Alberta Health

**Office of the Chief Medical Officer of Health**
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Canada

**RECORD OF DECISION – CMOH Order 32-2021 which rescinds CMOH Order 23-2021 and modifies CMOH Order 10-2020**

**Re: 2021 COVID-19 Response**

Whereas the Chief Medical Officer of Health has 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 under section 29(2.1) of the *Public Health Act*, I have the authority to take whatever other steps that are, in my opinion, necessary in order to lessen the impact of the public health emergency.

Whereas I am rescinding Record of Decision – CMOH Order 23-2021 and I have determined it is necessary to further modify Record of Decision – CMOH Order 10-2020.

Therefore, I am taking the following steps, effective June 14, 2021.

1. Record of Decision – CMOH Order 23-2021 is rescinded effective June 14, 2021.

2. Sections 9 and 10 of Record of Decision – CMOH Order 10-2020 are deleted and the following sections 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.

    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.

3. Section 13 of Record of Decision – CMOH Order 10-2020 is deleted and the following sections are substituted:

**Part 3 – Application**

13. If a section of this Order is inconsistent or in conflict with a provision in Record of Decision – CMOH Orders 31-2021 the sections in this Order apply to the extent of the inconsistency or conflict.

14. Despite section 9 of this Order, the Chief Medical Officer of Health may, on a case-by-case basis, exempt an operator of a health care facility as defined in section 11 of this Order from the application of Part 2 of this Order.

15. This Order, or any Part of this Order, remains in effect until rescinded by the Chief Medical Officer of Health.

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 Appendix A and Appendix B of Record of Decision – CMOH Order 10-2020 are rescinded and the attached Appendix A is substituted.

5. Beginning June 14, 2021, all operators of a health care facility located in the Province of Alberta must comply with the requirements of this Order.

This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 14th day of June, 2021.

Andre Corriveau, MD
Acting Chief Medical Officer of Health



Alberta

**Document:** Appendix A to Record of Decision – CMOH Order 32-2021

**Subject:** Updated Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings under Record of Decision – CMOH Order 32-2021.

**Date Issued:** June 14, 2021

**Scope of Application:** As per Record of Decision – CMOH Order 32-2021.

**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.

| Clarifying Content | |
|---|---|
| • Clarification of quarantine for close contacts | • Noted throughout by highlighted text |
| • Minor wording clarifications to Group/Recreation | • Noted by highlighted text |

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**Purpose**

The Operational and Outbreak Standards are required under the Record of Decision – CMOH Order 32-2021 (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 (DFSP) and/or visitors[6].

- To clarify, should a facility contain both licensed supportive living spaces and unlicensed spaces, this Order does not apply to the unlicensed spaces/areas of the building/campus. The standards outline the 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.

**Key Messages**

- Vaccinations in licensed supportive living, long-term care and hospice settings have considerably reduced negative outcomes of COVID-19 for residents in these settings. Outbreaks are not happening as often and, when they do, are more contained and not as widespread. As such, updates and changes are focused on recognizing these positive impacts on residents and improving quality of life.
- The impact of high vaccination coverage in both residents and staff strongly reduces the risk of introduction and transmission of COVID-19 within these settings.
    - It is strongly recommended that all visitors, designated family/support persons, residents and staff choose to be vaccinated to protect not only themselves but also the collective site population. See Alberta COVID-19 Vaccine Program for more information on who is eligible and how to book your free vaccine.
- While vaccination offers an additional layer of protection to residents and staff, as well as designated family/support persons and other visitors, it is imperative that all public health safety measures continue to be implemented and observed by all persons impacted by this Order to prevent the spread of COVID-19, including Variants of Concern (VOC). This includes health assessment screening, continuous masking, hand hygiene and physical distancing and other Orders applicable to all Albertans.
- Local Medical Officers of Health (MOH) play a key role in outbreak management. MOHs, and their designates, will continue to lead each outbreak response and will direct any additional actions that are required to be put into place within a facility based on any unique circumstances, configuration considerations, specialized populations, etc. Additionally, MOHs play a role in determining if

[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), or legal decision maker where relevant.
[3] Any person employed by or contracted by the site, or an Alberta Health Services employee or contractor (e.g., employee of an agency contracted to AHS), 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 (e.g. regulated health professional) who is not an employed or contracted staff member.
[6] As per CMOH Order16-2021.
[7] Expectations may be required by Alberta Health or contractually by Alberta Health Services.

outbreak measures are needed when the only confirmed case on site is a staff member and evidence of transmission is not present.

- The Medical Officer of Health, their designate or the Infection Prevention and Control team responsible for a public health investigation, having conducted a clinical assessment, may require individuals to quarantine for periods longer than the timeframes included.
- As vaccination rates increase and the pandemic continues to evolve, there will eventually be a time when the additional restrictions and guidelines are no longer required. Continued easing of restrictions and identification of where everyday operational and outbreak protocols exist outside of this order will support the transition from CMOH orders to normal operations.

**Site Specific Guidelines**

- Operators must review and implement the following guidelines (relevant to each setting):
    - AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites
    - AHS Guidelines for Outbreak Prevention, Management and Control in Supportive Living and Home Living Sites
    - AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites
    - Alberta Public Health Disease Management Guidelines

- Note: Depending on what each congregate setting offers, some standards may not be applicable (e.g., hospices might not have a shared dining room).
- Note: If there is conflicting information between the documents linked above and the standards in this order, the standards in this order supersede those in the linked documents.
- Any CMOH orders issued for all Albertans are applicable to these settings unless otherwise indicated.
- If there is strong evidence to suggest an exemption from requirements in this Order is appropriate, operators must first have written support from a Medical Officer of Health (or designate) and AHS Zone Lead (where relevant) and submit the request to: asal@gov.ab.ca
- For any questions about the application of these updated operational standards, please contact Alberta Health: asal@gov.ab.ca

**Outbreak Phases and Response**

**Table 1: 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 2. | At least one resident or staff member who exhibit **any** of the symptoms of COVID-19 as listed in Table 2. | Any one individual (resident or staff) laboratory confirmed to have COVID-19 and who was present in the facility while infectious |

- An outbreak may be declared over after 28 days (two incubation periods) from date of onset of symptoms (or test date if asymptomatic) in the last case, with the following exception:
    - If a staff member is the only confirmed case at the outbreak facility, the outbreak can be declared over after 14 days from the last day they attended the facility.
- For information on Variants of Concern (VOC), refer to the Alberta Public Health Disease Management Guidelines
- Anyone with symptoms listed in Table 2 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. If a site does not already have an outbreak of COVID-19, the response line must be contacted for additional guidance and decision-making support as soon as there is a person showing symptoms listed in **Table 2**.
    - 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 if 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: 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 2: Symptoms of COVID-19**

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

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

[9] Thermometer confirmed temperature is not required for residents who are completing a self-assessment of symptoms. If a resident feels they have a fever, offer testing.

**Health Assessment Screening**

- Everyone entering the site must be screened according to Table 3.

**Table 3: Health Assessment Screening Overview**

| Type of Person | Active Screening | Passive Screening |
|---|---|---|
| Staff, Students, Service Providers & Volunteers<br><br>**Emergency response teams must not be stopped to screen (Police, Fire, Ambulance)** | Screened prior to the start of each worksite shift<br><br>*Use Alberta Health Daily Checklist for Adults 18 and older* | Self-checks for COVID-19 symptoms twice daily plus immediately prior to their shift |
| Designated family/support persons & Visitors | Screened at entry to site<br><br>For adults 18 years of age and over, use *Alberta Health Daily Checklist for Adults 18 and older*<br><br>For children who are 18 years of age and younger, use *Alberta Health Daily Checklist for Children under 18* | Self-checks for COVID-19 symptoms during and after visit |

- **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
        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.
        b. Operators are to use the Alberta Health Daily Checklist for Adults 18 and Older
        c. Anyone who answers YES to any of the questions on the checklist is not permitted to enter the facility and should be directed to complete the AHS online assessment tool to determine if they require testing.
- **Passive Screening** involves the individual doing a self-check to determine if they have any symptoms of COVID-19 (as per Table 2)
    - **If a staff member, service provider, volunteer, student or visiting person feels ill or develops any symptoms of COVID-19 while at work or on site, they must leave their mask on, notify their site contact and immediately go home.**

**Resident Health Assessment Screening**

- All residents must be screened according to Table 4.

**Table 4: 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**.<br>  ○ 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).<br>  ○ 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).<br>  ○ If the resident shows any signs of COVID-19, the resident should notify the operator (or site contact) and must be **immediately isolated** and asked to consent to **testing** for COVID-19. See Table 6. | • Operators must advise each resident that they are required to conduct daily self-checks for symptoms of COVID-19.<br>  ○ Resident Screening Tool should be provided for reference.<br>  ○ Residents must immediately notify their primary site contact (by phone), if they are feeling unwell.<br>  ▪ 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 required for the purposes of contact tracing:
    - Name
    - Contact Information (phone number, email, etc.)
    - Date and time of entry and exit
- Any personal information that is collected for COVID-19 contact tracing can only be used for this purpose, unless an individual provides their consent.
    - See *Personal Information Protection Act* for further details on your responsibilities.
- The above records must be clear and legible and should be kept on a form that is separate from the health screening document.
- The completed COVID-19 health screening records of persons entering the site should not be stored by the operators. (**NOTE:** *these documents contain health information*)
- The Office of the Information and Privacy Commissioner has released Pandemic FAQ: Customer Lists about collecting personal information during the COVID-19 pandemic.
- For questions about your obligations under the *Personal Information Protection Act*, please contact the FOIP-PIPA Help Desk by phone 780-427-5848.

**Testing, Management & Isolation/Quarantine**

- Indications for isolation and quarantine are outlined in the Alberta Public Health Disease Management Guidelines, as directed by the CMOH[10]. Table 5 is provided to assist operators in the application of isolation/quarantine requirements.
    - 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 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.
- Fully immunized[11] residents who are asymptomatic and identified as a close contacts of a confirmed case of COVID-19 are not required to quarantine. Should the resident become symptomatic, they are to follow the protocols for symptomatic residents (see Table 5a).
- Partially Immunized residents who are asymptomatic and are identified as a close contact are still required to quarantine but have a shortened quarantine period. See Table 5b for more information.
- Individuals who are immunocompromised and immunized should discuss testing recommendations with their primary care physician. Profoundly immunocompromised individuals who are fully or partially immunized may have a reduced immune response to immunization, however there are not different legal quarantine requirements if they are exposed to a COVID-19 case. However, it is recommended that those in this category exercise extra caution knowing that they may be at higher risk of becoming infected and exposing others.

[10] As per CMOH Order 05-2020

[11] See page 28 for definitions of fully and partially immunized.

- To be cautious, Alberta Health recommends that individuals who are immunocompromised and fully-immunized follow the protocol for partially-immunized individuals outlined below. If an immunocompromised person is partially immunized, it is recommended to follow the protocol for those who have not been immunized.
- The Medical Officer of Health, their designate or the Infection Prevention and Control team responsible for a public health investigation, having conducted a clinical assessment, may require individuals to quarantine for periods longer than the timeframes included.
- Residents who do not fit the criteria to isolate or quarantine should not be restricted to their rooms.
- Whether in isolation or in quarantine, the expectation is that residents remain in their room and away from others[12].
    - 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 behavioral 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 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.
- Each Zone has unique operational circumstances and requirements and continues to have the 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 5 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 COVID-19 symptoms may require testing if sufficient time has passed. For further details, please refer to the "Indications to Re-Test Resolved Cases within 90 days" section of the Alberta Public Health Disease Management Guidelines.

[12] As per CMOH Order 16-2021, designated family/support persons and visitors may be permitted to visit an isolated or quarantined resident.

**Table 5a: Management of Fully Vaccinated Resident COVID-19 Test Results**

| Symptoms | COVID-19 Test | Management |
|---|---|---|
| Symptomatic | **Positive**<br>OR<br>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 of 10 days** or until symptoms improve[13] AND they are afebrile (have no fever) for 24 hours without the use of fever reducing medications, whichever is longer. Isolation may be extended to 14 days at the discretion of the MOH or Site IPC (where applicable). |
| | **Negative**<br>OR<br>No swab taken, with other symptoms **not listed above** | **With known exposure to COVID-19 (e.g. close contact[14])**<br>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.<br>*At the discretion of the MOH, retesting for COVID-19 may be considered* |
| | | **With NO known exposure to COVID-19**<br>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.<br>*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 10 days** from the collection date of the swab.<br><br>Monitor for the development of symptoms. If symptoms develop, follow recommendations for symptomatic residents. |
| | **Negative**<br>OR<br>NO swab taken | **With known exposure to COVID-19 (e.g. close contact):** No quarantine required. |
| | | **With NO known exposure:** No quarantine required. |

[13] Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. Symptoms such as loss of sense of taste/smell or fatigue may last longer than 10 days, but do not require a longer isolation period.

[14] Individuals that:

- Provided direct care for the case, (including health care workers, family members or other caregivers), or who had other similar close physical contact (e.g., intimate partner, hug, kiss, handshake) without consistent and appropriate use of personal protective equipment (PPE), OR
- Lived with or otherwise had close prolonged contact which may be cumulative, i.e., multiple interactions for a total of 15 min or more over a 24-hour period and within two metres with a case without consistent and appropriate use of PPE and not isolating OR
- Had direct contact with infectious body fluids of a case (e.g., shared cigarettes, glasses/bottles, eating utensils) or was coughed or sneezed on while not wearing recommended PPE.

**Table 5b: Management of Partially Vaccinated Resident COVID-19 Test Results**

| Symptoms | COVID-19 Test | Management |
|---|---|---|
| Symptomatic | **Positive**<br>OR<br>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 of 10 days** or until symptoms improve[15] AND they are afebrile (have no fever) for 24 hours without the use of fever reducing medications, whichever is longer. Isolation may be extended to 14 days at the discretion of the MOH or Site IPC (where applicable). |
| | **Negative**<br>OR<br>No swab taken, with other symptoms **not listed above** | **With known exposure to COVID-19 (e.g. close contact[16])**<br>Isolate with Contact and Droplet precautions for 10 days from symptom onset or until symptoms resolve, whichever is longer<br>*OR a negative PCR test on day 7 or later after exposure would release the close contact from quarantine.* |
| | | **With NO known exposure to COVID-19**<br>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.<br>*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 10 days** from the collection date of the swab.<br><br>Monitor for the development of symptoms. If symptoms develop, follow recommendations for symptomatic residents. |
| | **Negative**<br>OR<br>NO swab taken | **With known exposure to COVID-19 (e.g. close contact)**<br>Quarantine with Contact and Droplet precautions for 10 days from date of exposure *OR a negative test on day 7 or later after exposure would release the close contact from quarantine.* |
| | | **With NO known exposure:** No quarantine required. |

[15] Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. Symptoms such as loss of sense of taste/smell or fatigue may last longer than 10 days, but do not require a longer isolation period.

[16] Individuals that:

- Provided direct care for the case, (including health care workers, family members or other caregivers), or who had other similar close physical contact (e.g., intimate partner, hug, kiss, handshake) without consistent and appropriate use of personal protective equipment (PPE), OR
- Lived with or otherwise had close prolonged contact which may be cumulative, i.e., multiple interactions for a total of 15 min or more over a 24-hour period and within two metres with a case without consistent and appropriate use of PPE and not isolating OR
- Had direct contact with infectious body fluids of a case (e.g., shared cigarettes, glasses/bottles, eating utensils) or was coughed or sneezed on while not wearing recommended PPE.

**Table 5c: Management of Non-Vaccinated Resident COVID-19 Test Results**

| Symptoms | COVID-19 Test | Management |
|---|---|---|
| Symptomatic | **Positive**<br>OR<br>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 of 10 days** or until symptoms improve[17] AND they are afebrile (have no fever) for 24 hours without the use of fever reducing medications, whichever is longer. Isolation may be extended to 14 days at the discretion of the MOH or Site IPC (where applicable). |
| | **Negative**<br>OR<br>No swab taken, with other symptoms **not listed above** | **With known exposure to COVID-19 (e.g. close contact[18])**<br>Isolate with Contact and Droplet precautions for 14 days from date of exposure or until symptoms resolve, whichever is longer<br>*At the discretion of the MOH, retesting for COVID-19 may be considered* |
| | | **With NO known exposure to COVID-19**<br>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.<br>*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 10 days** from the collection date of the swab.<br><br>Monitor for the development of symptoms. If symptoms develop, follow recommendations for symptomatic residents. |
| | **Negative**<br>OR<br>NO swab taken | **With known exposure to COVID-19 (e.g. close contact)**<br>Quarantine with Contact and Droplet precautions for 14 days from the last date of exposure. Monitor for the development of symptoms. If symptoms develop, follow recommendations for symptomatic residents. |
| | | **With NO known exposure:** No quarantine required. |

[17] Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. Symptoms such as loss of sense of taste/smell or fatigue may last longer than 10 days, but do not require a longer isolation period.

[18] Individuals that:

- Provided direct care for the case, (including health care workers, family members or other caregivers), or who had other similar close physical contact (e.g., intimate partner, hug, kiss, handshake) without consistent and appropriate use of personal protective equipment (PPE), OR
- Lived with or otherwise had close prolonged contact which may be cumulative, i.e., multiple interactions for a total of 15 min or more over a 24-hour period and within two metres with a case without consistent and appropriate use of PPE and not isolating OR
- Had direct contact with infectious body fluids of a case (e.g., shared cigarettes, glasses/bottles, eating utensils) or was coughed or sneezed on while not wearing recommended PPE.

**Management of New Exposures within 90 Days**

- If a resolved case is identified as a close contact (i.e., they have had a NEW exposure unrelated to their previous infection), **no repeat quarantine is required** if the exposure is within 90 days of their previous positive test result AND they are asymptomatic.
    - They should closely monitor for COVID-19 symptoms for 14 days after last date of exposure.
    - If any COVID-19 symptoms develop, they should isolate immediately and be re-tested for COVID-19.
- If a resolved case has a NEW exposure more than 90 days from their previous positive test result, manage as any other close contact and quarantine for 14 days from last exposure.
- For the management of resolved cases in the context of variants of concern (VOC), MOHs/or their designates will manage on a case-by-case basis as needed.

**Swab Collection**

**Table 6: Swab Collection for Residents and Staff**

| **Residents** | **Staff** |
|---|---|
| • Swabs for residents must be collected through on-site capacity, if available (e.g. DSL/LTC).<br>• 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. | • Asymptomatic staff should be offered on-site swabbing, where available (e.g. through on-site capacity or through AHS).<br>• Where not available, or for staff who prefer off-site testing, staff can continue to arrange for swabbing using the AHS online assessment tool.<br>• Staff who are isolated/quarantined **must not** present to the facility for onsite testing. |

**Resident Consent for Swab Collection**

- Consent must be obtained from the resident/alternate decision maker prior to collecting the swab for testing.
    - Consent process is per site level policy.
- If a resident/alternate decision maker declines the test for COVID-19, safety precautions (possibly including quarantine or isolation) requirements may still apply based on Table 5.

**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.
- If a staff member is concerned about exposure, whether at work or outside work, they should follow protocols regarding quarantine, if appropriate, and further clarify whether or not they were truly exposed.
- Staff must be extremely vigilant, even if they are vaccinated, especially in places where transmission is more likely (e.g. break rooms). Within break rooms/spaces:
    - Unless eating and/or drinking, surgical/procedural masks must be worn and strict adherence to appropriate removal and handling of the mask is imperative.
    - Physical distancing of a minimum of 2 meters must be observed at all times when mask is removed for eating and/or drinking.
    - Limit the use of shared items and where not avoidable, conduct proper hand hygiene before and after touching a shared item (e.g., water coolers, condiments, coffee pots, etc.).

**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, and provide updated information relevant to residents, families, designated family/support persons, visitors, staff, volunteers and other 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 16-2021), 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, where applicable.
- Hospices are not included within the Accommodation Standards but remain accountable to develop contingency plans to ensure continuation of necessary services.
- As residents and staff in these settings become eligible for a vaccine and as community vaccination increases, it is expected that operator requests to implement additional restrictions over and above Order guidelines due to site configuration, specialized populations, etc. will be rare. Operators must consult with relevant authority before doing so. These designates may include (but are not limited to):
    - Alberta Health Services (for those with contracts to provide continuing care health services, hospice services or for infection prevention and control support), your zone level contact or email 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)

**Staff and Service Providers**

When arranged by the operator, relevant partner (e.g. Alberta Health Services) or resident (e.g. spiritual services), access to service providers[19] 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.
    - When services are arranged by a resident, an operator must support a service provider's access to the resident.
- 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 Guidance for Service Providers for more information.

[19] Includes recreation activity, vendors, etc.

**Working at Single Facility**

To protect the most vulnerable Albertans, **designated supportive living** and **long-term care** staff employed or contracted by the operator (or contracted by AHS and deployed to 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 7 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.).
- 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, where applicable. 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 7: 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.<br><br>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. |

**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/cohort staff, to the greatest extent possible, to either:
        - Exclusively provide care/service for residents who are not in quarantine or isolation[20], 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.

[20] See page 13 for definitions

**Outbreak Considerations for Residents with Dementia**

- Operators who care for residents with dementia or cognitive impairment[21] 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/non-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 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.

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

**Routine Practices and Additional Precautions**

Routine Practices

- All staff, students, service providers and volunteers must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace except when working alone in an office, when a barrier is in place or when they are able to maintain two meters physical distance from others.
    - Staff, students, service providers 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, service providers and volunteers must perform hand hygiene before putting on the mask and before and after removing the mask.

Additional Precautions

- When caring for a resident who is symptomatic or a confirmed COVID-19 case, and/or is on contact and droplet precautions, additional PPE, such as gowns, facial protection (mask, visor, eye protection), and gloves may be required. 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.
- Where there is evidence of continued transmission on site (defined as at least two confirmed COVID-19 cases), continuous use of surgical/procedural mask and eye protection (e.g. goggles, visor, face shield) is recommended for all persons, at all times and in all areas of the workplace. Exceptions include when working alone in an office, when a barrier is in place or when they are able to maintain two meters of physical distance from others.
    - 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.
- Staff, volunteers and students are not considered a close contact or exposed if there has not been any breach in PPE use and they have adhered to the 4 moments of hand hygiene. The employee must immediately identify any breach (e.g. incorrect donning/doffing and missed or inconsistent hand hygiene practices) to the operator. If there has been a breach, the person is considered exposed and should be considered a close contact and may need to quarantine in accordance with current CMOH orders.

Operator Expectations

- 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 must provide frequent[22] education and support for staff, students and volunteers in understanding PPE guidance including appropriate donning, doffing and disposal of PPE.

[22] Education should be provided semi-annually at minimum and may be more frequent if circumstances change on site (e.g. new staff hires, poor adherence to PPE practices, etc.). Sites should take every opportunity to monitor and teach proper PPE practices. This could be though meetings, team huddles, emails or training opportunities, or by shift-to-shift reminders through PPE Champions or even peer to peer support.

**Enhanced Environmental Cleaning and Disinfection**

- It continues to be 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 the 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 persons 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 persons 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 persons and/or visitors are expected to observe any infection prevention and control requirements set out by the facility including those set out in Order 16-2021 (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 (and eye protection when needed) 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.
- Health professionals, those providing personal choice services, and others not identified above, are responsible to provide their own appropriate PPE according to workplace guidance, ensuring it is suitable for the service being provided and any additional requirements of the site.

**Management of Residents upon Admission**

- Vaccinations in these settings have considerably reduced negative outcomes of COVID-19 for residents and strongly reduce potential risks of introduction and transmission of COVID-19 within these settings.
    - Vaccinations are not the only level of protection from COVID-19, and in combination with existing safety precautions such as continuous mask use, hand hygiene, physical distancing, health screening, etc., these measures help prevent the spread of the virus.
- 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.).
- 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 or existing residents returning 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 and is not fully vaccinated 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 (new admissions or existing residents returning to 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, and vaccination coverage of the site, etc.
- For residents being admitted to a site, the following safety precautions are recommended **in addition to the existing public health measures and daily resident health assessment screening[23] already in effect.** (See Table 8):
    - **No additional precautions** for residents who are fully vaccinated[24]
    - For residents who are not vaccinated or not fully vaccinated[25], twice daily symptom self-checks are required.
        - Resident disclosure of vaccination status is **voluntary**, although explaining to the resident the benefits of sharing this information may encourage confidential disclosure. If not disclosed, an operator may consider the resident "unvaccinated".
        - Note: Some operators may know residents' vaccination status as they deliver their healthcare services, but not all operators will know residents' vaccination status.
        - Should a new admission become symptomatic or is identified as a close contact of a confirmed case, the site is to follow recommendations for symptomatic residents as per Table 5.

[23] See Table 4 for daily health assessment screening requirements
[24] Received the prescribed number of doses of any vaccine approved by Health Canada and is, at minimum, two weeks after the completion of the recommended vaccine series.
[25] Not completed the recommended vaccine series (e.g. not received the second of two doses) and/or is not two weeks after the completion of the recommended vaccine series.

- The only scenarios where quarantine is required upon admission are as follows:
    - If an unvaccinated resident is transferring from (or visited), a unit[26] within a health care facility that is on outbreak the resident must quarantine for 14 days from the date of exposure (i.e. transfer date or date they visited the unit) unless exempted by a zone MOH (or designate).
    - If an MOH identifies a unique high-risk circumstance, where there is a need.
    - If a resident answers YES to any of the screening questions, on the Resident Screening Tool, 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.

**Management of Resident Outings and Off-Site Overnight Stays**

- As the positive impacts of resident vaccination are realized and community immunization rates increase, it is recognized that residents may want to leave the site to utilize services that are open in their community and leave the site for extended stays (overnight off-site).
    - An operator must not limit resident outings.
    - 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.
    - 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.
- While vaccination offers an additional layer of protection, it is still imperative that residents remain vigilant in their actions when they are on outings to protect themselves and others around them from COVID-19.
- Residents are, like all Albertans, responsible to comply with provincial and municipal requirements while off the property. Residents who must wear a mask off site are encouraged to wear a surgical/procedure mask (rather than a non-medical mask).
- Additional best practices that the operator should communicate to the resident (or alternate decision maker) prior to leaving include:
    - Maintaining physical distancing of (2) meters;
    - Maintaining good hand hygiene; and
    - Inform the resident that they are subject to the Resident Screening Tool upon re-entry.
- See Table 8 for recommended additional precautions for residents returning from off-site outings and overnight stays.
    - Where applicable, additional 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 (where applicable) or resident care team may be required.

**Temporary Resident Relocation**

- For guidance on resident relocation and temporary leaves of absence of a site/facility, please see COVID-19 Guidance: Resident Outings and Leaves of Absence for Congregate Living Sites

[26] If the resident was not in close proximity to the unit or area of the health care facility that is on outbreak, then the resident is not required to quarantine.

**Table 8: Additional Precautions for Resident Admission, Returning from Same Day Outing and Off-Site Overnight Stays**

| | **Vaccination Status*** | **Additional Precautions** |
|---|---|---|
| Admission<br><br>Returning from Same Day Outing<br><br>Off-Site Overnight Stay | Fully Vaccinated** | No additional precautions |
| | Not fully Vaccinated***<br><br>or Not Vaccinated | Twice daily symptom self-checks for 14 days**** |
| Transfer or Return from a unit[27] within a health care facility that is on outbreak [28] | Unvaccinated residents must quarantine for 14 days unless exempted by a zone MOH (or designate).<br><br>Partially vaccinated residents must quarantine for 10 days *OR* have a negative PCR test on day 7 or later after their return, which would release them from quarantine. | |
| If a resident answers YES to any of the screening questions on the Resident Screening Tool, 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.<br>The MOH (or designate) or the Infection Prevention and Control team responsible for a public health investigation, having conducted a clinical assessment, may require individuals to quarantine for periods longer than the timeframes included. | | |

Resident vaccination status disclosure is voluntary; though explaining to the resident the benefits of sharing this information may encourage confidential disclosure. If not disclosed, an operator may consider the resident "unvaccinated".

- Note: Some operators may know residents' vaccine status as they deliver their healthcare services, not all operators will know residents' vaccine status.

****** Fully vaccinated means the resident has received the prescribed number of doses of any vaccine approved by Health Canada and is, at minimum, two weeks after the completion of the recommended vaccine series.
******* Not fully vaccinated means the resident has not completed the recommended vaccine series (e.g. not received the second of two doses) and/or is not two weeks after the completion of the recommended vaccine series.
********Should a resident who is not vaccinated or not fully vaccinated return from on offsite/overnight outing where they were at a higher risk of potential exposure to COVID-19, it is recommended that they wear a mask when outside of their room for 14 days.

If a vaccinated resident is determined to be a close contact of a confirmed or probable case of COVID-19, may be required to quarantine as per the current CMOH orders. For management of close contacts, see Table 5.

[27] If the resident was not in close proximity to the unit or area of the health care facility that is on outbreak, then the resident is not required to quarantine.
[28] Outbreak definitions for settings may be different, please reference Outbreaks in Alberta or contact the facility directly.

**Safe Transportation**
Transportation of residents, whether in their own private vehicle (or the DFSP/visitor's vehicle), on public transit or in a facility operated vehicle must be done as safely as possible.

Operators must ensure the following safe transportation expectations when residents are travelling within a facility operated vehicle (shuttle buses, vans, etc.):

- The 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, especially after having contact with high touch surfaces (e.g. armrests, vehicle doors and handles, etc.)

Whether residents, families and designated family/support persons/visitors are traveling together in the same vehicle or a resident is taking public transit, all persons are encouraged to follow public health and infection prevention and control measures to reduce the risk of transmission of COVID-19.

**Group/Recreational (including onsite Worship Services, Physical & Performance Activities)**

- It is imperative that residents who are not isolated or quarantined are not restricted from visiting with each other in natural, self-directed ways within the building.
    - Physical distancing is not required between non-isolated/non-quarantined residents who are participating in self-directed activities.
    - Higher risk activities organized by the operator should have physical distancing considered in their planning.
- It is also imperative that meaningful interactions 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), social isolation and loneliness.
- Unless directed otherwise by a MOH (i.e., a site on outbreak) or other unique site circumstances, all organized recreational and group activities (including Worship, Physical Activity, and Performance Activity) for **non-isolated/non-quarantined** residents can resume while meeting these expectations:
    - Low risk activities should be resumed (e.g. worship services, crafts, exercise, games, indoor and outdoor performances including singers, music, etc.)
    - Higher risk activities (such as indoor group singing, preparing food, etc.) should be avoided.
        - If singing is part of a worship service (e.g. congregational singing, choirs and performances), they are required to follow the applicable guidance.
    - 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 and recommendations (e.g. Open for Summer plan) relevant at the time of the activity.
        - **Note:** group sizes set out in CMOH Order 16-2021 with respect to DFSP/Visitors are not applicable to operator-organized events.
    - 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 are expected to provide residents with access to recreational supplies/equipment (e.g. books, playing cards, art supplies, fitness equipment, etc.). Operators 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.).
- Operators must 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), 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)**

- Maintain a distance of two (2) meters between residents sharing a room.
- Ensure residents have their own personal products (e.g. shampoo, soaps, etc.).
- Where there are privacy curtains, they must be **cleaned** or **changed** if visibly soiled and at routine intervals in accordance with appropriate cleaning frequency (e.g. in accordance with IPC and/or recommendations outlined in Principles for Environmental Cleaning and Disinfection).
    - Curtains must be **changed** when a COVID positive resident in the room is symptomatically recovered (i.e. 10 days from onset of symptoms or until symptoms have improved AND they are without a fever for 24 hours, without the use of fever-reducing medications, whichever is longer, or 10 days from test date if asymptomatic).
    - Cleaning may include dusting and use of any appropriate fabric safe disinfectants, etc. Please follow any manufacturer's instructions on curtains and disinfectants.
    - Reinforce requirement for hand hygiene prior to and after touching the curtain.
- 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) meters 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 resident quality of life. It continues to be important to draw on resident and family feedback to support meals and dining. Unless directed otherwise by a MOH (i.e., site on outbreak) or other unique site circumstances, all regular dining may resume.

- Group dining will continue for **non-isolated/non-quarantined** residents while maintaining the following standards:
  - No maximum on how many residents can sit at each table as long as tables are placed two (2) meters 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.
  - One DFSP per resident may support mealtime and assist with feeding, as directed by resident need.
  - At this time, family are not able to join the resident for a social mealtime.
  - 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**:
  - Unless directed by an MOH/or their designated (e.g., in the case of confirmed onsite transmission between residents), in-person dining service should continue for those residents who are not isolated/quarantined (i.e., tray service should not be defaulted to unless directed).
  - 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 or implement alternatives that allow physical distancing between residents.
  - 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.

**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.)

- This order does not restrict these services from opening but other CMOH orders may.
- Operators and service providers are required to follow all relevant workplace public health guidance and CMOH orders (which may include closure based on public health orders that outline time specific restrictions).
    - Where there are differences in standards from this order and that of the workplace guidance or public health orders applicable to those services/businesses, the higher standard must prevail unless exemptions are noted.
- 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 workplace 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).
    - Questions relating to the intersection of workplace public health guidance and CMOH orders can be directed to AHS Environmental Public Health online.

**Guidance for Service Providers**

- Service Providers (including health professionals, hair dressers, barbers, manicurists, etc.) are permitted, while following all relevant workplace public health guidance, regulatory colleges and any CMOH Orders.
    - Where there are differences in standards from this order and that of the workplace guidance or public health orders applicable to those services/businesses, the higher standard must prevail, unless exemptions are noted. If you have questions about order applicability, please email asal@gov.ab.ca.
    - Site circumstance (e.g. outbreak status) may disrupt the service offerings or cancel them entirely for a period of time.
    - Services **must not** be provided to symptomatic or isolated/quarantined residents.
- Service providers must follow the additional requirements outlined in Table 9 (below) and Table 10 (as applicable based on the service provided).

**Table 9: Location specific requirements**

| **Shared Space** | **Resident Room** |
|---|---|
| • Limit the number of residents and service providers at one time, depending on space size.<br>  ○ Consider that some residents may require a designated family/support persons and/or visitor (or staff) assistance/presence.<br>• Set up the space to ensure appropriate physical distancing between residents and permitted designated family/support person and/or visitors or others.<br>• Reduce service offerings, depending on resident need, following workplace guidance.<br>• Develop a process for recording each resident appointment (resident name, time, name of any person who accompanied them) and store information for 4 weeks for contact tracing purposes.<br>• 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).<br>• Implement enhanced cleaning requirements, following any applicable CMOH public health orders, workplace guidance and facility policy.<br>• Residents must come and leave independently or with the support of staff or designated family/support persons and/or visitors (i.e. the service provider cannot escort the resident through the building).<br>• All people must wash their hands or use hand sanitizer before entering and upon leaving the space.<br>• 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 workplace guidance and facility policy.<br>• Perform hand hygiene (including hand washing and/or use of hand sanitizer) on entry and exit from rooms and as directed.<br>• Appropriate physical distancing requirements.<br>• All efforts must be made to ensure minimized contact with residents who are not receiving services.<br>  ○ 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 10: Requirements of operators and service providers**

| Operators must: | Service providers must: |
|---|---|
| • Ensure that active screening is conducted prior to the service provider entering the facility and communicate that the provider must self-assess throughout the time at the facility.<br>• Provide all relevant IPC facility policies and protocols to the service provider, including enhanced environmental cleaning and use of shared equipment requirements.<br>  ○ This includes providing posters on physical distancing, hand hygiene and limiting the spread of infection.<br>• Ensure, and validate, that all IPC policies and protocols are being followed.<br>  ○ This may include checklists that are completed by the service provider and submitted to the operator to maintain records for follow up.<br>• 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.<br>• Ensure that all service providers wear a mask continuously while in the facility. | • Be actively screened each time they enter the facility and self-assess throughout the time at the facility.<br>• Not charge a cancellation fee if clients cancel due to isolation/quarantine or illness.<br>• Not provide a service to symptomatic or isolated/quarantined residents.<br>• Provide and wear appropriate PPE, including a mask that covers their mouth and nose, (as well as any additional PPE required by the facility) while in the facility including when providing service.<br>• For shared spaces, direct residents to wash their hands or use hand sanitizer before entering the service space.<br>• Complete any required documentation to confirm compliance with CMOH orders, workplace guidance and operator requirements.<br>• 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.<br>  ○ This includes hanging posters and signage provided by the operator.<br>• 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.<br>• Not visit with any staff (e.g., staff room) and not visit with any residents other than those receiving the service.<br>• Not work in more than one facility in any given day, as feasible.<br>• Remain off site and off work, abiding by all required timelines, should they experience COVID-19 symptoms or any other illness. |

**Table 11: Revision History**

| Document | Overview | Description |
|---|---|---|
| Order 06<br>March 25, 2020<br>Rescinded | Pre-outbreak operational standards for licensed supportive living and long-term care and licensed residential addiction treatment service providers.<br><br>These expectations applied in addition to Order 03 (visitor policy) | Pro-active expectations for sites not already in a COVID-19, or other, outbreak.<br><br>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<br>April 2, 2020<br>Rescinded | Suspected, probable and confirmed COVID-19 outbreak standards for licensed supportive living and long-term care and licensed residential addiction treatment service providers.<br><br>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<br>April 10, 2020<br>Amended and<br>Part 1 remains in effect | This order rescinded Orders 06 and 08.<br><br>Applies to licensed supportive living and long-term care and licensed residential addiction treatment service providers.<br><br>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.<br><br>Key changes included: restricting staff movement among health care facilities and the requirement of staff to continuously mask (came into effect April 15, 2020).<br><br>Updated pre-outbreak standards attached in Appendix A (9 pages) and updated outbreak standards attached in Appendix B (11 pages). |
| Order 12<br>April 28, 2020<br>Rescinded | This order revises Part 2 (two sets of standards) as found in the Record of Decision – CMOH Order 10.<br><br>The Appendix A (17 pages) are the updated and integrated standards.<br><br>Applies to licensed supportive living and long-term care. | Main updates included:<br>- Removed licensed residential addiction treatment facilities from scope (separate order established)<br>- Updated symptom information<br>- Testing of all residents and staff when COVID-19 identified<br>- Updated definitions of phases referenced<br>- Clarification of essential staff<br>- Recommendations for use of eye protection |

| | | |
|---|---|---|
| | These expectations applied in addition to Order 14 (updated visitor policy). | - Additional information guiding temporary resident relocation<br>- Guidelines promoting quality of life<br>- Updated COVID-19 Questionnaires |
| Order 23<br>May 25, 2020<br>Rescinded | This order revises Part 2 (two sets of standards) as found in the Record of Decision – CMOH Order 10.<br><br>The Appendix A & B are the updated and integrated standards.<br><br>Applies to licensed supportive living, including seniors lodges, and long-term care.<br><br>These expectations applied in addition to Order 14 (updated visitor policy). | New Content includes:<br>- Access to health professionals<br>- Safe student placements<br>- Permitting hair salons<br>- Operator guidance to support staff wellness<br>Clarified content includes:<br>- Updated symptoms list<br>- Clarity around testing, isolation and admission<br>- Resident room cleaning<br>- Reintroduction of group activities (from 5 to 15 people permitted)<br>- Updates to resident outings (while not recommended, considerations are given)<br>- Operator requirements to communicate |
| Order 32<br>September 3, 2020<br>Rescinded | This order revises Part 2 (two sets of standards) as found in the Record of Decision – CMOH Order 10.<br><br>The Appendix A & B are the updated and integrated standards.<br><br>Applies to licensed supportive living, including seniors lodges, long-term care, and hospice settings.<br><br>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.<br><br>New guidelines for:<br>- Volunteers<br>- Site tours<br>- On-site services<br>- Isolation/quarantine requirements<br>- Communication<br><br>Adding hospice settings to scope of the order. |
| Order 23-2021<br>Remains in effect | This order revises Part 2 (two sets of standards) as found in the Record of Decision – CMOH Order 10. | New Content Includes:<br>- Management of New Exposure Within 90 Days<br>Clarifying Content Includes:<br>- Screening Documentation Storage<br>- Management of COVID-19 Test Results |

| | | |
|---|---|---|
| | The Appendix A is the updated and integrated standards.<br><br>Applies to licensed supportive living, including seniors lodges, long-term care, and hospice settings.<br><br>These expectations applied in addition to Order 16-2021 (updated visitor policy). | - Expectations of Staff, Management and Operators<br>- Management of Residents upon admission or when they leave the facility<br>- Streamlined Safe Transportation, Volunteer, Student Placements, Access to Health Care Professionals, Facility/Suite Tours, Risk Tolerance Assessment sections, and Service Providers<br>- Removed Appendix B and linked Alberta Health Daily Checklist and moved Resident Screening Tool online. |
| Order 32- 2021 | This order revises Part 2 (two sets of standards) as found in the Record of Decision – CMOH Order 10.<br><br>The Appendix A is the updated and integrated standards.<br><br>Applies to licensed supportive living, including seniors lodges, long-term care, and hospice settings.<br><br>These expectations applied in addition to Order 16-2021 (updated visitor policy). | - Clarification of quarantine for close contacts<br>- Minor clarifications to Group/Recreation |

**References**


1. Stronger public health measures, Government of Alberta.
   - https://www.alberta.ca/enhanced-public-health-measures.aspx
2. Individual and community-based measures to mitigate the spread of COVID-19 in Canada, Government of Canada.
   - https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html
3. COVID-19 orders and legislation, Government of Alberta.
   - https://www.alberta.ca/covid-19-orders-and-legislation.aspx
4. COVID-19: Help prevent the spread information posters, Alberta Health.
   - https://open.alberta.ca/publications/covid-19-information-help-prevent-the-spread-poster
5. Alberta public health disease management guidelines: coronavirus – COVID-19, Alberta Public Health.
   - https://open.alberta.ca/publications/coronavirus-covid-19
6. Infection prevention and control for COVID-19: Interim guidance for long-term care homes, Public Health Agency of Canada.
   - https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html
7. Information for AHS Staff & Health Professionals, Alberta Health Services.
   - https://albertahealthservices.ca/topics/Page16947.aspx
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. Personal Protective Equipment (PPE) COVID-19, Alberta Health Services
   - https://www.albertahealthservices.ca/topics/Page17048.aspx
10. 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 16-2021 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; therefore, 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 16-2021), 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 afraid, worried or confused 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, maintaining 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 not 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 workplace 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 within 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**

Post-Infection Resources

- See Getting Healthy After COVID-19 for information and resources on recovery after a COVID-19 infection

Workplace guidance and supports

- Check workplace guidance documents on the Government of Alberta website
- Visit Alberta Biz-Connect for workplace guidance and supports to help businesses and non-profits affected by COVID-19 operate safely and support their recovery

Mental health resources

- Alberta Health Services' Help in Tough Times webpage offers links to supports and resources
- Alberta Health Services' Grieving Together webpage offers grief and bereavement resources
- The Canadian Mental Health Association offers tips for employers to consider and COVID-19 resources
- 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, and 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 Public Health Agency of Canada offers tips and resources for taking care of your mental and physical health during the COVID-19 pandemic 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 workers' 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's The Working Mind Virtual
- 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
    - Alberta211 provides information, referrals and crisis support via phone, text and chat through their website.
    - Togetherall, a clinically moderated, online peer led mental health community allows people to seek and provide support 24/7
    - The Canadian Mental Health Association Rural Distress Line (1-800-232-7288)
    - Addiction Help Line at 1-866-332-2322
    - Suicide Prevention Service at 1-833-456-4566
    - Crisis Text Line Alberta- Text CONNECT to 741741

Vaccine resources

- Healthcare Excellence Canada's COVID-19 Vaccine Preparedness Resources for Long-term Care and Retirement Homes
- Government of Canada's Vaccine for COVID-19