Alberta Health

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

RECORD OF DECISION – CMOH Order 37-2021

Re: 2021 COVID-19 Response – Updated Operational and Outbreak Standards

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.

Therefore, I am making the following Order:

Part 1 - Operational and Outbreak Standards

1. Subject to section 3, all operators of a health care facility, located in the Province of Alberta, must comply with the Operational and Outbreak Standards attached as Appendix A to this Order.

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

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

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

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

   (d) a lodge accommodation under the *Alberta Housing Act*; and

   (e) any facility in which residential hospice services are offered or provided by Alberta Health Services or by a service provider under contract with Alberta Health Services.

3. Beginning July 13, 2021 but no later than July 31, 2021, all operators of a health care facility located in the province of Alberta must comply with the requirements of Appendix A, Operational and Outbreak Standards, of this Order.

Part 2 - General

4. The Chief Medical Officer of Health may exempt an operator of a health care facility as defined in section 2 of this Order from the application of section 1 of this Order.

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 This Order, or any Part of this Order, remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 13 day of July, 2021.

Deena Hinshaw, MD
Chief Medical Officer of Health

Document: Appendix A to Record of Decision – CMOH Order 37-2021

Subject: Updated Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings under Record of Decision – CMOH Order 37-2021.

Date Issued: July 13, 2021

Scope of Application: As per Record of Decision – CMOH Order 37-2021.

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.

Updated Content
• Continuous Masking • Enhanced Environmental Cleaning and Disinfection • Health Assessment Screening on Entry • Appendix 1, 2, 3
Removed Content
• Symptoms of COVID-19 • Daily Resident Screening • Management of New Exposures within 90 days • Swab Collection • Expectations of Staff, Management and Operators • Staff and Operator Disclosure • Outbreak considerations for Residents with Dementia • Operator Communication • Staff and Service Providers • Management of Residents Upon Admission • Resident Outings • Deployment of Staff and Resources During and Outbreak • Safe Transportation • Group Recreation • Shared Spaces: Shared Resident Rooms & Shared Dining • Amenities Accessible to Public • Guidance for Service Providers/ Requirements of Operators and Service Providers • Quality of Life Guidance • Residents Living with Cognitive Impairments • Staff Wellbeing • Working at a Single Facility (moved to separate order)

Contents

Purpose

The Operational and Outbreak Standards are required under the Record of Decision – CMOH Order 37-2021 (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 visiting person.

- These expectations may change existing requirements[6] (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.

Key Messages

- The changes in this order signal the move to Phase 1, of a two phase approach, which removes restrictions that have low/medium impact on preventing or limiting the spread of COVID-19. The restrictions that have high impact on preventing or limiting the spread of COVID-19 will remain in place until at least the fall 2021 when the situation will be reassessed.
  - Where requirements have been removed from the order, this indicates there is no longer a need for public health restrictions specific to that topic and pre-pandemic process should be resumed.
- It is important to remember that Order 37-2021 and all previous continuing care related CMOH COVID-19 Orders supplemented already existing expectations for this sector (licensed supportive living, long-term care and hospice settings).
  - Through existing legislation and/or contracts with Alberta Health Services (AHS), operators are expected to abide by several sets of standards for the delivery of quality accommodation and publicly funded health care services to residents. Alberta Health and AHS oversee compliance with these expectations.
- Lifting of some CMOH Orders recognizes that pre-existing requirements now need to be supplemented with only some additional precautions and safeguards against COVID-19, now that the COVID-19 public health threat has been reduced through vaccine uptake.
- It is imperative for everyone to continue with outbreak prevention measures including immunization, staff and visiting persons staying home when sick (even slightly), hand hygiene, early recognition of symptoms, regular disinfection of high touch surfaces, etc.
- As we move from managing COVID-19 as a pandemic to managing it as an endemic[7], it is strongly recommended that all Albertans become fully vaccinated to protect not only themselves, but also their communities. See Alberta COVID-19 Vaccine Program for more information.
- As we prepare to eventually lift all restrictions in these settings, in the future we will move back to as close to 'regular business' as possible. This will eventually include a reactive approach to managing outbreaks rather than a proactive, blanket restrictive approach for all operators regardless of outbreak status.

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[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] Expectations may be required by Alberta Health or contractually by Alberta Health Services.

[7] A disease or condition that occurs regularly in the population at a background rate

- Local Medical Officers of Health (MOH) continue to 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. MOHs also play a key role in determining if additional outbreak control measures are needed.
- The MOH, or their designate responsible for a public health investigation, may require additional measures be put in place at the site or zone level to limit spread of a potential infection, such as requiring individuals to quarantine and/or isolate for periods longer than the timeframes included.

Routine Practices
Site Specific Guidelines

- Operators must review and implement AHS 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: 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.
- For any questions about the application of these updated operational standards, please contact Alberta Health: asal@gov.ab.ca

Continuous Masking

- All staff, students, service providers, and volunteers must wear a surgical/procedure mask continuously, at all times and in any areas of the site where care/treatment is being provided, along with any non-care areas of the site except when working alone in an office or when a barrier is in place.
    - If staff are providing care to a resident with communication challenges where a mask would inhibit care being provided, operators have discretion to determine if circumstances are appropriate to use alternate Personal Protective Equipment (PPE), for example fully vaccinated staff using a face shield instead of a mask.
- Visiting persons must wear a surgical/procedure mask in all indoor common areas of the building. If the resident prefers their visiting persons not to wear a mask, it can be removed in resident rooms or other private areas of the building.
    - Masks can be removed in shared rooms as long as all roommates agree **and** 2 metres distance can be maintained from the other resident(s) and any other visiting person(s) in the room.

Appropriate PPE

- Appropriate PPE for health care workers caring for symptomatic patients or confirmed/probable cases of COVID-19 includes: medical masks (or N95 respirators when aerosol generating medical procedures are performed), eye protection (e.g., goggles, visor, and face shield), gloves and gown, which mean full contact and droplet precautions. For more information, refer to the AHS COVID-19 Personal Protective Equipment website.

Active Health Assessment Screening on Entry

- All **staff, students, service providers, volunteers** must be **actively screened** prior to the start of each worksite shift.
- All **visiting persons** entering the site must be **actively screened** at entry to the site.
- **Residents** who live within the facility do not require screening.
- Emergency response teams (Police, Fire, Ambulance) must not be stopped to be screened prior to entering the facility or worksite.
- **Active Screening** involves:
  1. Satisfactory COVID-19 screening using Alberta Health Daily Checklist (as appropriate for children under 18; or for adults 18 and older)
     - Screening 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.
- 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 leave the site.

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 completed COVID-19 health screening records of persons entering the site should not be stored by the operators, but rather disposed of confidentially. (**NOTE:** *these documents contain health information*)

Enhanced Environmental Cleaning and Disinfection

- Common/Public areas:
  - Cleaning and disinfecting any **high touch** surfaces (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote), care/treatment areas, dining areas and lounges **twice per day**.
- Areas that are not considered common/public areas (e.g. resident rooms, private offices, administrative areas, etc.) do not require enhanced cleaning/disinfection.

Testing for COVID-19

- Indications for **testing** symptomatic and asymptomatic persons are outlined in the Alberta - Public Health Disease Management Guidelines and as directed by Public Health.

Isolation and Quarantine

- Indications for **isolation** and **quarantine** are outlined in the Alberta - Public Health Disease Management Guidelines.
    - 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.

Management of Resident COVID-19 Symptoms and COVID-19 Test Results

- Anyone with symptoms listed in Alberta- Public Health Disease Management Guidelines must be isolated.
- Please see Appendix 1, 2 and 3 for management of COVID-19 test results in fully, partially and unvaccinated residents.
- Alberta Health recommends that individuals who are immunocompromised[8] and fully-immunized follow the protocol for partially-immunized individuals outlined in Appendix 2. If an immunocompromised person is partially immunized, it is recommended they follow the protocol for those who have not been immunized in Appendix 3.
- The MOH (or designate) responsible for a public health investigation may require additional measures be put in place at the site or zone level to limit spread of a potential infection such as requiring individuals to quarantine and/or isolate for periods longer than the timeframes included.

AHS Coordinated COVID-19 Response

- 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 in Table 2a: Symptom List for COVID-19 Testing outlined in the Alberta- Public Health Disease Management Guidelines.
    - The AHS Coordinated COVID-19 Response team must be contacted with the ***first symptomatic person*** in a congregate setting.
    - Once the AHS Coordinated COVID-19 Response team has been informed and if a COVID-19 outbreak has been declared the AHS Zone MOH (or designate) will lead the outbreak response and provide ongoing direction, as appropriate.

[8].Examples of persons who may be immunocompromised include those living with HIV/AIDS; cancer and transplant patients who are taking certain immunosuppressive drugs; and those with inherited diseases that affect the immune system (e.g., congenital agammaglobulinemia, congenital IgA deficiency). Healthcare providers can clarify who is immunocompromised.

Management of Residents Admission/Return from Outbreak Unit

- If a resident transfers or returns from a unit within a health care facility that is **on outbreak**:
    - **Unvaccinated**[9] residents must quarantine for 14 days unless exempted by a zone MOH (or designate).
    - **Partially vaccinated**[10] 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 as long as they remain asymptomatic.
    - **Fully vaccinated**[11] residents are not required to quarantine unless directed by the MOH (or designate) after a clinical assessment, as long as they remain asymptomatic.
    - The MOH (or designate) 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".

Outbreak Procedures

Confirmed COVID-19 outbreak
Please see Table C1: Outbreak Definitions of COVID-19 in the Alberta- Public Health Disease Management Guidelines for the definition of an outbreak in Continuing Care settings *Definition may be updated, so ensure you are referring to most recent version

- Local MOHs continue to 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.
- In the case of a **confirmed** COVID-19 outbreak:
    - All congregate settings (i.e. DSL/LTC, non-designated LSL, lodges, group homes and hospices) must require all staff to work only at one congregate setting for the duration of the outbreak.
        - Essential service workers (as defined by the exemption for specified professions and roles) are exempt from being restricted to one single congregate setting unless there are exceptional circumstances in which the MOH/designate will provide direction.
    - Isolated and/or quarantined residents must not leave their rooms and therefore cannot participate in **group activities including group recreation/shared dining, etc.**
        - Group activities may continue. MOH (or designate) will provide direction if any additional restrictions to group activities should be applied

[9] Unvaccinated means the individual has not received any doses or has received one dose but two weeks has not lapsed after their first dose.
[10] Partially vaccinated means the individual has received one dose in a two dose series (e.g. not received the second of two doses) and/or is not two weeks after the completion of the recommended vaccine series.
[11] Fully vaccinated means the individual 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

- The MOH (or designate) will direct any necessary restrictions to visiting persons.
- Operators may continue to accept admissions/ transfers into the site if able to manage the potential risk to other residents, continue to manage the outbreak requirements and the resident and family are informed about the risk and accept it.
- Operators must be prepared to increase/ augment cleaning and disinfection as required by the MOH/designate/Environmental Public Health.

Revision History

Document	Overview	Description
Order 37-2021	Updated and integrated standards reflecting a move to Phase 1. Applies to licensed supportive living, including seniors lodges, long-term care, and hospice settings.	- Reflects move to **Phase 1** - Removes low/medium impact restrictions including: o Symptoms of COVID-19, Daily resident screening, Management of New Exposures within 90 days, Swab Collection, Expectations of Staff, Management and Operators, Staff and Operator Disclosure, Outbreak considerations for Residents with Dementia, Operator Communication, Staff and Service Providers, Reduced Cleaning and Disinfection, Management of Residents Upon Admission, Resident Outings, Deployment of Staff and Resources During and Outbreak, Safe Transportation, Group Recreation, Shared Spaces. Shared Resident Rooms, Shared Dining, Amenities Accessible to Public, Guidance for Service Providers, Requirements of Operators and Service Providers, Quality of Life Guidance, Residents Living with Cognitive Impairments, Staff Wellbeing - Clarifications/Revisions to: o Continuous Masking o Enhanced Environmental Cleaning and Disinfection o Health Assessment Screening on Entry - Moved to separate Order (38-2021) o Working at a Single Facility

- The following orders were issued previously and can be found at the links provided:
  - Order 32-2021
  - Order 23-2021
  - Order 32-2020
  - Order 23-2020
  - Order 12-2020
  - Order 08-2020
  - Order 06-2020

References

1. Alberta public health disease management guidelines: coronavirus – COVID-19, Alberta Public Health.
   - https://open.alberta.ca/publications/coronavirus-covid-19
2. 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
3. Information for AHS Staff & Health Professionals, Alberta Health Services.
   - https://albertahealthservices.ca/topics/Page16947.aspx
4. Personal Protective Equipment (PPE) COVID-19, Alberta Health Services
   - https://www.albertahealthservices.ca/topics/Page17048.aspx

Appendix 1: Management of Fully Vaccinated Resident COVID-19 Test Results

Symptoms	COVID-19 Test	Management
Symptomatic	**Positive** OR No swab taken and the resident has fever, cough, shortness of breath, runny nose, sore throat, or loss of taste or smell.	**Isolate with Contact and Droplet precautions for a minimum of 10 days from the onset of symptoms** or until symptoms improve[12] 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 OR No swab taken, with other symptoms **not listed above**	**With known exposure to COVID-19 (e.g. close contact[13])** Apply IPC precautions according to normal risk assessment of symptoms and suspected etiology, including Contact and Droplet precautions for vomiting and/or diarrhea. Discontinue precautions once symptoms are fully resolved. *At the discretion of the MOH, retesting for COVID-19 may be considered*
		With NO known exposure to COVID-19 Apply IPC precautions according to normal risk assessment of symptoms and suspected etiology, including Contact and Droplet precautions for vomiting and/or diarrhea. Discontinue precautions once symptoms are fully resolved. *At the discretion of the MOH, retesting for COVID-19 may be considered*
Asymptomatic	**Positive**	**Isolate with Contact and Droplet precautions for a minimum of 10 days** from the collection date of the swab. Monitor for the development of symptoms. If symptoms develop, follow recommendations for symptomatic residents. Note: If symptoms develop, the resident may be isolated for more than 10 days.
	Negative OR NO swab taken	**With known exposure to COVID-19 (e.g. close contact):** No quarantine required.
		With NO known exposure: No quarantine required.

Alberta Health recommends that individuals who are immunocompromised and fully-immunized follow the protocol for partially-immunized individuals outlined in Appendix 2.

[12] 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.

[13] 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.

Appendix 2: Management of Partially Vaccinated Resident COVID-19 Test Results

Symptoms	COVID-19 Test	Management
Symptomatic	**Positive** OR No swab taken and the resident has fever, cough, shortness of breath, runny nose, sore throat, or loss of taste or smell.	**Isolate with Contact and Droplet precautions for a minimum of 10 days from the onset of symptoms** or until symptoms improve[14] 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 OR No swab taken, with other symptoms **not listed above**	**With known exposure to COVID-19 (e.g. close contact[15])** Quarantine with Contact and Droplet precautions for 10 days from exposure. If symptoms persist past 10 days, continue to apply IPC precautions according to normal risk assessment of symptoms and suspected etiology. *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 Apply IPC precautions according to normal risk assessment of symptoms and suspected etiology, including Contact and Droplet precautions for vomiting and/or diarrhea. Discontinue precautions once symptoms are fully resolved. *At the discretion of the MOH, retesting for COVID-19 may be considered*
Asymptomatic	**Positive**	**Isolate with Contact and Droplet precautions for a minimum of 10 days** from the collection date of the swab. Monitor for the development of symptoms. If symptoms develop, follow recommendations for symptomatic residents. Note: If symptoms develop, the resident may be isolated for more than 10 days.
	Negative OR NO swab taken	**With known exposure to COVID-19 (e.g. close contact)** 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.

Alberta Health recommends that individuals who are immunocompromised and partially immunized follow the protocol for those who have not been immunized in Appendix 3.

[14] 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.

[15] 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.

Appendix 3: Management of Non-Vaccinated Resident COVID-19 Test Results

Symptoms	COVID-19 Test	Management
Symptomatic	**Positive** OR No swab taken and the resident has fever, cough, shortness of breath, runny nose, sore throat, or loss of taste or smell.	**Isolate with Contact and Droplet precautions for a minimum of 10 days** from the onset of symptoms or until symptoms improve[16] 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 OR No swab taken, with other symptoms **not listed above**	**With known exposure to COVID-19 (e.g. close contact[17])** Quarantine with Contact and Droplet precautions for 14 days from the last day of exposure. If symptoms persist past 14 days, continue to apply IPC precautions according to normal risk assessment of symptoms and suspected etiology. *At the discretion of the MOH, retesting for COVID-19 may be considered*
		With NO known exposure to COVID-19 Apply IPC precautions according to normal risk assessment of symptoms and suspected etiology, including Contact and Droplet precautions for vomiting and/or diarrhea. Discontinue precautions once symptoms are fully resolved. *At the discretion of the MOH, retesting for COVID-19 may be considered*
Asymptomatic	**Positive**	**Isolate with Contact and Droplet precautions for a minimum of 10 days** from the collection date of the swab. Monitor for the development of symptoms. If symptoms develop, follow recommendations for symptomatic residents. Note: If symptoms develop, client may be in isolation for more than 10 days.
	Negative OR NO swab taken	**With known exposure to COVID-19 (e.g. close contact)** 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.

[16] 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.

[17] 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.