Alberta Health

Office of the Chief Medical Officer of Health
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Canada

RECORD OF DECISION – CMOH Order 32-2020 which amends CMOH Order 10-2020

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 10-2020 on April 10, 2020, which was subsequently amended by Record of Decision – CMOH Order 12-2020 on April 28, 2020 and by Record of Decision – CMOH Order 23-2020 on May 25, 2020.

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

(a) revise the operational and outbreak standards attached as Appendix A ; and

(b) revise the COVID-19 questionnaires attached as Appendix B.

Therefore, I am taking the following steps to protect Albertans from exposure to COVID-19 and to prevent the spread of COVID-19, effective September 17th, 2020:

1. Sections 9 and 10 of Record of Decision – CMOH Order 10-2020 are rescinded and the following are substituted:

   9. All operators of a health care facility, located in the Province of Alberta, must

      (a) comply with the operational and outbreak standards attached as Appendix A to this Order; and

      (b) use the applicable COVID-19 questionnaires for licensed supportive living, hospices and long-term care, attached as Appendix B to this Order, in accordance with the operational and outbreak standards.

10. For the purposes of Part 2 of this Order, a "health care facility" is defined as:

(a) an auxiliary hospital under the *Hospitals Act*;

(b) a nursing home under the *Nursing Homes Act;*

(c) a designated supportive living accommodation or a licensed supportive living accommodation under the *Supportive Living Accommodation Licensing Act;*

(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.

2. Appendix A and Appendix B of Record of Decision – CMOH Order 10-2020 are rescinded and the attached Appendix A and Appendix B are substituted.

This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 3 day of September, 2020.

Deena Hinshaw, MD
Chief Medical Officer of Health

Document: Appendix A to Record of Decision – CMOH Order 32-2020

Subject: Updated Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings under Record of Decision – CMOH Order 32-2020.

Date Issued: September 03, 2020

Scope of Application: As per Record of Decision – CMOH Order 32-2020.

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.

New Content	
• Order Scope	• Inclusion of Hospice
• Communication	• Reiterate mandatory reporting requirements within the Accommodation Standards
• Isolation/Quarantine	• Differentiating between quarantine and isolation • Shifting to a risk-based approach (low, medium, high risk) for admissions and returns from resident outings • Outbreak considerations for residents with dementia
• Expectations of Staff, Management & Operators	• Highlight responsibility for staff and management to follow public health guidance
• Risk Tolerance Assessment	• Added content on Risk Tolerance Assessment for site level decision making
• Volunteers	• Permitted back on-site with guidance for maintaining safety, if operator chooses
• Resident Outings	• New content on risk-based approach for isolation/quarantine • Additional guidance for overnight outings
• Facility/Suite Tours	• May resume with guidance for maintaining safety
• Amenities accessible to the Public	• Permitted while following guidance • Consider Site Risk Tolerance in determining approach
Clarifying Content	
• Health Screening	• Active screening for staff only required at start of shift • Direction on storage of screening information for contact tracing purposes • Removal of increased resident screening in outbreak
• Single Site Staffing	• Removed exhaustive list of essential service providers and provided language on services based on resident needs and operation requirements
• Enhanced Cleaning	• Clarify operational freedoms to allow operators to meet the requirements (e.g. visitors may be asked to clean what they touch)
• Group Recreation	• Remove maximum number of residents permitted in a group activity, instead based on the size of space in the facility
• Dining	• Up to 4-6 residents permitted at a table with 2 metres distance between tables and relaxed restrictions, as long as no outbreak.
• Personal Choice Services	• Additional service providers permitted based on Accommodation Standards

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Purpose

The operational requirements outlined here are required under the Record of Decision – CMOH Order 32-2020 (the Order) and are applicable to all licensed supportive living (including group homes and lodges), long-term care (LTC) facilities and hospices, unless otherwise indicated. They set requirements for all operators[1], residents[2], staff[3], students[4], service providers[5], volunteers, as well as any designated family/support persons and/or visitors[6].

- To clarify, should a site contain both licensed supportive living spaces and unlicensed spaces; this order does not apply to the unlicensed spaces/areas of the building/campus. These expectations outline the operational and outbreak standards that apply to support early recognition and swift action for effective management of COVID-19 amongst vulnerable populations.
- These expectations may change existing requirements[7] (e.g., in the Supportive Living and Long Term Care Accommodation Standards, the Continuing Care Health Service Standards), but are required for the duration of this Order. Otherwise, those expectations are unchanged.
- These expectations apply to all staff, volunteers, designated family/support persons and visitors, including any person employed by or contracted by the site, or an Alberta Health Services (AHS) employee working within or visiting the site (e.g. home care), or another service provider.

Key Messages

- As the pandemic evolves, it continues to be important to maintain strong protections within these settings to minimize the introduction of and risk of virus transmission and spread.
- It is imperative that residents remain vigilant in their actions to protect themselves and others around them from COVID-19. Residents remain at extremely high risk for severe outcomes if they are infected with COVID-19.
- Individuals over 60 years of age and those with certain pre-existing health conditions are the most at risk of severe outcomes from COVID-19, especially when they live in close proximity as occurs within congregate settings.
- Tests for COVID-19 can only detect the virus at the time of the swab collection and provide only a point in time result. Someone with a negative test result may still go on to develop COVID-19 during the incubation period of 14 days after exposure.
- To prevent the spread of respiratory viruses, including COVID-19, among seniors and vulnerable groups, we are setting a number of expectations that apply to operators, staff, residents and designated family/support persons and/or visitors.
- The intent of these expectations is to help ensure that seniors and other vulnerable individuals living and working in these congregate settings are kept as physically safe as possible, mitigating the risks of COVID-19 – which are significant – as well as other infections.
- Large outbreaks Alberta sites experienced to date have reinforced the importance of:
    - Strong on-site leadership and effective transparent communication with key partners;

[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 or patients).
[3] Any person employed by or contracted by the site, or an Alberta Health Services employee or other essential worker.
[4] Any person who is participating in a student placement or practicum allowed by the operator and the post-secondary institution.
[5] Any person who is on-site to deliver a service who is not an employed or contracted staff member.
[6] As per Order 29-2020
[7] Expectations may be required by Alberta Health or contractually by Alberta Health Services.

    - Early identification and isolation of symptomatic persons and those with known exposure to COVID-19;
    - Swift access to testing and results; and
    - Continuous masking.
- These expectations intend to safeguard people during the pandemic. However, there is also the recognition that socialization and activity are an important part of quality of life in these congregate settings. This order includes both guidance considered to also support broader quality of life for residents as well as to support staff quality of work life and wellbeing.

Site Specific Guidelines

- Operators must implement the following site specific guidelines:

Table 1: Site Specific Guidelines

Licensed group homes for persons with developmental disabilities or others (i.e., those with four or more residents)	**Other licensed supportive living (SL), including designated supportive living (DSL)**	**Long-Term Care (LTC)**	**Hospices**
Operators **must review and implement** the AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites .	Operators **must review and implement** the AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites In addition, the following guidelines **must be applied as well**: AHS Guidelines for Outbreak Prevention, Management and Control in Supportive Living and Home Living Sites	Operators **must review and implement** the AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites In addition, the following guidelines **must be applied as well**: AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites	Operators **must review and implement** the AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites

- Note: If there is conflicting information between the documents linked above and the standards on this order, these standards supersede.
- Note: Depending on what each congregate setting offers, some standards may not be applicable (e.g. hospices might not have a shared dining room).
- For any questions about the application of these updated operational standards, please contact Alberta Health: asal@gov.ab.ca .

Outbreak Phases and Response

Table 2: Site Outbreak Phases – Definitions

Outbreak Prevention	Under Investigation	Confirmed COVID-19 outbreak
No residents or staff showing any symptoms of COVID-19 as listed in Table 3.	At least one resident or staff member who exhibit **any** of the symptoms of COVID-19 as listed in Table 3.	Any one individual (resident or staff) laboratory confirmed to have COVID-19.

- Anyone with symptoms listed in **Table 3** must be isolated and must be asked to consent to testing for COVID-19.
- AHS Coordinated COVID-19 Response (1-844-343-0971) is available to all congregate settings. They must be contacted, as soon as there is a person showing symptoms listed in **Table 3,** for additional guidance and decision- making support at a site that does not already have an outbreak of COVID-19.
    - The AHS Coordinated COVID-19 Response team must be contacted with the ***first symptomatic person*** in a congregate setting. Sites that do not already have a confirmed COVID-19 outbreak should promptly report newly symptomatic persons.
    - The site must ensure the symptomatic resident is offered testing through on-site capacity, if available. If not, AHS will arrange for the resident to be tested.
    - Swabs for staff must be arranged using the AHS online assessment tool if they are not available on-site or staff choose to be tested off-site.
    - 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 lead the outbreak response and provide ongoing direction, as appropriate.
    - 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.
- Sites with two or more individuals with confirmed COVID-19 will be included in public reporting.

Symptoms of COVID-19

Table 3: Symptoms of COVID-19

Symptoms of COVID-19 (*Residents*[8])*	**Symptoms of COVID-19** ***(All Albertans including staff, students, volunteers and designated family/support persons/visitors)***
• Fever (**37.8°C** or higher[9]) Any **new** or **worsening** respiratory symptoms: • Cough • Shortness of Breath/Difficulty Breathing • Runny Nose • Sneezing • Nasal Congestion/Stuffy Nose • Hoarse Voice • Sore Throat/Painful Swallowing • Difficulty Swallowing Any **new** symptoms including but not limited to: • Chills • Muscle/Joint Ache • Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite • Feeling Unwell/Fatigue/Severe Exhaustion • Headache • Loss of Sense of Smell or Taste • Conjunctivitis • Altered Mental Status	• Fever • Cough • Shortness of Breath/Difficulty Breathing • Sore Throat • Runny Nose • Chills • Painful Swallowing • Stuffy nose • Headache • Muscle/Joint Ache • Feeling Unwell/Fatigue/Severe Exhaustion • Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite • Loss of Sense of Smell or Taste • Conjunctivitis

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

[8] See COVID-19 Recognizing Early Symptoms in Seniors

[9] Thermometer confirmed temperature is not required. If a resident feels they have a fever, offer testing.

Health Assessment Screening

- Everyone entering the site must be screened according to Table 4.

Table 4: Health Assessment Screening Overview

Type of Person	Active Screening	Passive Screening
Staff, Students, Service Providers & Volunteers **Emergency response teams must not be stopped to screen (Police, Fire, Ambulance)**	Screened prior to the start of each worksite shift *Use Staff Screening Tool*	Self-checks for COVID-19 symptoms twice daily plus immediately prior to their shift
Designated family/support persons & Visitors	Refer to CMOH Order 29-2020 for requirements, including Health Assessment Screening tool for designated family/support persons and visitors	

- **Active Screening** involves:
    1. Temperature screening- Taken by a non-invasive infrared or similar device (oral thermometers must not be used)
    2. Satisfactory COVID-19 Screening Tool (See Appendix B for tools)
        a. Screening Tool may be completed electronically or on paper. This can be completed prior to arrival at your worksite, but must be confirmed by the screener prior to entry.
- **Passive Screening** involves the individual doing a self-check to determine if they have any symptoms of COVID-19 (as per Table 3)
    - **If a staff member, service provider, volunteer or student feels ill or develops any symptoms of COVID-19 while at work they must leave their mask on, notify their supervisor/site contact and immediately go home.**

Resident Health Assessment Screening

- All residents must be screened according to Table 5.

Table 5: Resident Health Assessment Screening Overview

Residents with daily or more frequent interactions with health staff (e.g. personal care, etc.)	Residents without daily interactions with health staff

• Health staff must **actively screen*** the resident for symptoms of COVID-19 **daily**.
  ○ It is the operator's responsibility to ensure this happens, where they employ health staff (e.g., designated supportive living, long-term care and hospices).
  ○ Where the operator does **not** employ health staff (e.g. lodges, group homes, etc.), active screening is the responsibility of the health staff who interact/provide services, regardless of employer (e.g., home care staff).
  ○ If the resident shows any signs of COVID-19, the resident must be **immediately isolated** and must be asked to consent to **testing** for COVID-19. See Table 7.
	• Operators must advise each resident that they are required to conduct daily self-checks for symptoms of COVID-19.
	  ○ Resident Screening Questionnaire should be provided for reference.
	  ○ Residents must immediately notify their primary site contact (by phone), if they are feeling unwell.
	  ▪ Resident must be informed to immediately isolate and should be asked to consent to testing for COVID-19.

- *Residents who are able and desire to self-screen should be supported to do so.
  - Resident Screening Tool should be provided to the resident for their reference.
  - Residents must immediately notify their primary site contact (preferably by phone), if they are feeling unwell.
    - Resident must be informed to immediately isolate and must be asked to consent to testing for COVID-19.
  - Residents will be screened upon re-entry only if they leave the facility property on a Resident Outing. They are not required to have screening completed when they leave the site to go outdoors on the facility property (e.g. outdoors for fresh air, etc.).

Screening Documentation Storage

- For anyone permitted to enter, operators are required to record and store the following information for contact tracing purposes, for a minimum of 4 weeks but not longer than 8 weeks:
    - Name
    - Contact Information (phone number, email, etc.)
    - Date and time of entry and exit
- The above records must be clear and legible.
- Operators are not required to store the completed COVID-19 screening documents from any person who enters.
- Any personal information that is collected for COVID-19 contact tracing can only be used for this purpose, unless an individual provides their consent.
- The Office of the Information and Privacy Commissioner has released Pandemic FAQ: Customer Lists about collecting personal information during the COVID-19.
- For questions about your obligations under the *Personal Information Protection Act*, please contact the FOIP-PIPA Help Desk by phone 780-427-5848 or by email at sa.accessandprivacy@gov.ab.ca

Testing, Management & Isolation/Quarantine

- The term **isolation** refers to separating and restricting the movement of an individual with symptoms of COVID-19, or who is confirmed to have COVID-19, to prevent their contact with others and to reduce the risk of transmission.
- The term **quarantine** refers to separating and restricting the movement of an individual for 14 days (the incubation period for COVID-19) who was potentially exposed to COVID-19. This is to reduce the risk of transmission if that individual becomes a COVID-19 case. During the quarantine period, the individual should monitor for symptoms and if symptoms develop, they should be offered testing for COVID-19.
- **Whether in isolation or in quarantine, the expectation is that residents remain in their room and away from others[10].**
    - However, on a case by case basis, in consideration of quality of life impacts for residents with cognitive impairment and/or dementia or mental health diagnoses and other behavioural concerns, accommodation for structured safe movement around the site (i.e. not independent wandering), if required, should be supported. See Outbreak Considerations for Residents with Dementia for additional guidance.
- Tests for COVID-19 can only detect the virus at the time of the swab collection and provide only a point in time result. Someone with a negative test result may still go on to develop COVID-19 during the incubation period of 14 days after an exposure.
- Indications for testing symptomatic and asymptomatic persons are outlined in the Alberta Public Health Disease Management Guidelines and as directed by Public Health.
    - Like all Albertans, residents have the opportunity to request COVID-19 testing even if they are asymptomatic.
    - Asymptomatic testing may be periodically offered to all residents in a site.
- Each Zone has unique operational circumstances and requirements and continues to have the

[10] As per CMOH Order 29-2020, designated family/support persons and visitors may be permitted to visit an isolated or quarantined resident, following the site *Safe Visiting Policy*.

responsibility to determine how to best operationalize testing guidelines, as long as the intent of the guidelines is met.

- There are differences in approach operators must implement depending on whether or not a resident has symptoms and the results of swabs. See Table 6 for management of residents based on symptoms and test results.

Testing of Previous Confirmed Cases

- Residents who have previously tested positive for COVID-19, have recovered, and have new onset of symptoms may require testing if sufficient time has passed. For further details, please refer to the "Testing and Management of Previously Lab Confirmed Case" sections of the Alberta Public Health Disease Management Guidelines.

Table 6: Management of COVID-19 Test Results

Symptoms	COVID-19 Test	Management
Symptomatic	**Positive** OR No swab taken and the client has fever, cough, shortness of breath/difficulty breathing, runny nose/nasal congestion or sore throat.	**Isolate with Contact and Droplet precautions for a minimum 14 days** from symptom onset or until symptoms resolve, whichever is longer.
	Negative OR No swab taken, with other symptoms **not listed above**	**With Known exposure to COVID-19 (e.g. close contact)** Isolate with Contact and Droplet precautions for 14 days from symptom onset or until symptoms resolve, whichever is longer *At the discretion of the MOH, retesting for COVID-19 may be considered*
		With NO known exposure to COVID-19 Apply IPC precautions according to normal risk assessment of symptoms and suspected etiology, including Contact and Droplet precautions for vomiting and/or diarrhea. Discontinue precautions once symptoms are fully resolved. *At the discretion of the MOH, retesting for COVID-19 may be considered*
Asymptomatic	**Positive**	**Isolate with Contact and Droplet precautions for a minimum of 14 days** from the collection date of the swab. Monitor for the development of symptoms. If symptoms develop, follow recommendations for symptomatic residents.
	Negative OR NO swab taken	**With Known exposure to COVID-19 (e.g. close contact)** Quarantine with Contact and Droplet precautions for 14 days since the last exposure. Monitor for the development of symptoms. If symptoms develop, follow recommendations for symptomatic residents.
		With NO known exposure: No quarantine required. Use routine practices, including continuous masking; additional IPC precautions are NOT required.

Swab Collection

Table 7: Swab Collection for Residents and Staff

Residents	Staff
• Swabs for residents* must be collected through on-site capacity, if available (e.g. DSL/LTC). • If healthcare staff are not available on site (e.g. lodges, group homes), AHS staff will be deployed to complete the swabbing. Please contact your usual zone level AHS contact for direction.	• Staff should be offered on-site swabbing, where available (e.g. through on-site capacity or through AHS). • Where not available, or for staff who prefer off-site testing, staff can continue to arrange for swabbing using the AHS online assessment tool.

Resident Consent for Swab Collection

- Consent must be obtained from the resident (if able), or from their alternate decision maker prior to collecting the swab for testing.
  - Consent process is per site level policy.
- If a resident (or alternate decision maker on their behalf) declines the test for COVID-19, safety precautions (possibly including quarantine or isolation) requirements may still apply based on Table 6.

Expectations of Staff, Management & Operators

- Staff (as with all Albertans) have a responsibility to follow all public health guidance and ensure they reduce their risk of exposure to COVID-19 at home and at work (see Table 9).
- Staff may access asymptomatic testing at any time they wish. If a staff member is concerned about exposure, whether at work or outside work, they should follow protocols regarding quarantine, if appropriate, or to further clarify whether or not they were truly exposed.

Staff and Operator Disclosure

- Staff, students and volunteers must **immediately** tell their supervisor if they have worked in the last 14 days or are currently working at a site (including but not limited to the sites to which this Order applies), where there is a **confirmed** COVID-19 outbreak.
- This disclosure is **mandatory**, for the purposes of protecting the health and safety of the disclosing staff member, other staff as well as the health and safety of the residents.
- Mandated disclosure ***cannot*** be used by an operator as the sole reason to dismiss a staff (e.g., lay off or fire); however, staff may be subject to work restrictions, depending on exposure and a risk assessment.
- Operators must continue to inform staff that disclosing exposure to COVID-19 (e.g. close contact to a confirmed case of COVID-19) to the facility is required and will not result in dismissal.
- Operators will notify all residents, staff and families if there is a **confirmed** COVID-19 outbreak. Operators should also communicate transparently with residents and families when their site is **under investigation** for COVID-19.

Operator Communication

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

- Communicate transparently at all times with residents, families, designated family/support persons, visitors, staff, volunteers and other allowed service providers.
- Communicate updated information relevant to their staff, residents, designated family/support persons and/or visitors, families and any allowed service providers.
- 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 meet those expectations.
- Ensure designated family/support person and/or visitors (see Order 29-2020), and allowed service providers understand what they must do while on site (and what they cannot do) and who they can contact with questions.
- Communicate to residents any relevant changes in operation at their site.
    - This may include any adjustments made to house rules (i.e. site-specific rules or guidelines in place), resident – operator agreements, handbooks etc.

As per the Supportive Living and/or Long Term Care Accommodation Standards, operators are responsible for standards relating to continuation of services.

- Standard 16 stipulates that operators must develop, maintain and implement contingency plans to provide for continuation of necessary services. This includes maintaining appropriate/safe levels of staffing.

- Standard 18 requires the operator to report to Alberta Health in the case of activating their contingency plans. Note: disruption in staffing levels that affect an operator's ability to provide services to residents denotes a reportable incident under these standards.
    - Operators are also responsible to immediately notify AHS Zone operations.
- Hospices are not included within the Accommodation Standards but remain accountable to develop contingency plans to ensure continuation of necessary services.

Operators who would like to implement additional restrictions over and above Order guidelines due to site configuration, specialized populations, etc., must consult with relevant designate before doing so. These designates may include (but not be limited to):

- Alberta Health Services (for those with contracts to provide continuing care health services, hospice services or for infection prevention and control support): continuingcare@albertahealthservices.ca
- Alberta Health's Accommodation Standards and Licensing Unit (asal@gov.ab.ca)
- Ministry of Community and Social Services (e.g. for persons with developmental disabilities group homes)
- Ministry of Seniors and Housing (e.g. for lodge programs that are not contracted to AHS)

Risk Tolerance Assessment

- Risk tolerance 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 site based decision-making.
- Risk tolerance is fluid (i.e. is not constant; will continuously change) and will depend on many factors as outlined in Table 15.
    - It is important to recognize that risk factors are not mutually exclusive. It is the consideration of the combination of factors 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.
- 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 and possibly within 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.

Staff Working at Single Facility

When arranged by the operator or by relevant partner (e.g. Alberta Health Services), access to service providers not directly employed/contracted by the operator are permitted with the following considerations:

- These services should be based on the needs of the residents and operational requirements.
- Services should be provided virtually, where possible and appropriate.
- Service providers are expected to not attend multiple designated supportive living or long-term care settings in the same day, where feasible.
- Access is subject to possible restrictions as advised by the Zone Medical Officer of Health in the case of an outbreak.
- See Access to Health Professionals and Guidance for Personal Choice Services for more information.

To protect the most vulnerable Albertans, **designated supportive living** and **long-term care** staff employed or contracted by the operator are limited to working within one single **designated supportive living** or **long-term care** facility. This will help to prevent the spread of illness between facilities. Refer to Table 8 for an overview of where staff can work.

- The intent of this order is to limit the risk of transmitting **COVID-19** to our most vulnerable by reducing the number of different people who interact with residents.
- Under sections 53.1 to 53.4 of the *Public Health Act*, operators are required to submit relevant staffing information to Alberta Health, as directed.
- The terms of Labour Ministerial Order 2020-26, continued by s. 5.1 of the Employment Standards Code, direct the process and employment protections for staff and operators.
- This order is inclusive of **all facility staff** (e.g. health care workers, food service workers, housekeeping, administrative, etc.).
- Expected to be extremely rare, any requests for a consideration of a single site 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.
    - Rationale for exemptions should be clear and may include multiple sites in one campus; specialized staff serving multiple facilities under one organization; staff gatherings to meet a business need (e.g. staff education), etc.
- Staff will be granted a leave of absence from their non-primary employers. Non-primary employers will not penalize staff.
- It is strongly recommended that all other congregate living settings (i.e. non-designated licensed supportive living, lodges, and group homes), though not mandated, also implement the single site staffing directive, where possible.
- In the case of a **confirmed** COVID-19 outbreak, all other congregate settings (i.e. non-designated licensed supportive living, lodges, group homes and hospices) must require staff to work only at one congregate living setting for the duration of the outbreak.
    - It is strongly recommended that operators review their contingency plans regarding staffing shortages in light of potential requirement to require staff working at a single site.

Table 8: Single Site Overview: Example guidance of where staff can work

COVID-19 Outbreak Phase(s)	Worksite 1	Worksite 2	Guidance
Outbreak Prevention or Site Under Investigation	DSL/LTC	DSL/LTC	Not allowed to work at more than one DSL/LTC.
	DSL/LTC	Acute Care (excluding those legally designated as Auxiliary Hospitals)	Allowed but it is recommended that staff limit the number of worksites to prevent the spread of COVID-19. Note that the designated Auxiliary Hospital units of acute care sites are included in the single site designation (so workers can work in the Auxiliary unit and other units in acute care, but not on the Auxiliary unit and a separate LTC/DSL facility)
	DSL/LTC	Hospice	
	DSL/LTC	Lodge	
	DSL/LTC	Other Supportive Living	
	DSL/LTC	Group Home	
	DSL/LTC	Home Care	
	DSL/LTC	Retail Store	
Confirmed Outbreak	Any licensed supportive living, LTC or Hospice	Any licensed supportive living, LTC or Hospice	Once in a confirmed outbreak, for the duration of that outbreak, all sites must restrict staff to working only at the outbreak site.

Student Placements

Students in healthcare fields who graduate build capacity in the workforce. Student placements should continue where safe and feasible to enable graduation and entry into the workforce. The following guidelines are required to ensure students have safe access to healthcare settings to finalize their training:

- Post-secondary institutions are permitted to make their own decisions about proceeding with student placements based on their institution's unique circumstances, but placements are allowed, following all existing CMOH orders and any additional guidance provided by Alberta Health and the receiving operator.
- Operators are permitted to make their own decisions about accepting student placements based on the unique circumstances at the site. Considerations could include:
    - Ability to maintain the operator's operational activities.
    - Ability to meet the student's educational objectives and ability to achieve the learning outcomes.
    - Availability of staff and/or post-secondary instructors to offer appropriate supervision to students.

    - Type of healthcare program (e.g. HCA, LPN, etc.) and number of students.
    - The extent to which normal operations are disrupted by the COVID-19 response.
    - Availability of required PPE.
    - Ability to provide training on appropriate use of PPE (donning and doffing), outbreak protocols, point of care risk assessments and mandatory symptom reporting.
    - Usual processes will remain in place for agreements, contracts, liability, etc.
- When a site is in outbreak, operators should work in consultation with the post-secondary institution to determine ability to proceed with student placements.
- As with all staff in **designated supportive living** and **long-term care facilities** and any other site under this order with **confirmed outbreak**, students in these settings can only work[11] at one facility for the duration of their student placement.
- Instructors (from the educational institution) are encouraged to provide in-person support within one facility per day to the greatest extent possible.

Volunteers

- Volunteers enhance and support residents' experience and maintain high quality of life within facilities by complementing the contributions of staff.
- Volunteers can support many initiatives on-site including (but not limited to): tuck shops, bingo, one to one visiting, escorting to activities/meals, administrative support, screening process, etc.
- Volunteers are permitted to return to on-site support with the following measures in place to maintain a high degree of safety for the residents and staff:
    - Sites may make their own determination about presence of on-site volunteers based on their risk tolerance.
        - Operators must train the volunteers on use of PPE, hand hygiene, Outbreak Protocols, Safe Visiting Practices, Risk of Unknown Exposure, etc.
            - If volunteers are being included to assist isolated or quarantined residents, operators must ensure that any risks are clearly communicated and understood by each volunteer.
    - Sites should consider:
        - Number of volunteers they can safely support on-site
        - Type of work and necessity for a volunteer to provide (e.g. support with resident care, administrative support, etc.)
        - Any changes in case of an outbreak or regional designation.
            - Depending on the circumstances and the outbreak/regional designation, operators may determine the appropriateness of volunteer presence.
    - Volunteers must not enter more than one congregate living site (licensed supportive living, long-term care, and hospice) in a day whenever possible.
    - Volunteers must be screened using the Staff Screening Form.

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

Deployment of Staff and Resources

- In the case of a **confirmed** COVID-19 outbreak, operators must:
    - Identify essential care and services and postpone non-urgent care and services, if required, depending on the scope of the confirmed COVID-19 outbreak.
    - Authorize and deploy additional resources to manage the outbreak, as needed, to provide safe resident care and services as well as a safe workplace for staff.
    - Assign staff (cohort), to the greatest extent possible, to either:
        - Exclusively provide care/service for residents who are not in quarantine or isolation[12], or
        - Exclusively provide care/service for residents who are in quarantine or isolation.
        - In extraordinary circumstances when cohorting of staff is not possible, and for as limited a time as possible:
            - Minimize movement of staff between residents who are in quarantine or isolation and those who are not, and
            - Sequence work: Have staff complete work with residents who are not in quarantine or isolation (or tasks done in their rooms) first, followed by completing work with residents who are quarantined and lastly completing work with residents who are isolated.
    - Deploy other resources, which may include staff who do not normally work in the newly assigned area (e.g., assisting with meals and personal support/care), to assist.
        - An operator must ensure that deployed staff are provided with appropriate training before the task is delegated to them and that appropriate supervision is provided, if needed.
    - All staff are required to work to their full scope of practice and competence to support residents, subject to the terms of their employment or contract.
    - Continue to provide care and support for the symptomatic resident within the facility ("care and treat in place"), when possible depending on the severity of the presenting symptoms and in alignment with the resident's care plan and Goals of Care designation.
        - Appropriate clinicians should have serious illness conversations with residents and families to ensure everyone has a clear understanding of possible outcomes from COVID-19.
    - Ensure that any required changes to the symptomatic resident's care (or support) plan, that may be required to treat COVID-19, or any other identified infection, are made and communicated to all staff who need to implement the care plan.
        - Where necessary and applicable, the resident's community treatment team/supports, designated family/support person and/or visitors and alternate decision-maker must be consulted.
    - If **immediate medical attention** is needed and unable to be provided by the patient's care team, call 911 and inform emergency response that you have a resident with suspected/confirmed COVID-19.

        The operator must ensure this transfer is consistent with the resident's Goals of Care designation, advanced care plan, or personal directive.

[12] See page 10 for definitions

Outbreak Considerations for Residents with Dementia

- Operators who care for residents with dementia or cognitive impairment[13] that impact their ability to understand and follow isolation and other public health requirements, especially those operators with entire floors or wings with residents with these conditions, must develop a unit/area based plan for how an outbreak would be managed on these floors or wings.
    - If a case of COVID-19 is **confirmed** in a unit/area where many residents have dementia or cognitive impairment, it is critical to immediately:
        - Implement the response plan, working with staff, the family members/designated family/support persons, volunteers, and other stakeholders as needed (e.g. MOH) to identify the unit-based and individualized response (in consideration of impacted residents' plan(s) of care) that will minimize risk of spread and takes into account the unique abilities and impairments of the affected resident(s).
            - This may include, to the greatest extent possible, ensuring one on one support for the isolated or quarantined person with dementia or cognitive impairment to help maintain isolation/quarantine. Activities such as supervision, redirection, or interaction with provision of diverting activities to occupy the individual may be part of the support provided.
            - Additional considerations include that accommodations should be supported as appropriate for safe movement:
                - If necessary for management of residents with dementia or cognitive impairment who are in isolation or quarantine, support the resident to leave their room only in ways that minimize spread of infection (e.g. one-on-one support to the resident at all times when they are out of their room, putting on PPE, using hand sanitizer, avoiding others and touching of surfaces, etc.); and
                - Offering additional activities and interventions with non-isolated/quarantined residents in the unit to minimize contact with the isolated/quarantined resident (e.g. minimize the possibility of other residents going into that person's room).
        - Clearly and simply communicate the unit plan and updated care plan to all involved parties.
        - For people living with a cognitive impairment/dementia, a focused, early response has the greatest possibility of mitigating risk and minimizing spread, while maintaining quality of life for residents who benefit from routines and engagement, to help prevent negative consequences that may arise from being isolated.
        - Ask for support from AHS Zone Operations partners to share, whenever possible, resources (e.g., staff, communications support, problem-solving/planning) to help address the concerns.
        - For a person with COVID-19 with a cognitive impairment/dementia not living within a LTC, work with the resident's primary care team and family support persons to determine if there are additional care requirements to be provided for the duration of their illness. Consider contacting their Case Manager if they are home care clients or consider a referral to AHS Home Care, if required.

[13] Operators should use discretion when adapting these considerations for persons with mental health diagnoses and other behavioural concerns.

Access to Health Professionals

- For the purposes of this document, Health Professionals are those who are regulated by self-governing colleges under the *Health Professions Act* and are those not employed/contracted by the operator. Wherever possible and appropriate, these services should be provided virtually to limit the spread of COVID-19.
- Where these services cannot or are not appropriate to be provided virtually, services may be provided in person within the site, if the resident is not isolated/quarantined.
- When a resident is isolated/quarantined, decisions about accessing services will be made with the health care provider, resident (or alternate decision maker) and operator on a case-by-case basis depending on circumstances at the site, reasons for isolation/quarantine, capacity to offer the service safely, etc.
- If a resident is attending an appointment offsite (i.e. attending their office), follow the guidance outlined in Resident Outings.
- When requiring access to services on-site (i.e. the practitioner comes to the facility):
    - The appointment time must be pre-arranged with the resident/family and operator to ensure it does not conflict with other operations or practitioner visits.
    - The practitioner must complete the Health Assessment Screening (Staff) and use appropriate PPE as directed by their regulatory college, CMOH Orders and as determined by a point of care risk assessment (e.g. continuous masking, eye protection, etc.).
    - All efforts must be made to ensure minimal contact with residents who are not receiving services.
        - If services are provided within a shared resident room, the other resident may be asked to vacate for the duration of the service provision.
        - If the other resident is on isolation/quarantine, services are encouraged to be provided in an alternate space wherever possible.
    - If the operator is able to make a separate space available, that fits the needs of the practitioner (e.g., is private, has the required IPC infrastructure like sinks, etc.), it is ideal that such a space be made available to minimize entry into the living spaces, where resident rooms are (i.e. to avoid going to resident rooms).
    - Practitioners who provide services to residents at multiple sites must only attend in-person to one site per day to the greatest extent possible.
    - Practitioners providing services to multiple residents in the facility in one day must follow strict IPC measures as directed by their regulatory college, the operator and this order (e.g. handwashing, PPE, enhanced cleaning of supplies/equipment, point of care risk assessment, etc.) and where possible, provide services to those residents who are isolated/quarantined last.
- Refer to Guidance for Personal Choice Services for additional service providers permitted and the respective requirements.

Routine Practices and Additional Precautions

- All staff, students and volunteers providing **direct resident care** or **working in resident care areas** must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either involved in direct resident contact or cannot maintain adequate physical distancing (two metres) from resident and co-workers.
    - Staff, students and volunteers are required to put on a mask at entry to the site to reduce the risk of transmitting COVID-19 to residents and other workers, which may occur even when symptoms of illness are not present or recognized.
    - Staff, students and volunteers must perform hand hygiene before putting on the mask and before and after removing the mask.
    - Where there is evidence of continued transmission (defined as at least two confirmed COVID-19 cases), continuous use of eye protection (e.g. goggles, visor, face shield) is recommended for all persons providing **direct resident care** or **working in resident care areas**.
    - Review Guidance to Help Make Continuous Masking Work for You
    - Review Options and Adaptations for Healthcare Providers to address Patient Communication Challenges for additional information to assist with residents with communication challenges.
- Any staff, students or volunteers who do not work in resident care areas or have direct resident contact are required to mask if physical distancing (two metres) cannot be maintained **at all times** in the workplace or if entry into resident care areas is required.
- Judicious use of all Personal Protective Equipment (PPE) supplies remains critical to conserve supplies and ensure availability.
- Additional PPE may be required for those attending to isolated/quarantined residents or those on additional precautions. This may include gowns, facial protection (mask, visor, eye protection), and gloves. Follow direction from AHS Infection Prevention and Control regarding PPE use depending on each circumstance and always complete a point of care risk assessment prior to care provision.
- Operators must immediately ensure that staff, students and/or volunteers as relevant are provided with the required PPE, are trained, and have practiced the appropriate use (i.e. putting on PPE and taking off PPE) of PPE prior to caring for, or entering the room of, an isolated/quarantined resident.
    - This may be done in partnership with AHS Infection Prevention and Control and includes (but may not be limited to) the correct method of donning (i.e. putting on) and doffing (i.e. removal) of the PPE to prevent contamination of clothing, skin, and environment.
- Operators should provide frequent education and support in understanding PPE guidance.
- Operator should monitor frequently to ensure adherence to PPE requirements.
- Staff who are following hand hygiene guidelines, using appropriate PPE and applying it correctly while caring for residents with confirmed COVID-19, are not considered “exposed” and may safely enter public spaces within the facility or other rooms.
- Any individual who has had direct contact with a person who is a confirmed case of COVID-19, without wearing recommended PPE (i.e., before they are aware that the person has a confirmed case of COVID-19), is required to quarantine as per direction from Public Health.

Enhanced Environmental Cleaning and Disinfection

- As Alberta continues to relaunch, it is more important than ever to protect our most vulnerable Albertans. As more residents are out interacting with their community, enhanced cleaning and disinfection is essential critical practice to help minimize the spread.

Operators must:

- Communicate daily, to the appropriate staff, regarding need for enhanced environmental cleaning and disinfection and ensure it is happening.
- Use disinfectants that have a Drug Identification Number (DIN) issued by Health Canada.
    - Look for an 8-digit number (normally found near the bottom of a disinfectant's label).
- Use disinfectants in accordance with manufacturer's instructions following all requirements for WHMIS.
- **Common/Public areas:**
    - Cleaning and disinfection should be performed at least **once per day** on all **low touch** surfaces (e.g., shelves, benches, windowsills, message or white boards, etc.).
    - In addition, increase the frequency of cleaning and disinfecting of any **high touch** surfaces (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote), care/treatment areas, dining areas and lounges, as appropriate to the facility to a **minimum of three times daily**.
        - This is of particular importance in facilities/units where residents are living with cognitive impairments.
    - Immediately clean and disinfect any visibly dirty surfaces.

- **Resident Rooms:**
    - Residents who do not have staff or designated family/support person and/or visitors entering their room on a regular basis **do not** require an increase to their regular scheduled weekly cleaning by the operator.
    - Residents who have staff and/or designated family/support person and/or visitors entering their room on a regular basis, require:
        - **Low touch** (e.g., shelves, benches, windowsills, message or white boards, etc.) area cleaning **daily**, and
        - **High touch** (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote) area cleaning **three times per day**.
    - Staff, including home care workers, are expected to observe any infection prevention requirements set out by the facility (e.g., cleaning and disinfection of surfaces, frequent hand hygiene, wearing surgical/procedure masks, etc.) prior to leaving the resident room.
        - Depending on the frequency of visits, home care workers are responsible for contributing to high touch cleaning, by cleaning any of the areas that they have come in contact with at the end of their visit.
    - Designated family/support person and/or visitors are expected to observe any infection prevention and control requirements set out by the facility including those set out in Order 29-2020 (e.g., frequent hand hygiene, wearing masks, etc.).
        - In discussion with residents and designated family/support persons and/or visitors and based on risk tolerance of the site and ability to train/provide appropriate equipment, designated family/support person(s) and/or visitors may be asked to

clean areas that they touch inside resident's rooms with cleaning supplies provided by the operator.
    - There may be instances where residents express a personal preference not to have the additional cleaning occurring in their rooms multiple times a day.
        - Operators are encouraged to take a balanced approach in these situations and offer information that explains the purpose and benefit of the cleaning/disinfection, but that also respects the wishes of the resident.
        - The resident should also be encouraged to ensure good hand hygiene each time they leave their room and enter any building common area, especially if they decline the extra cleaning/disinfection.
- On a unit where people live who have cognitive impairments/dementia and are in a COVID-19 outbreak, the existing requirements may need to be augmented (i.e., increased) given the mobility of those on the unit and their inability to avoid touching.
- Immediately clean and disinfect any visibly dirty surfaces.
- Staff should ensure that they perform **hand hygiene before** touching any equipment, and clean and disinfect:
    - Any health care equipment (e.g., wheelchairs, walkers, lifts), in accordance with the manufacturer's instructions.
    - Any shared resident care equipment (e.g., commodes, blood pressure cuffs, thermometers, lifts, bathtubs, showers, shared bathrooms) prior to use by a different resident.
    - All staff equipment (e.g., computer carts and/or screens, medication carts, charting desks or tables, computer screens, telephones, touch screens, chair arms) **at least daily and when visibly soiled.**
- Follow the manufacturer's instructions for difficult to clean items, or consult with Alberta Health Services (AHS) Infection Prevention and Control (IPC).
- All IPC concerns, for all settings, are being addressed through the central intake email continuingcare@albertahealthservices.ca.

Access to PPE/Supplies

- Access to Personal Protective Equipment including surgical/procedure masks required for use by staff, students and volunteers is as follows:
    - AHS contracted providers can contact AHS for access to supplies of personal protective equipment (PPE): AHS.ECC@albertahealthservices.ca, or the Government of Alberta: https://xnet.gov.ab.ca/ppe.
    - Non-AHS contracted providers who are Provincial government contracted service providers can contact the Government of Alberta for personal protective equipment (PPE): https://xnet.gov.ab.ca/ppe.
    - All other providers should continue to use their established distribution channels.
- Operators must provide surgical/procedure masks to residents who are leaving the site (as per Resident Outings)
- Health professionals, those providing personal choice services, and others not identified above, are responsible to provide their own appropriate PPE according to industry guidance, ensuring it is suitable for the service being provided and any additional requirements of the site.

Admissions

- People will continue to move into these settings (e.g. from the community, acute care and other licensed supportive living and long-term care facilities), according to existing processes and will continue to move between settings in the usual way (e.g., return from hospital admissions, emergency department visits, etc.).
    - New admissions to the facility (from any location, including another congregate setting) must be assessed for any potential safety measures required based on their risk of unknown exposure to COVID-19 in the 14 days prior to admission (See below for Quarantine Requirements upon Admission).
    - Acute Care/Transition Services staff, when they are involved (e.g., for DSL and LTC) should advise residents of potential safety precautions (based on risk of unknown exposure to COVID-19) prior to arranging the admission/transfer. Otherwise, operators will do so in advance of move-in.
    - Professionals referring to hospices (e.g. palliative care consultant, palliative home care coordinator, hospice access coordinator) should advise residents of potential safety precautions (based on risk of unknown exposure to COVID-19) prior to arranging the admission/transfer.
- If the site is **under investigation** for COVID-19 due to resident(s) only having symptoms (not staff), the operator should consult with AHS Zone Medical Officer of Health (or designate) before accepting new admissions into the site.
    - Having isolated and/or quarantined staff member(s) only (i.e. not residents) should not restrict admissions to the site. This is because any staff with COVID-19 symptoms or who has had exposure to COVID-19 should no longer be working at the site until their isolation/quarantine period is complete.
- If the site has a **confirmed** COVID-19 outbreak, the operator **must stop admissions** into the site, unless at the explicit direction of the AHS Zone Medical Officer of Health.
    - Decisions by the MOH shall be made on a case-by-case basis while using consistent decision-making methods.
    - Considerations may include: Number of people affected, type of symptoms, location of infected residents within the facility, characteristics of the population, number of shared staff between units, acute care capacity, community cases, etc.

Quarantine Requirements upon Admission

- A person's risk of unknown exposure to COVID-19 varies based on their risk tolerance and activities.
- Determination regarding Risk of Unknown Exposure should be made in discussions with the resident, alternate decision maker (if applicable), family and operator (See Table 9).
- Decisions about safety precautions requirements upon admission will be risk-based and clearly communicated to all impacted persons.
    - Dispute resolution methods should follow existing concerns and complaints mechanisms.
- Safety Precaution Recommended:
    - **Low Risk:** Twice daily symptom checks for 14 days
    - **Medium Risk:** Continuous use of a mask for 14 days while out of resident room
    - **High Risk:** Quarantine for 14 days

Table 9: Risk of Unknown Exposure

Low Risk	Medium Risk	High Risk
To be considered at low risk of unknown exposure, all the following conditions must be met: • Lives in an area of low COVID-19 exposure (refer to Risk designation of region) • Transferred from a hospital or setting with no outbreak or cases under investigation • Part of a small cohort (15 or less) who consistently practice physical distancing and use masks when cannot maintain distance • Not had guests at home in the past 14 days • Takes essential outings only • Uses own vehicle (not public transit) • 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	*There will be many variations that arise between the extremes of high and low risk of unknown exposure* *Individuals must use their best judgement to determine risk of unknown exposure where neither low nor high is appropriate.*	To be considered at high risk of unknown exposure, any one or more of the following may be met: • Lives in an area of high COVID-19 exposure (refer to Risk designation of region) • Transferred from a hospital or other setting with an outbreak or cases under investigation anywhere in the setting • 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 • Had guests in home in last 14 days • 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

Resident Outings

- Alberta has released the Relaunch Strategy. A key pillar of the strategy is 'strong protections for the most vulnerable Albertans'. Services that may be of interest to residents are open in their communities.
- It is imperative that residents remain vigilant in their actions to protect themselves and others around them from COVID-19. Residents remain at extremely high risk for severe outcomes if they are infected with COVID-19.
- Residents who are not required to isolate/quarantine are encouraged (but not required) to stay on the facility's property, except in the case of necessity. Perception of necessity may vary, but when an outing is solely for the purposes of maintaining physical or psychological health, safety/security, or wellbeing, it is considered a necessity. The resident or alternate decision maker solely makes the determination of what is necessary for them.
    - It is recommended that residents not participate in unnecessary outings however, they may still choose to do so.
- Residents who are **isolated or quarantined** are required to make alternate arrangements for their necessities (e.g. groceries, medication refills, etc.) if those necessities are not provided by the facility.
- Should a resident choose to go out, for any purpose, the operator must communicate best practices to the resident (or alternate decision maker) for safe outings including:
    - Maintain physical distancing of two (2) metres;
    - Wear a mask at all times including consideration of any municipal masking bylaws;
    - Ensure safe transportation (See Safe Transportation);
    - Maintain good hand hygiene;
    - Discuss and explain the Risk of Unknown Exposure;
    - Inform the resident that they are subject to Health Assessment Screening upon re-entry; and
    - Upon return from same day outing, the resident is expected to have an open discussion with the operator about risk of unknown exposure during the outing and collectively determine the required safety precaution. If consensus cannot occur, existing dispute resolution processes/concerns and complaints mechanisms should be followed.
        - For greater clarity, residents who follow all Resident Outing requirements are considered low risk and should not be required to wear a mask or quarantine upon their return.
        - On a case-by-case basis, residents who do not follow Resident Outing requirements may be asked to follow additional safety precautions, depending on the type of activity they engaged in (refer to Table 10).
- For greater clarity, per Table 9, residents returning from healthcare settings:
    - If the healthcare setting is an outbreak site or has cases under investigation: Residents must quarantine for 14 days unless exempted by a zone Medical Officer of Health.
    - If the healthcare setting is not an outbreak site or does not have cases under investigation: Residents are not required to quarantine/isolate unless they meet the criteria to do so based on the Health Assessment Screening.

Table 10: Resident Returning from Same Day Off-Site Activity – Safety Precautions

Risk of Exposure	Activity Off-Site	Safety Precautions
Low	• Infrequent or selective outings • Consistently maintain two (2) metres of distance from others • Mask worn during outings • Consistent hand hygiene • Private vehicle used • All Resident Outing requirements followed	Twice daily self-check of symptoms for 14 days after returning
Medium	*There will be many variations that arise between the extremes of high and low risk of exposure* *Residents and Operators are encouraged to use their best judgement to determine risk of exposure*	Continuous use of a mask for 14 days while out of resident room
High	• Does not maintain physical distancing and does not wear a mask • Attends large gatherings with known or unknown people • Infrequent or inconsistent hand hygiene • Use of public transit or carpooling where distancing is not consistently maintained and masking is not consistently used • Did not follow Resident Outing Requirements	14 day quarantine after returning

Off-Site Overnight Stays

- Residents are permitted to leave the site for extended stays (over 24 hours) off-site (e.g. visits to family cabin, weekends at family house, etc.), should they choose to do so.
    - 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 and prepare for overnight stays off-site.
- Operators must ensure residents are aware of their responsibilities regarding Resident Outings.
    - For greater clarity, continuous use of a mask while on off-site overnight stays is only required if physical distancing cannot be maintained, or as per any municipal bylaws that may apply to their area.
- To balance the mental health impact of extended isolation/quarantine upon return to site, the following parameters are in place to guide assessment of risk and safety precautions, on a case-by-case basis, for the returning resident (See Table 11).
- Where applicable, additional safety precautions may be required if the resident returns to a semi-private room where the other resident is immunocompromised or medically fragile. Consultation with the facility medical director or resident care team made be required.

Table 11: Resident Returning From Off-Site Overnight Stay – Safety Precautions

Risk Level	Activity Off-Site	Safety Precautions
Low	• Household with persons who have low risk of unknown exposure (refer to **Table 9**) • Followed Resident Outing requirements	Twice daily self-check of symptoms for 14 days after returning
Medium	• Household with persons who have medium risk of unknown exposure (refer to **Table 9**), and • Followed Resident Outing Requirements	Continuous use of a mask for 14 days while out of resident room
High	• Household with persons who have high risk of unknown exposure (refer to **Table 9**), or • Stay included participation in public spaces or private events with 15 or more people, known or not known to resident; or • Did not follow Resident Outing Requirements	14 day quarantine after returning

Safe Transportation

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

- Transportation within private vehicles (e.g., if resident drives self or when a visitor or family member picks up a resident)
    - The resident or visitor/family member will ensure that the vehicle has been cleaned and disinfected prior to the resident entering, with focus on high touch surfaces (e.g. handles, steering wheel, window controls, armrests, seat belts, etc.)
        - If the resident is driving their own private vehicle, this is not required.
    - When driving with passengers, driver and all passengers must wear a mask.
    - The driver and resident/passengers will sit as far apart as possible, minimizing the number of passengers in the vehicle (e.g. one driver with resident sitting as far away as possible)

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

- Transportation within facility operated vehicles (shuttle buses, vans, etc.)
    - Operator must ensure vehicle has been cleaned and disinfected prior to residents entering, with a focus on high touch surfaces (e.g. handles, steering wheel, window controls, armrests, seat belts, etc.)
    - The driver and passengers must wear a mask (residents, staff, driver)
    - Sit as far apart as possible, minimizing the number of passengers in the vehicle
    - Frequently use hand sanitizer and especially after having contact with high touch surfaces (e.g. armrests, vehicle doors and handles, etc.)

Group/Recreational Activities

- It is imperative that residents are not restricted from visiting with each other in natural, self-directed ways within the building.
    - Residents who are not required to isolate or quarantine are permitted and encouraged to visit with other residents who are not required to isolate or quarantine.
    - If a site is **under investigation** or in a **confirmed COVID-19 outbreak**, these visits should occur with physical distancing requirements in place for residents who are not isolated/quarantined.
- It is imperative for meaningful interactions to continue to be supported. Operators, staff, residents and families should continue to work together to find innovative, accessible and feasible solutions to tackle any potential negative consequences of restrictions due to the pandemic, such as inactivity (physical and cognitive) and social isolation and loneliness.
- Organized recreational and group activities for **non-isolated/quarantined** residents should continue while meeting these expectations:
    - Low risk activities should be resumed (e.g. religious services (following applicable guidance), crafts, exercise, games, etc.)
    - Higher risk activities (such as indoor singing, group singing, preparing food, etc.) should be avoided.
    - Outdoor music concerts may occur following public health guidance.
        - Audiences must be restricted to residents and the persons that are supporting them (e.g. staff, volunteers, designated family/support persons or visitors).
    - Both indoor and outdoor group sizes can be determined by the operator, based on the size of their space and ability to adhere to public health guidance.
    - All organized resident group recreational/special events are to be cancelled/postponed if a site is in a **confirmed** COVID-19 outbreak or if they cannot occur while meeting the above standards.
        - At the discretion of the operator, a site **under investigation** may have to cancel activities based on the extent of affected residents, interruption of daily operations, type of symptoms, etc.
    - Follow Safe Transportation expectations when using facility-operated vehicles for group activities (e.g. sight-seeing excursion).
        - Refer to Resident Outings for additional recommendations.
    - Operators should provide residents access to recreational supplies/equipment (e.g. books, playing cards, art supplies, fitness equipment, etc.). Operator must ensure cleaning and disinfection between each use and instruct people who are touching the items to sanitize their hands immediately before and after using the item and throughout the period of use should the situation require (e.g. coughing, touching face, etc.).
- Continue to encourage and facilitate access to phone calls and other technology to:
    - Maintain the link between residents, family and friends, and
    - Enable recreational activities in new ways.

Shared Spaces

Operators must ensure the following expectations are followed or communicated to the residents and/or staff, as required:

- Place posters regarding physical distancing, hand hygiene (hand washing and hand sanitizer use), safe relaunch and limiting the spread of infection in areas where they are likely to be seen. At a minimum, this includes placing them at entrances, in all public/shared washrooms, treatment and dining areas. Consider placing signs at outdoor spaces where there is shared use (e.g. benches, tables, etc.).
    - Post the physical distancing poster in a place that is available to all residents designated family/support person and/or visitors and staff.
- No resident who is under isolation/quarantine 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 Resident Rooms (Semi-private or Wards)

Evidence is emerging about the transmission of COVID-19 in single versus shared resident rooms. Alberta Health is continuing to monitor and will update the below guidance if evidence indicates such.

- Maintain a distance of two (2) metres between residents sharing a room.
- Ensure residents have their own personal products.
- Where there are privacy curtains, change or clean if visibly soiled and at routine intervals in accordance with appropriate cleaning frequency (i.e. weekly at a minimum).
- A resident within a shared room who is required to isolate/quarantine (for any reason; referred to as Resident 1 below) should be moved to a private space in the building, where possible.
    - Where this is not possible, contact the AHS Zone lead to discuss possible options.
    - While the move is being planned/implemented, the residents should not be within two (2) metres of each other and use of physical barriers (e.g. curtains, "isolation without walls") should be implemented at all times. Any shared spaces (e.g. bathrooms) must be cleaned and disinfected after each use.
    - A person (Resident 2) who shared a room with a resident who is required to **isolate** (Resident 1) should stay in the room and avoid contact with others until testing result of the isolated resident comes back.
        - If the isolated resident (Resident 1) tests positive, the person who shared a room with them (Resident 2) should be considered a close contact and asked to quarantine. The last exposure to the case needs to be carefully determined and operators should, if necessary, consult a zone Medical Officer of Health.
    - A person (Resident 2) who shared a room with a resident who is required to **quarantine** (Resident 1) is himself/herself not required to quarantine.

Shared Dining

Meals and dining experiences are consistently linked to quality of life. It continues to be important to draw on resident and family feedback to support meals and dining. Decisions about how meals/dining are managed should be made in consultation with residents and their families, based on Site Risk Tolerance (See Risk Tolerance Assessment).

- Group dining should continue for **non-isolated/quarantined** residents while maintaining following standards:
  - Up to six residents (depending on table layout) can sit at a table and tables must be placed two (2) metres apart
    - Operators are encouraged to set up groups of residents who are able to visit without physical distancing with one another (e.g. a meal time cohort or table cohort) in their site's plans.
  - Ensure residents use hand sanitizer immediately before their meal and immediately after their meal.
  - Have staff pre-set tables (e.g., handle cutlery).
  - Fabric table cloths/napkins may be used but must be appropriately laundered after each use.
  - Residents may use self-serve food containers (e.g. shared pitchers of water, shared coffee dispensers, salt and peppershakers, condiments etc.) without staff assistance. These items must be wiped down after each mealtime by staff.

- When the site is in **confirmed COVID-19 outbreak**:
  - Minimize the size of the group of residents eating at any one time (e.g., increase the number of meal times, distribute groups eating into other available rooms, stagger the times when meals happen, etc.)
  - Reduce the number of residents eating at a table, with as much distance apart as possible or implement alternatives that allow physical distancing.
  - 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.

Facility/Suite Tours

- Virtual options for tours (video chat, photos, 3D tours etc.) should be considered prior to or as an alternative to in-person tours.
- If required, in-person tours of the facility/suite to prospective residents can be permitted, while following the below guidance:
  - The facility is not in outbreak,
  - The tour group is no more than five people including the staff person providing the tour, the prospective resident (or residents, if a couple), plus two additional persons (e.g. children, spouse, friend, etc.),
  - All persons must be screened using Designated Family/Support Person and Visitor Screening (As per Order 29-2020), continuously mask and maintain physical distancing (from those who are not within the same household/cohort group),
  - Tours should be limited to days and times when the tour route is less busy/crowded to minimize potential contact with residents.
  - Operators upon discussion with residents and families will determine if in-person tours are appropriate for their circumstances and may choose to continue to limit the number of people per tour or to offer only virtual tour options, as desired.

Amenities Accessible to the Public

Many congregate care settings offer amenities, which are accessible to both residents and members of the public (e.g. restaurants, day programs, pre-schools, business space, etc.)

- These services are now permitted to open while following all relevant industry guidance and if indicated by the site risk tolerance (also refer to **Table 15**).
    - Where there are differences in standards from this order and that of the industry guidance, the higher standard must prevail (e.g. continuous masking, single site staffing).
- Operators who have these services on-site should have discussions with the owner/operators of the amenities to determine what additional safety measures should be put in place to safely open based upon applicable industry guidance.
    - Where there is use of shared space, consideration should be given to how to manage health screening, how to keep common areas clean and disinfected with additional traffic, contingency plans in the case of an outbreak, making plans to ensure as little contact with residents as possible, etc.
    - Reservations and/or pre-booking must be required (i.e. no walk-ins permitted).
    - Consideration to any possible intersections with municipal masking bylaws (if applicable).
    - Questions relating to the intersection of industry guidance and CMOH orders can be directed to AHS Environmental Public Health online.

Guidance for Personal Choice Services

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

Table 12: Industry Guidance Interpretation

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

- Any provider of personal choice services in these settings must follow the additional requirements as set out below in Tables 13 and 14.

Table 13: Location specific requirements

Shared Space	Resident Room

• Limit the number of residents and service providers at one time, depending on space size.
  ○ Consider that some residents may require a designated family/support person and/or visitor (or staff) assistance/presence.
• Set up the space to ensure appropriate physical distancing between residents and permitted designated family/support person and/or visitors or others.
• Reduce service offerings, depending on resident need, following industry guidance (e.g., blow drying is not recommended unless both service provider and resident wear a mask).
• Develop a process for recording each resident appointment (resident name, time, name of any person who accompanied them) and store information for 4 weeks.
• Allow sufficient time between services for safe resident movement (e.g. ensure maximum capacity for the space size is not exceeded and no line-ups).
• Implement enhanced cleaning requirements, following any applicable CMOH public health orders, industry guidance and facility policy.
• Residents must come and leave independently or with the support of staff or designated family/support person and/or visitors (i.e. the service provider cannot escort the resident through the building).
• All people must wash their hands or use hand sanitizer before entering and upon leaving the space.
• All efforts must be made to accommodate safe payment methods to prevent the spread of germs.
	• Sufficient time must be scheduled between services to implement enhanced cleaning requirements, following industry guidance and facility policy.
	• Perform hand hygiene (including hand washing and/or use of hand sanitizer) on entry and exit from rooms and as directed.
	• Appropriate physical distancing requirements.
	• All efforts must be made to ensure minimized contact with residents who are not receiving services.
	  ○ If service is provided in a shared room, the other resident must agree to vacate for the duration of the service provision (i.e. if the other resident does not agree then the service should not occur or all efforts should be made to relocate to another appropriate space.)

Table 14: Requirements of operators and service providers

Operators must:	Service providers must:

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

Temporary Resident Relocation

- Should a resident or client wish to temporarily relocate, they must (with operator/service provider support, as relevant):
    - Involve their care team, physician, at-home supports, Alberta Health Services (AHS) Home Care (as applicable) and any alternate decision maker (as applicable) to make a decision.
    - Have a detailed plan of care and service, applicable for an **indeterminate** length of time (up to or over one year), which takes into account **available** supports (based on current state of limited availability of home care services).
        - This plan should consider back-up arrangements for contingencies that may arise in the event of illness.
    - Provide **written consent** (and a waiver of liability, if required) to the possibility of their facility room being used by someone else while they relocate, if necessary, and understanding of their responsibilities and the risks of temporary relocation, including but not limited to:
        - Responsibility for:
            - Indicating who will be the responsible receiving party (who they will be staying with).
            - Accommodation charge (as long as the room remains unoccupied by another resident).
            - Any ancillary charges that the resident may be responsible to pay.
            - Managing resident property.
            - Resident care and service requirements and needed equipment/supplies (including medication supply).
                - Acknowledgement that the family (resident and receiving party) will be responsible for the care of the resident (and any additional costs incurred, relating to relocation) until the facility is able to re-admit the client.
            - Acknowledgement that 14 day quarantine upon relocation out of a facility that is **under investigation** or in a **confirmed outbreak** of COVID-19 is recommended for the safety of themselves and those around them. It may also be required at the future point when they return to the facility, based on current CMOH orders at the time of return (or additional requirements as set by the CMOH).
                - Note: if a resident is required to quarantine or isolate based on their situation, this must be continued for the mandated period outside the facility.
        - Risks of:
            - Limited capacity of Alberta Health Services Home Care to provide services.
                - In addition, other parts of the system (e.g., primary care, emergency rooms, emergency services, hospitals) may also be less easily accessed, or limited in the services they provide, for the duration of the public health emergency.
                - If the resident is moving to another jurisdiction (e.g. another province or territory), the potential limited capacity of that other jurisdiction to provide services.
            - Residents <u>may</u> be re-admitted while the facility is in **outbreak prevention**. Residents **will not** be re-admitted while the facility is **under investigation** or in a **confirmed** outbreak of COVID-19.

- Residents may not be guaranteed to get their own room back.
- Residents may not be admitted for several months after the pandemic is declared over, depending on availability of their room.
- Any other risks that arise, that the operator and AHS cannot predict, which are the responsibility of the resident and receiving party.

To support resident relocation, operators are responsible to:

- Share a copy of, or key information from, the resident's care plan including a current medication list.
- Provide guidance regarding purchase or rental of required supplies and equipment.
- Support the residents (or their alternate decision makers and the receiving party) to understand their rights and responsibilities, as well as the potential risks, should they choose to temporarily relocate.
- Ensure residents (or their alternate decision makers and the receiving party) have current general information respecting relevant community, municipal, provincial and federal programs, if required (as per Accommodation Standard 22).
- Ensure that any required documentation is completed, in advance of the temporary relocation, confirming resident (or their alternate decision makers and the receiving party) understands their responsibilities and the identified associated risks and retain that record.
- Ensure the resident is screened before the relocation and that the resident is provided with the appropriate PPE for relocation, if applicable based on the results of the screening.
- Enable a return to the site as quickly as possible once the residents (or their alternate decision makers and the receiving party) indicate a desire to return. As per considerations above, this return may not be immediate, but the operator (and other involved parties) will communicate any considerations and timelines, as soon as they are known.

Table 15: Risk Tolerance Assessment Table (Per CMOH Order 29-2020)

Risk Factors	Description and Site Assessment
Number of People on site and Layout of Site	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: ▪ 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
	Site Notes:
Collective Health Status of Residents, where known	This may be actual or perceived health status. If the majority of residents have complex health conditions, this may indicate a lower risk tolerance
	Site Notes:
Number of residents actively leaving site for outings	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)
	Site Notes:
Any disclosed resident directed assessment of risk tolerance	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.
	Site Notes:
Any disclosed staff directed assessment of risk tolerance	Though this is a subjective measure, the risk tolerance of the site should be informed by the risk tolerance of the staff, where disclosed.
	Site Notes:
Mechanism for ongoing assessment of risk designation of region	Up to date understanding of the incidence of COVID-19 in the community is important *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.* • 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
	Site Notes:
Other:	
Other:	

Table 16: Revision History

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

	Applies to licensed supportive living and long-term care. These expectations applied in addition to Order 14 (updated visitor policy).	- Additional information guiding temporary resident relocation - Guidelines promoting quality of life - Updated COVID-19 Questionnaires
Order 23 May 25, 2020	This order revises Part 2 (two sets of standards) as found in the Record of Decision – CMOH Order 10. The Appendix A & B are the updated and integrated standards. Applies to licensed supportive living, including seniors lodges, and long-term care. These expectations applied in addition to Order 14 (updated visitor policy).	New Content includes: - Access to health professionals - Safe student placements - Permitting hair salons - Operator guidance to support staff wellness Clarified content includes: - Updated symptoms list - Clarity around testing, isolation and admission - Resident room cleaning - Reintroduction of group activities (from 5 to 15 people permitted) - Updates to resident outings (while not recommended, considerations are given) - Operator requirements to communicate
Order 32 September 3, 2020	This order revises Part 2 (two sets of standards) as found in the Record of Decision – CMOH Order 10. The Appendix A & B are the updated and integrated standards. Applies to licensed supportive living, including seniors lodges, long-term care, and hospice settings. These expectations applied in addition to Order 29 (updated visitor policy).	Clarifying enhanced cleaning, single site and health screening requirements; improvements to group recreation and dining expectations. New guidelines for: - Volunteers - Site tours - On-site services - Isolation/quarantine requirements - Communication Adding hospice settings to scope of the order.

References

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7. Information for AHS Staff & Health Professionals, Alberta Health Services.
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8. Recognizing Early Symptoms in Seniors (COVID-19), Alberta Health Services.
   - https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-recognizing-early-symptoms-in-seniors.pdf
9. Workplace Guidance and Supports, Alberta Biz Connect.
   - https://www.alberta.ca/biz-connect.aspx

Additional guidelines for consideration

Quality of Life

- Because of the various orders that restrict life for all Albertans and specifically life and activities within this setting, changes to how life and activities happen within these congregate settings remain critical at this time.
- Socialization is an important part of quality of life. The separation resulting from restricting visitors and physical distancing should be recognized, acknowledged and respected for all individuals impacted; wherever possible, alternative means to connect should be supported by all staff and the operator.
- In this new reality, residents minimally need information, necessities and connection.
    - **Information** that is timely, accurate and relevant (e.g. delivery of paper information flyers, updates as things change).
    - **Necessities** related to unmet care or quality of life (e.g. psycho/social) needs that staff are unable to address and/or manage otherwise (e.g. virtual support by family and friends) should be identified by the operator, but may also be identified by the resident and families. Refer to Order 29-2020 for the role of designated family/support person and/or visitors in these instances.
    - **Connections** with family and friends, through video-chats, mail and mutual activity (such as both watching a movie or virtually visiting a place of interest and then discussing over the phone).
- Operators and staff should work together with the residents and their families (to the greatest extent possible), to find innovative, accessible and safe solutions to accommodate socialization for residents. This may include leveraging available technology to assist residents to keep in touch with their friends, families and loved ones.
- As an added challenge, virtual and distance mechanisms are not always well used by those who live in these settings, so accessibility of technology (e.g., iPads or computers), may be challenging and will typically require the support of staff in the site to facilitate. Additional considerations must be given to support people with cognitive impairment, including the role of designated family/support person and/or visitors, to maintain continuity of routine.

Residents Living with Cognitive Impairments

- Residents living with cognitive impairments (e.g., dementia, other brain injury, developmental disabilities) need additional considerations to maintain their safety and quality of life.
    - Residents may need frequent reminders about hand hygiene, physical distancing, and other public health measures.
        - Keep information and instructions simple and repeatable. Do not rely on residents remembering these. For many, that is unreasonable due to their impairments.
    - Residents may not be able to volunteer or articulate symptoms of COVID-19 or other illness, staff should monitor the residents for any signs of illness, including any changes to the residents' routines, reactions and abilities (change itself may be an early sign, possibly indicative of symptoms of COVID-19 or another illness).
    - Attempts should be made to provide routine activities to help minimize emotional and behavioural distress, including increased anxiety, and confusion.
    - Ensuring access to and relaying information through, a trusted and familiar source (family or friends) can help minimize anxiety and confusion.
        - Prioritize site access for the family and other visitors (see Order 29-2020), who will be able to help promote quality of life and care for the resident but who can also support the staff team in helping the resident to follow expectations (e.g., hand washing, physical distancing, staying in parts of the building that are safe for access, etc.). Additional support may minimize that resident's risk and helps ensure safety for others.
        - Residents may need help (similar to those with physical disabilities) to access phone calls and other technology to maintain communication with family and friends who are unable to be present on site.
    - Recognize that residents' ability to interpret the environment (either due to cognitive changes or life experiences) may mean that they have different reactions than others without cognitive impairments. For example, residents may become worried or confused by, or be afraid, when they see staff wearing masks and/or full PPE. They may also resist wearing surgical/procedure masks, even if required. Staff must make every effort to appropriately ensure the safety of themselves and the resident in these scenarios and respond in an acceptable and supportive manner.
- Residents living with cognitive impairments, who are required to isolate/quarantine, may face significant challenges to meet the safety precautions in place (e.g. staying in their room, wearing PPE, if required, keeping physical distancing, etc.). Some suggestions to assist include:
    - In person support from family members and/or other support persons
    - Clear communication that is just in time and does <u>not</u> rely on the person to remember:
        - "Yes you can do ___, but you will have to wear this PPE that helps keep you safe. Can I help you put it on or show you how I do it?"
        - "Yes you can go outside, and we will need to make sure we are safe by ___"
        - Signage/diversional photos on their room door or in their room
    - Ensure person-centred care remains at the forefront, taking into account individual differences and histories e.g., someone who has lived through traumatic experiences in their past may never be able to wear a mask and may react to those around them who do.
- Review Alberta Health Service's COVID-19 and People Living With Dementia for specific strategies.

Staff Wellbeing

- Workers in licensed supportive living, long-term care and hospice settings are facing unique and additional challenges during the COVID-19 pandemic, including having to:
    - Quickly learn and implement new guidelines and expectations arising from a new disease where expectations change as new learning occurs
    - Deal with death of residents with increasing frequency, in some locations;
    - Be the front-line face of restrictions to resident movement and activity, as well as family and other visitors;
    - Even more than normal, compensate for changes in workforce demands and make difficult decisions; and
    - Manage competing demands with personal caring responsibilities.
- Taking care of your mental health is of the utmost importance. The following are some tips from the Government of Canada to help:
    - Get information from reliable sources, such as Alberta Health, Alberta Health Services and Canada.ca/coronavirus.
    - Stay informed while following news coverage about COVID-19 in moderation. Take breaks from watching, reading, or listening to news stories. It can be upsetting to hear about the crisis and see images repeatedly.
    - Take care of your body. Take deep breaths, stretch or meditate. Try to eat healthy, well-balanced meals, exercise regularly, and get plenty of sleep.
    - Make time to step back and consider how to take advantage of unexpected flexibility in your daily routine.
    - Stay connected. Talk to friends or family about your feelings and concerns.
    - Maintain healthy relationships and respect other people's feelings and decisions.
    - Show support and empathy to those dealing with difficult situations.
    - Identify what is within your control and try to direct your energy towards what most worries you within your own control.
- Operators should regularly reinforce directly to their staff that staff wellbeing is a priority and implement positive work environment organizational policies and processes to address wellbeing at work. Minimally, this may include:
    - Ensure all staff are aware of any new or updated policies, procedures, regulations or guidelines.
    - Regular one-on-one and team check-ins (virtually wherever possible) to maintain connections and share resources and support, which may include organizational resources and additional resources (see below).
        - Continue to talk to and listen to employees concerns and fears and collaborate with them to identify and implement (or connect them to) individual or group supports.
        - Highlight any counselling or mental health supports that may exist in employee benefits or group health plans.
        - Create tip sheets for employees highlighting new processes in place, host webinars, or place videos on websites to help staff.
        - Recognize the need for changes to adapt to ever-changing situations and encourage staff and leaders to be innovative in creating ways to help staff engage, discuss feelings and needs and develop strategies for managing these in the new workplace.

        - If they do not already exist, create opportunities for staff to individually or anonymously express concerns or needs.
        - Check with governing bodies (e.g. College and Association of Licensed Practical Nurses) or relevant associations (e.g. Allied Beauty Association) for particular industry guidelines and resources in addition to provincial guidance.
        - Encourage employees to safely connect with their friends, family and supports to stay connected.
    - Ensure staff have a path to give feedback and make suggestions.
    - Ensure staff have opportunities to participate in formal meetings about resident care or site operations as relevant.
    - Ensure communication lines are open amongst and between teams and from organizational and site leadership to management and front-line staff.
        - Staff should be provided with weekly, or biweekly as relevant, updates with accurate information and know who to contact with questions.
    - All stress is valid. Efforts must be taken by both staff members and the operator to address workplace stress the moment it is identified.

Resources:

- Check Workplace Guidelines for Business Owners on the Government of Alberta website
- Visit Alberta Biz-Connect for businesses preparing to reopen as part of Alberta's relaunch strategies for resources to help keep you, your staff and your customers safe
- The Canadian Mental Health Association offers tips for employers to consider and staying well in uncertain times
- The Conference Board of Canada offers videos on reducing mental fatigue and mentally preparing to return to work
- The Wellness Together Canada Portal has free mental health self-guided courses, counselling, online support
- The Mental Health Commission of Canada has mental health resources for healthcare workplaces and staff, including toolkits, posters, and videos
- The Institute for Healthcare Improvement (IHI) has developed a Framework for Improving Joy in Work During and After the COVID-19 Pandemic.
- The University of Toronto's Faculty of Medicine offers webinars for healthcare workers about mental health during COVID-19
- The Public Health Agency of Canada offers tips and resources for taking care of your mental health during COVID
- The Centre for Addiction and Mental Health offers information, coping strategies and assessment tools, including Preventing and recognizing burnout and compassion fatigue when working with older adults
- Anxiety Canada also offers mental health resources, including on Helping Health Care Workers Cope with COVID-19 Related Trauma
- Review Staying Well on the Front Lines of COVID-19 for ways to address healthcare worker's needs.
- Consider offering training and educational opportunities such as:
    - Canadian Red Cross' Psychological First Aid
    - Mental Health Commission of Canada's Mental Health First Aid
    - Mental Health Commission of Canada Crisis Response Virtual Training
    - Canadian Mental Health Association
- Alberta Health Services' Help in Tough Times webpage offers links to supports and resources, including Taking Charge of What You Can: A COVID-19 Toolkit
- Many of the resources above, including Alberta Health Services' Grieving Together webpage, offer grief and bereavement resources
- Mental health or counselling resources may also be available through employee benefit or group health plans at your workplace
- 24-hour help lines:
    - Mental Health Help Line at 1-877-303-2642
    - Addiction Help Line at 1-866-332-2322
    - Suicide Prevention Service at 1-833-456-4566
    - Crisis Text Line Alberta- Text CONNECT to 74174

Document: Appendix B to Record of Decision – CMOH Order 32-2020

Subject: COVID-19 Screening Tools for Licensed Supportive Living, Long-Term Care and Hospices under Record of Decision – CMOH Order 32-2020.

Date Issued: September 03, 2020

Scope of Application: As per Record of Decision – CMOH Order 32-2020

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.

COVID-19 Resident Screening Tool[14]

1.	Do you have any of the below symptoms:		
	• Fever (**37.8°C** or higher)	**YES**	**NO**
	• Any **new** or **worsening** respiratory symptoms:		
	○ Cough	**YES**	**NO**
	○ Shortness of breath/difficulty breathing	**YES**	**NO**
	○ Runny nose or sneezing	**YES**	**NO**
	○ Nasal congestion/ Stuffy Nose	**YES**	**NO**
	○ Hoarse voice	**YES**	**NO**
	○ Sore Throat/Painful Swallowing	**YES**	**NO**
	○ Difficulty Swallowing	**YES**	**NO**
	• Any **new** symptoms including but not limited to:		
	○ Chills	**YES**	**NO**
	○ Muscle/Joint Aches	**YES**	**NO**
	○ Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite	**YES**	**NO**
	○ Feeling Unwell/Fatigue/Severe Exhaustion	**YES**	**NO**
	○ Headache	**YES**	**NO**
	○ Loss of Sense of Smell or Taste	**YES**	**NO**
	○ Conjunctivitis (commonly known as pink eye)	**YES**	**NO**
	○ Altered Mental Status	**YES**	**NO**
2.	Have you travelled outside of Canada in the last 14 days?	**YES**	**NO**
3.	Have you had close contact* with a confirmed case of COVID-19 in the last 14 days?	**YES**	**NO**
4.	Have you had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days?	**YES**	**NO**
Assess your personal risk of unknown exposure based on your last two weeks of activity (refer to Risk of Unknown Exposure)			

* Face-to-face contact within 2 metres. A health care worker in a occupational setting wearing the recommended personal protective equipment is not considered to be a close contact.
** 'Ill/symptomatic' means someone with COVID-19 symptoms on the list above.

If a **resident** answers YES to any of the screening questions, the individual must immediately be given a procedure/surgical mask, isolated in their room and should be asked to consent to **testing** for COVID-19.

[14] Operators are **not required** to store the completed COVID-19 screening documents from any person who enters.

COVID-19 Staff Screening Tool [15]

1.	Do you have any of the below symptoms:		
	• Fever (**38.0°C** or higher) or chills	**YES**	**NO**
	• Any **new** or **worsening** symptoms :		
	○ 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 contact* with a confirmed case of COVID-19 in the last 14 days?	**YES**	**NO**
4.	Have you had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days?	**YES**	**NO**
Assess your personal risk of unknown exposure based on your last two weeks of activity (refer to Risk of Unknown Exposure)			

* Face-to-face contact within 2 metres. A health care worker in a occupational setting wearing the recommended personal protective equipment is not considered to be a close contact.
** 'Ill/symptomatic' means someone with COVID-19 symptoms on the list above.

If any **individual required to use this tool** answers **YES** to any questions, they will not be permitted to enter the facility and should be directed to complete the AHS online assessment tool for staff to determine if they require testing.

[15] Operators are **not required** to store the completed COVID-19 screening documents from any person who enters.