situations.
- An **operator** must instruct the designated family/support person(s) and/or visitors(s) to follow all additional site protocols that may be in place above and beyond this Order to ensure a safe overnight visit on-site.

Restricted Access

- Restrictions such as duration and frequency limits on visits must only happen when reasonable attempts have been made by an operator to consider and offer alternative options.
 - Any limits must be determined in consultation with the resident or alternative decision maker and family. If limits conflict with a person's schedule, alternative options must be provided.
- An operator may temporarily restrict access (e.g. no social visits where once permitted) in situations where a [risk tolerance assessment](#) indicates increased risk of exposure to COVID-19, such as: an increase in local community COVID-19 cases, confirmed site outbreak, or other situations that may limit the ability of an operator to safely have more people on site.
 - All restrictions must be in collaboration¹³ with residents and families and may include consultation with an organizational/agency executive or zone [Medical Officers of Health](#), where appropriate¹⁴.
 - Collaboration with the site's Resident and Family Council is encouraged where a Council is established and representative of residents and families as a collective.
 - Any restrictions must not exceed 14 days without re-evaluation.
 - Designated family/support persons shall never be overly restricted in their access to the resident(s) they support.
 - For greater clarity, a confirmed site outbreak may impact a designated family/support person's standing schedule (led by their own discretion) but will not prohibit their presence altogether.
 - In situations where a resident has COVID-19, the operator and designated family/support persons must collaboratively arrange viable and feasible options for continued access to the resident, following all Public Health guidance and operator requirements for access to symptomatic residents.
 - Examples of restricted access include only allowing designated family/support persons, reducing number of persons permitted at one time, and limiting the number of additional people on site at any one time.

¹³ An operator's safe visiting policy and process, developed in collaboration with residents and families, must identify criteria for restricted access.

¹⁴ As per CMOH Order 23-2020, 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.

- When access is restricted, an **operator** must continue to support virtual connection when physical presence of a designated family/support person is not possible.

Risk Tolerance Assessment

- Risk tolerance, in the context of this Order, is the ability of a site, as an entity (physical accommodation and the collective of residents and staff), to accept increased potential of exposure to COVID-19 to inform situations where restricted access may be necessary and where more visits (e.g. social) are desired. Risk tolerance is fluid (i.e. is not constant; will continuously change) and will depend on many factors, outlined in [Table 2](#).
 - It is important to recognize that risk factors are not mutually exclusive. It is the consideration of the combination of them that will ultimately inform a site's risk tolerance.
 - For example, a site could be small with minimal space, where the residents are active and healthy and assess their own risk tolerance as high. In this situation, social visits in designated indoor spaces or resident rooms, if desired, may be permitted.
- Per CMOH Order 29-2020, an **operator** must identify the risk tolerance for the site based on conversations with their residents, families and staff. Risk tolerance will vary between sites for many reasons including site designation (e.g., a group home may have a greater risk tolerance than a long-term care facility) and perception of risk tolerance by each resident or alternate decision maker.

Dispute Resolution

- An **operator** must document all disputes as per existing concern/complaints processes under the Accommodation Standards and/or Continuing Care Health Service Standards (where relevant).
- An **operator** must develop a process for dispute resolution that includes the following escalation, at minimum:
 1. An **operator** must work with the resident and designated family/support person(s) to address any concerns that arise regarding the site policy and process for safe visiting, and the interpretation and implementation of this Order. This may include addressing through the Resident and Family Council, where a Council is established and representative of the collective.
 2. Should concerns not be resolved at site level, **organizational/agency executive level position** (where applicable) support shall be sought.
 3. Should the concern still be unresolved after speaking with the operator and an executive of the organization/agency, Alberta Health [Accommodation Standards and Licencing](#) or Alberta Health Services [AHS Patient Relations](#) (only for designated supportive living or long-term care) may be contacted for support.

Table 2. Risk Tolerance Assessment Table

Risk Factors	Description and Site Assessment
Number of People on site and Layout of Site	<p>To ensure safe movement of people, operators may assess the site in terms of layout and number of people on site at any one time. For example:</p> <ul style="list-style-type: none"> ▪ Spacious hallways, common areas and rooms may indicate a higher risk tolerance ▪ Prevalence of semi-private rooms may indicate a lower risk tolerance ▪ The number of floors may mean increased use of access points (e.g. elevators) which may indicate a lower risk tolerance <p>Site Notes:</p>
Collective Health Status of Residents, where known	<p>This may be actual or perceived health status. If the majority of residents have complex health conditions, this may indicate a lower risk tolerance</p> <p>Site Notes:</p>
Number of residents actively leaving site for outings	<p>Consider essential and non-essential outings. The number of residents actively leaving the site for outings may indicate a lower risk tolerance (as there is already increased potential of exposure)</p> <p>Site Notes:</p>
Any disclosed resident directed assessment of risk tolerance	<p>Though it is recognized not everyone will assess themselves the same way, residents will have a sense of their health and the risks they would be willing to take for more visitors on site. Though this is a subjective measure, the risk tolerance of the site should be directed by the risk tolerance of the residents, where disclosed.</p> <p>Site Notes:</p>
Any disclosed staff directed assessment of risk tolerance	<p>Though this is a subjective measure, the risk tolerance of the site should be informed by the risk tolerance of the staff, where disclosed.</p> <p>Site Notes:</p>
Mechanism for ongoing assessment of risk designation of region	<p>Up to date understanding of the incidence of COVID-19 in the community is important <i>Note: Where a facility is located with respect to risk designation of region does not itself constitute the need to adjust risk tolerance of site.</i></p> <ul style="list-style-type: none"> • Open: Low level of risk, no additional restrictions in place • Watch: The province is monitoring the risk and discussing with local government(s) and other community leaders the possible need for additional health measures • Enhanced: Risk levels require enhanced public health measures to control the spread <p>Site Notes:</p>
Other:	
Other:	

Safe Visiting Practices

Risk of Unknown Exposure to COVID-19

- It is important for all persons to understand their risk of unknown exposure to COVID-19, based on their behaviour in the last 14 days, prior to entering the site and modify their behaviour accordingly (Refer to [Table 3](#)).
 - It is particularly critical that active *Health Assessment Screening* is completed at entry, is answered completely and accurately, and anyone with symptoms or recent known exposure to COVID-19 not enter the site at all.
 - While individuals do not need to disclose their assessed risk of unknown exposure to the operator, they must ensure the resident or alternate decision maker is aware of it and behave accordingly.
 - Individuals should limit the number of different sites they enter and provide in-person visits to only one site per day to the greatest extent possible.

Table 3. Risk of Unknown Exposure Assessment Guidance

Low Risk	Medium Risk	High Risk
<p>To be considered at low risk of unknown exposure, all the following conditions must be met:</p> <ul style="list-style-type: none"> • Does not work or live in an area of high COVID-19 exposure (refer to Risk designation of region) • Works from home • Part of a small cohort (15 or less) who consistently practices physical distancing and masks when cannot maintain distance • Not have had guests at home in the past 14 days • Visits resident(s) in one site in a day • Makes essential outings only • Uses own vehicle • Consistently maintains 2 metres of distance from those outside household in all activities • Mask worn when cannot maintain physical distancing • Consistent hand hygiene • No interprovincial travel within the last 14 days 	<p><i>There will be many variations that arise between the extremes of high and low risk of unknown exposure</i></p> <p><i>Individuals must use their best judgement to determine risk of unknown exposure where neither low nor high is appropriate.</i></p>	<p>To be considered at high risk of unknown exposure, any one or more of the following may be met:</p> <ul style="list-style-type: none"> • Works or lives in an area of high COVID-19 exposure (refer to Risk designation of region) • Works outside home in settings where distancing is not consistently maintained and masking is not consistently used • Worked at or visited a location with a declared COVID-19 outbreak in last 14 days • Part of a large cohort (more than 15) • Cohort inconsistently practices physical distancing and use of masks when cannot maintain distance • Have had guests in home in last 14 days • Visits resident(s) in multiple sites in one day • Outings where contact with others outside household is likely • Use of public transit or carpooling where distancing is not consistently maintained and masking is not consistently used • Does not maintain physical distancing and does not wear a mask • Infrequent or inconsistent hand hygiene • Interprovincial travel within the past 14 days

Hand Hygiene

- All persons visiting, including residents, must 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) before, during as appropriate, and after all visits.
 - An operator may require the visiting person to provide their own hand sanitizer.

Use of PPE – General Practices

- All designated family/support persons and visitors are required to wear a mask continuously throughout their time indoors and be instructed how to put on and take off that mask and any other PPE that may be required. A mask may be provided by the operator, designated family/support persons or visitors.
 - Single-use masks may be removed (and immediately disposed of) for indoor visits in a resident room if physical distancing can be maintained. A new mask must be worn in transit through the site.
 - Public Health Guidelines for [use of masks](#) must be followed.
- Continuous use of a mask is not required for outdoor visits unless physical distancing cannot be maintained.
- When visiting a newly admitted resident or a resident on isolation precautions, operators must ensure that the designated family/support persons and/or visitors have or are provided with the required PPE (based on precaution required), have been trained to use, and have practiced the appropriate use of the PPE.

Use of PPE to Enable Safe Physical Touch

- The risk of transmission of COVID-19 increases with close proximity. If a resident and their designated family/support person(s) or visitor(s) understand this and they wish to include physical touch in their visits, this may be done by following the additional guidance:
 - Stop close contact with the resident and inform staff immediately for further direction if they are or become symptomatic during the visit.
 - Continuously wear a mask that covers the nose and mouth while within 2 metres of the resident.
 - Though a resident does not need to also wear a mask, they may choose to do so based on their own risk of unknown exposure from off-site activity (refer to [Table 2](#)).
 - Perform hand hygiene (hand washing and/or use of alcohol based hand sanitizer) both before and after direct physical contact with the resident.
 - If resident is isolated due to symptoms of COVID-19:
 - Operators must ensure that the designated family/support persons and/or visitors have or are provided with the required PPE (based on precaution required), are trained, and have practiced the appropriate use of the PPE.

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| <ul style="list-style-type: none">• Individuals at low risk of unknown exposure may engage in safe physical touch.• Individuals at medium risk of unknown exposure may engage in safe physical touch, where resident risk tolerance is high.• Individuals at high risk of unknown exposure are not recommended to physically touch the resident unless providing direct resident care wearing all appropriate PPE.• Refer to Table 3 for guidance on risk of unknown exposure to COVID-19. |
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Use of PPE for those with Cognitive/Sensory Impairments or Traumatic Experiences

- Residents who have sensory deficiencies or cognitive impairment must be supported to have safe and meaningful visits that support their health and wellbeing. This includes creative strategies to overcome barriers in situations where the use of PPE by the visiting person is inappropriate or disrupts communication, where physical distancing cannot be maintained.
 - For greater clarity, where use of PPE is disruptive, it is acceptable to remove the PPE if physical distancing can be maintained.
- Where the use of facial PPE (such as a face mask) by a designated family/support person or a visitor is distressing due to a cognitive or sensory impairment or traumatic experience, and physical distancing cannot be maintained, adaptation of facial PPE may be considered as described below:
 - Facial PPE must provide respiratory droplet source control (e.g. if face shields are being considered, they must provide protection that wraps under the chin).
 - Adaptations must be discussed/approved by the operator and facility medical director, if applicable, or zone [Medical Officers of Health](#) on a case-by-case basis.

Visiting Animals

- Subject to precautions and ability of the operator to accommodate animals, one animal is permitted to accompany a staff member, designated family/support person or other visitor for both indoor and outdoor visits.
- The animal must meet the individual operator policy regarding animal visits, where established, and operators must require visiting animals to be well (i.e. not displaying signs of illness, such as diarrhea or vomiting) and not come from a household with individuals at high [risk of unknown exposure](#) to COVID-19.

Gifts

- Designated family/support persons and visitors should be permitted to bring gifts, including homemade or purchased food or flowers/plants.
- Depending on the risk level of the individual, and at the discretion of the operator, some items may be required to be cleaned and disinfected by the individual or quarantined for a period of time (when disinfection is not possible).

Health Assessment Screening

Active Health Assessment Screening for Designated Family/Support Persons and Visitors

Any designated family/support person or 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 individual enters the site. Persons who do not enter (i.e. outdoor visits) and 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 **below**)
3. Confirmation of self assessment of risk of unknown exposure to COVID-19 and understanding of [Safe Visiting Practices](#)
4. Confirmation of identity and designated status (only if entering the building)
5. Documentation of arrival and exit times (only if entering the building)

COVID-19 Designated Family/Support Person and Visitor Screening¹⁵

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
	○ Chills	YES	NO
	○ Painful swallowing	YES	NO
	○ Runny Nose / Nasal Congestion	YES	NO
	○ Feeling unwell / Fatigued	YES	NO
	○ Nausea / Vomiting / Diarrhea	YES	NO
	○ Unexplained loss of appetite	YES	NO
	○ Loss of sense of taste or smell	YES	NO
	○ Muscle / Joint aches	YES	NO
	○ Headache	YES	NO
	○ Conjunctivitis (commonly known as pink eye)	YES	NO
2.	Have you, travelled outside of Canada in the last 14 days ?	YES	NO
3.	Have you had close unprotected* contact (face-to-face contact within 2 meters/6 feet) with someone who has travelled outside of Canada in the last 14 days and who is ill**?	YES	NO
4.	Have you had close unprotected* contact (face-to-face contact within 2 meters/6 feet) in the last 14 days with someone who is ill**?	YES	NO
5.	Have you been in close unprotected* contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO
6.	Have you assessed your risk of unknown exposure based on your last two weeks of activity (refer to Risk of Unknown Exposure Assessment CMOH Order 29-2020 Appendix A)?	YES	NO
7.	Do you understand <i>Safe Visiting Practices</i> and related site policies (refer to CMOH Order 29-2020 Appendix A)?	YES	NO

- If any individual answers **YES** to screening questions 1-5, they will not be permitted to enter the site.
 - Individuals must be directed to self-isolate and complete the [AHS online assessment tool](#) to arrange for testing.
- If any individual answers **NO** to screening questions 6-7, they will work with the operator to understand their responsibilities before being permitted to enter the site.

¹⁵ Operators must be aware of, and follow, any applicable privacy legislation (e.g., Freedom of Information and Protection of Privacy Act, Health Information Act, Personal Information Protection Act, etc.), should they document/retain the Health Assessment Screening completed with residents and staff (or others).

* 'Unprotected' means close contact without appropriate personal protective equipment

** 'ill' means someone with COVID-19 symptoms on the list above

Operators are encouraged to visit Alberta Health's website to www.alberta.ca/COVID19 for updated information. If there are any questions, please contact Alberta Health Accommodation Standards and Licensing at asal@gov.ab.ca.

CMOH Order 29-2020 Tables

Table 1. Indoor and Outdoor Visit Summary

Indoor Location	Requirements ¹⁶
Resident Room (private rooms)	<p><u>At Minimum</u> Up to two people at one time (not including resident):</p> <ul style="list-style-type: none"> ○ Designated Family/Support Person(s); and/or ○ Visitor(s) in change in health status or pressing circumstance situations <p>Up to 3 people at one time in <u>end of life</u> circumstances, unless all persons are from the same household in which case there is <u>no maximum</u></p> <ul style="list-style-type: none"> ○ Designated Family/Support Person(s); and/or ○ Visitor(s) <p><u>Where permitted, based on site’s risk tolerance assessment</u> Social visits, up to two people at one time (not including resident); designated family/support person not required</p>
Resident Room (semi- private rooms)	<p>Same as private rooms, but physical distancing from the other resident(s) must be maintained</p> <p>If this cannot be maintained, the operator must do their best to make accommodations to support the residents (e.g. temporary relocation of resident, etc.)</p>
Shared Care Area (where direct care is provided)	<p><u>At minimum</u> One designated family/support person at a time only</p>
Designated Indoor Spaces (not care areas)	<p><u>Where permitted, based on site’s risk tolerance assessment</u> Limited to a maximum of 3 people (including the resident) per grouping, unless the site can safely accommodate more</p>
Designated Outdoor Spaces	<p><u>At minimum</u> Up to five people (including the resident) per grouping if physical distancing can be maintained</p>

¹⁶ Numbers subject to [Restricted Access](#)

Table 2. Risk Tolerance Assessment Table

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Mechanism for ongoing assessment of risk designation of region	<p>Up to date understanding of the incidence of COVID-19 in the community is important <i>Note: Where a facility is located with respect to risk designation of region does not itself constitute the need to adjust risk tolerance of site.</i></p> <ul style="list-style-type: none"> • Open: Low level of risk, no additional restrictions in place • Watch: The province is monitoring the risk and discussing with local government(s) and other community leaders the possible need for additional health measures • Enhanced: Risk levels require enhanced public health measures to control the spread <p>Site Notes:</p>
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Other:	

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