



# Pandemic Plan

Updated April 6, 2020 – LIVING DOCUMENT

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## What's New in this Update?

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April 6, 2020

- Actions 7.1, 7.2, 7.4, 7.5, 7.6 and 7.7 are now ordered by the CMOH and directed by AHS.
- Action 7.12 is related to the CMOH order 8: Outbreak Management Standards.
- New Appendices
  - **New Mandatory Orders** of the Alberta CMOH: **Gathering and Distancing Restrictions** and Exemptions for Shelter and Transitional Housing; **Outbreak Standards** for “Health Care Facilities” (inclusive of Supportive Living Accommodations)
    - New definitions of: Suspected, Probable and Confirmed
    - Inclusion of diarrhea and vomiting as symptoms of concern for residents/clients
    - [AHS Coordinated COVID-19 Response Contact 1-844-343-0971](tel:18443430971)
  - e4c Guidance Document to prevent COVID-19 Outbreak (updated)
  - **Action:** COVID-19 Help Prevent the Spread, updated; Physical Distancing and on-site; Social Distancing Tips (updated)
  - **Information:** COVID-19 Screening Criteria, updated April 4; COVID-19 FAQs for Public, revised April 3
    - Health Care Worker Self-Assessment  
<https://myhealth.alberta.ca/Journey/COVID-19/Pages/HWAssessLanding.aspx>
  - **Directions:** **COVID-19 Outbreak Management Guidelines for Congregate Living Sites**; Use of PPE for Suspected or Confirmed COVID-19; COVID-19 Visitor Guidance

March 26, 2020 Update

- Action 7.9 is now an order by the Chief Medical Officer of Health (CMOH) for supportive living accommodations
- New Appendices
  - **New Mandatory Orders** of the Alberta CMOH: **Guidance to Visitors** to Supportive Living and Assessment Screening; Isolation and Quarantine Requirement; **Operational Protocols** for “Health Care Facilities” (inclusive of Supportive Living Accommodations)
  - **Federal Emergency Order** under the *Quarantine Act*
  - **Information:** COVID-19 FAQs for Public, revised March 25
  - **Directions:** Guidance for Service Providers to Homeless Albertans; When and How to Wear a Mask; Donning and Doffing PPE; AHS Memo to People Under Investigation for COVID-19, revised March 12

#### March 22, 2020 Update

- Action items numbered
- Pandemic Phase Action Items – 2 new items re: facility entry and program admission screening criteria
- New Appendices – Alberta Chief Medical Officer of Health List of Orders; GOA social distancing tips

#### March 16, 2020 Update

- Table of Contents with page numbers
- Pandemic Phase Action Items – 2 new items re: use of AHS COVID-19 self-assessment and use of masks by symptomatic persons in residential settings
- Care of Sick Persons – 3 new items re: designating specific spaces for sick persons and use of masks
- New List of Appendices to provide specific guidance of universal practices and implementation in specific circumstances

## Section 1 – Pandemic Background and Introduction

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Seasonal influenza virus strains constantly change and continually circulate in every part of the world, normally appearing in fall and winter in Alberta. The viruses cause respiratory illness and are contagious. While all age groups can be affected and most people recover from influenza, young children, those with certain chronic diseases such as heart disease and those older than 65 are at higher risk for complications and death.

Pandemic influenza occurs when a novel influenza A virus, to which most humans have little or no immunity, acquires the ability to cause sustained human-to-human transmission that leads to a rapid worldwide spread. The novel virus may arise through genetic reassortment (animal and human influenza genes mix together) or genetic mutation (when genes in an animal virus change, allowing the virus to easily infect humans). When exposed to the new virus, most people become ill as they have no immunity.

If the new virus causes severe disease, it can lead to significant numbers of hospitalizations and deaths as well as social and economic disruption.

Pandemic planning at the provincial and regional levels has been in place since the late 1990s. In 2009, Alberta Health Services (AHS) developed a provincial pandemic plan to reflect activities required for the pH1N1 virus.

The federal government (e.g. Health Canada and the Public Health Agency of Canada) is primarily responsible for developing, testing and maintaining mandate-specific emergency plans, which outline the federal response to national public health threats or events such as major disease outbreaks (including an influenza pandemic).

The International Health Regulations (2005) provide a global legal framework under the World Health Organization (WHO) to prevent, control or respond to public health risks that may spread between countries. Provisions in the IHR include obligations for member states including Canada (e.g., surveillance reporting).

WHO has the following pandemic influenza phasing, as defined below:

- **Alert Phase:** when influenza caused by a new subtype has been identified in humans. This phase is characterized by extra vigilance and careful risk assessment.
- **Pandemic Phase:** the period of global spread of human influenza caused by a new subtype. Movement between the interpandemic, alert and pandemic phases may occur quickly or gradually.
- **Transition Phase:** reduction of the assessed risk resulting in de-escalation of global actions.

The WHO's pandemic phases are used as a framework for this Pandemic Plan to trigger preparation, readiness assessment and action. The information in this Plan is based on the latest information from AHS. The Plan may be revised based on information from AHS, Health Canada or the WHO.

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## Section 2 – Understanding Influenza-Like-Illness (ILI)

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Before discussing the three pandemic phases it is important to establish an understanding of “Influenza-Like-Illness” (ILI). For staff and persons served the first indicator that they may be experiencing a flu outbreak will be when they observe certain symptoms. An individual is considered compromised when they display:

- Acute onset of respiratory illness
- Fever (>38C), except with elderly people who may be ill without a fever
- Cough
- One or more of sore throat, joint pain, muscle pain or extreme exhaustion

These symptoms should be taken seriously. Staff members who experience these symptoms should not come to work and should remain at home until symptoms have disappeared. Persons served should be encouraged to self-report these symptoms so appropriate actions may be taken.

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## Section 3 – Signs and Symptoms of COVID-19 (novel coronavirus)

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COVID-19 is a novel coronavirus that had not been detected previously in humans. It is the cause of the respiratory outbreak in mainland China that has now been detected in many other countries around the world. The highest concentration of cases in China is in Hubei province.

In some ways, COVID-19 is similar to influenza (also known as the flu). They both:

- cause respiratory disease in people who get sick.
- spread by small droplets from the nose and mouth.
- are not spread through the air over long distances and times, unlike the measles.

However, there are some key differences between COVID-19 and the flu:

- COVID-19 does not appear to transmit as efficiently as influenza:
  - only those with symptoms seem to be spread the disease
  - controlling spread is possible when people with symptoms are isolated
- There is no specific vaccine or treatment for COVID-19.
- COVID-19 causes severe disease and mortality in more cases than the flu. On average there is about 1-2 deaths per 100 people infected with COVID-19, compared to 1 death in every 1000 people with the flu.
- Because COVID-19 can cause such a serious illness, it is critical to keep it from spreading by having people with a cough or fever stay home and away from others.

## Section 4 – e4c Pandemic Plan

A pandemic may be very mild or very extreme. There is no way to predict such events until they occur. Program Managers need to think about how to maintain operations yet minimize transmission to their staff and persons served. Decisions will have to be made around such issues as closing a service and/or making budgetary adjustments. Programs need to be prepared for changes in staffing levels; multiple participants who become ill; possible disruptions in supplies, utilities, and agency support systems (e.g. banking, other organizations); an overwhelmed health care system; changes at a societal level (e.g. cancellation of events where people gather, such as in churches); and potential fatalities. Disruptions may last for up to 3 months or more.

In the event of a pandemic, e4c’s course of action will be guided by information from Alberta Health Services, Alberta Emergency Management Agency and other critical authorities responsible for emergency management and response. e4c’s Executive Office will coordinate regular communication updates with program managers, the Occupational Health and Safety Officer and Committee.

## Section 5 – e4c Pandemic Plan Implementation

1. The e4c Pandemic Plan is reviewed and updated annually – as a living document

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

2. **All e4c Directors and Managers ensure that:**

- 2.1. They have read and thoroughly understand the e4c Pandemic Plan.

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 2.2. Each Director and Manager has an electronic and paper copy of the Plan.

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 2.3. Directors and Managers meet to discuss the implementation of the Plan, budget concerns, and site specific planning

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 2.4. Managers are supported in decision making should a pandemic occur

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

### 3. e4c Program Managers will ensure that:

- 3.1. They clearly understand that they are to act as the individual responsible for infection prevention and control

Not Started	In Progress	Completed

- 3.2. They have read and thoroughly understand the e4c Pandemic Plan. Program Managers will ensure that a hard copy is available in the office of their particular program and that staff are provided with time to read and understand the plan. Where necessary, an electronic format of the plan can be distributed to staff members

Not Started	In Progress	Completed

- 3.3. They may ask for consultation with their Senior Director during any phase of the Plan

Not Started	In Progress	Completed

- 3.4. The **alert phase** planning is reviewed on annual basis

Not Started	In Progress	Completed

- 3.5. They engage the support of their Senior Director in decision making should a **pandemic** occur

Not Started	In Progress	Completed

- 3.6. Suspected cases related to COVID-19 will be reported to the OHS Manager on a daily basis. If necessary, a reporting form will be provided

Not Started	In Progress	Completed

- 3.7. They follow through with **transition phase** planning and action should they be required

Not Started	In Progress	Completed

## Section 6 – Alert Phase

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### Policy Statement

Prevention should be central to all programs during the alert phase of a possible pandemic.

### Guidelines

1. e4c will promote and educate frequent hand washing, covering cough and sneezes, avoidance of touching faces, and other preventative measures to staff, volunteers and persons served.
2. Staff, volunteers and persons served are to be encouraged to learn and practice preventative measures as communicated by Alberta Health Services. Where possible and available, staff volunteers and persons served are to be encouraged to become vaccinated.
3. Where possible, e4c will maintain regular office/program hours.
4. Program Managers will determine what suitable staffing levels are and will endeavour to retain a full staffing model supplemented by casual and/or on-call supports.
5. In the case of offices not delivering direct client support, Managers will determine the number of staff necessary to carry out business functions. In some cases, staff may have to be cross trained to ensure business continuity. If an insufficient number of staff is available to work in the office, the office may be closed, or other appropriate measures will be used such as communication via cell phones, working from home or alternative sites.

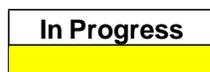
### Action Items

The action items in this section address Residential Programs, Non-Residential Programs and Business Offices. These action items should be considered by each Program Manager to be a priority. Progress indicators are provided to ensure that each item has been addressed.

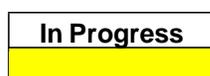
#### **Action Items for Residential Programs**

##### ***Education and Training***

- 6.1. The Program Manager should clearly understand that they shall act as the individual responsible for infection prevention and control and occupational health and safety at their sites(s)



- 6.2. Senior Directors shall assist Program Managers in the implementation of the Pandemic Plan



- 6.3. Pandemic awareness training sessions for staff should be scheduled and provided, including the practice of Universal Precautions

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.4. Practice with and inform staff and persons served regarding proper handwashing technique

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.5. Display handwashing instruction posters at washrooms and other areas where hands may be washed

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.6. Practice with and inform staff and persons served regarding coughing/sneezing into their sleeve not their hand

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.7. Where possible and available, all staff and persons served are encouraged to access vaccinations

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.8. Remind staff and persons served to respond in positive, relationship-enhancing ways to the interpersonal or prejudicial challenges that may surface during an epidemic.

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

### ***Supplies/Preparation***

- 6.9. Program Managers should acquaint themselves with the e4c Pandemic Plan and prepare their facilities and staff for a potential outbreak

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.10. Where possible, an isolation room and meal delivery should be identified and plans put in place

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

6.11. Acquire and maintain a suitable inventory of soap and alcohol-based hand rub

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

6.12. Acquire and maintain a supply of disposable face masks and safety goggles/glasses and other recommended personal protective equipment (PPE)

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

6.13. Acquire and maintain a suitable inventory of disinfectant cleaning supplies

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

6.14. Ensure there is 3-6 week stock of non-perishable food supplies and all necessary medications

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

***Program Continuity***

6.15. All Program Managers are encouraged to ensure that their staffing models are complete, and an adequate number of individuals are on the casual/on-call rosters to fill in staffing gaps during a pandemic

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

6.16. Program Managers should recognize that staff members may have to self-isolate or remain at home to care for sick family members. Program Managers will have a plan for continuing services with an absenteeism of 20-30%

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

6.17. In some cases, staff may have to be cross trained to ensure business continuity

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

6.18. Review succession planning in the event of the Program Manager becoming sick, or where there are multiple sites requiring site-based leadership

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

## Action Items for Non-Residential Programs

### Education and Training

- 6.19. The Program Manager should clearly understand that they shall act as the individual responsible for infection prevention and control and occupational health and safety at their site

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.20. Programs located in facilities other than e4c facilities should discuss this Pandemic Plan with their landlord

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.21. Programs located in facilities owned by other organizations with their own pandemic plans should acquaint themselves with those pandemic plans that are in place

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.22. Pandemic awareness training sessions for staff should be scheduled and provided, including the practice of Universal Precautions

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.23. Practice with or inform staff and persons served regarding proper handwashing technique

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.24. Display handwashing instruction posters at washrooms and other areas where hands may be washed

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.25. Practice with and inform staff and persons served regarding coughing/sneezing into their sleeve not their hand

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

6.26. Where possible and available, all staff and persons served are encouraged to access vaccinations

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

6.27. Remind staff and persons served to respond in positive, relationship-enhancing ways to the interpersonal or prejudicial challenges that may surface during an epidemic.

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

**Supplies**

6.28. Acquire and maintain a suitable inventory of soap and alcohol-based hand rub

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

6.29. Acquire and maintain a suitable inventory of disinfectant cleaning supplies

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

**Program Continuity**

6.30. All Program Managers are encouraged to ensure that their staffing models are complete, and an adequate number of individuals are on the casual/on-call rosters to fill in staffing gaps during a pandemic

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

6.31. In some cases, staff may have to be cross trained to ensure business continuity

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

6.32. Review succession planning in the event of the Program Manager becoming sick, or where there are multiple sites requiring site-based leadership

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

### **Action Items for Business Offices**

- 6.33. The Program Manager shall act as the individual responsible for infection prevention and control and occupational health program at their site

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.34. Central services (payroll, accounting, human resources, maintenance) will be completed on a priority basis. Central services may be relocated or performed from home during the pandemic phase. In particular payroll and accounting services need to be prepared to ensure timely completion of the business cycle. This may require cross-training and the development of a business continuity plan anticipating 30% staff absenteeism

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.35. Acquire and maintain a suitable inventory of soap and alcohol-based hand rub

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.36. Practice with or inform staff and persons served regarding proper handwashing technique

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.37. Display handwashing instruction posters at washrooms and other areas where hands may be washed

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.38. Practice with and inform staff and persons served regarding coughing/sneezing into their sleeve, not their hand

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.39. Acquire and maintain a suitable inventory of disinfectant cleaning supplies

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

- 6.40. Where possible and available, all staff and persons served are encouraged to access vaccinations

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

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## Section 7 – Pandemic Phase

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### Policy Statement

During an influenza pandemic, e4c will focus on stopping the transmission of infection for staff, volunteers and persons served; and fulfilling our duty for our tenants, residents, occupants and persons under e4c's care.

e4c may suspend, cancel or reduce services and programs in the interest of stopping the transmission of infection. In such case, a clear rationale based on factual information will be developed to support the consistency of communication to persons served, persons involved, staff, volunteers, stakeholders and the community.

### Guidelines

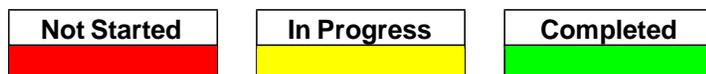
1. e4c will continue to promote and educate frequent hand washing, covering cough and sneezes, avoidance of touching faces, self-isolation in the event of illness and other measures to stop the spread of infection, as directed by Alberta Health Services, Alberta Emergency Management Agency and other critical authorities responsible for emergency management and response.
2. Staff, volunteers and persons served will continue to be encouraged to learn and practice preventative measures as communicated by Alberta Health Services. Where possible and available, staff volunteers and persons served are to be encouraged to become vaccinated.
3. Where possible, e4c will maintain regular office/program hours.
4. e4c may cancel pre-planned vacation/time off request to maintain necessary staffing levels.
5. Program Managers will determine what suitable staffing levels are and will endeavour to retain a full staffing model supplemented by casual and/or on-call supports.
6. As long as offices, programs and facilities are open, they will continue with their primary purpose whether staff absenteeism is at the 5% or 10% level. Additional manpower resources will be provided through our existing casual and on-call services.
7. Programs and services should refer to their plan as to how they will function if staff absenteeism reaches 20%.
8. Should there be 30% staff absenteeism some programs, offices and services may not be able to operate. All Program Managers are encouraged to ensure that their staffing models are complete, and an adequate number of individuals are on the casual/on-call rosters to fill in staffing gaps during a pandemic. In such cases, e4c will prioritize the operation of programs where we have the duty of care or legal obligation(s).
9. In the case of offices not delivering direct client support, Managers will determine the number of staff necessary to carry out business functions. If an insufficient number of staff is available to work in the office, the office may be closed, or other appropriate measures will be used such as communication via cell phones, working from home or alternative sites.

10. Central services (accounting, payroll, personnel and maintenance) will be completed on a priority basis. Central services may be relocated or performed from home during the pandemic phase. In particular payroll and accounting services need to be prepared to ensure timely completion of the business cycle. This may require cross-training and the development of a business continuity plan anticipating 30% staff absenteeism
11. Any suspension, cancellation or reduction of e4c services and programs will require Executive Officers approval.
12. Written communications relating to the suspension, cancellation or reduction of e4c services and programs will be developed by the Program Manager(s) in consultation with Senior Director(s), with specific consideration to the recipient audience(s). For example, there may be specific messages for person served versus staff versus stakeholders.
13. During the pandemic phase, e4c may vary its Human Resources Policies to provide additional sick time or other benefits for staff who become ill, or who has family members who become ill.

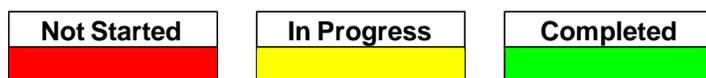
## Action Items

During the Pandemic Phase, all staff and persons served should maintain frequent hand washing, covering cough and sneezes, avoidance of touching faces, self-insolation in the event of illness and other measures to stop the spread of infection.

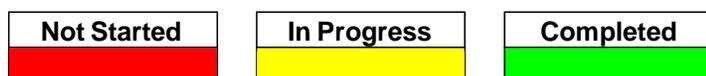
- NEW** 7.1. Observe gatherings restrictions (of large groups of people) to decrease the spread of infection, as order by the Chief Medical Officer of Health. Staff and persons served will need to curtail programming and activities to reduce the risk of infection



- NEW** 7.2. Staff should be instructed to maintain social and physical distance (2 metres) from those who display symptoms of illness and in general, as recommended by social distancing guidelines. Staff members working directly with persons who are sick may use PPE, as advised by AHS



- 7.3. In order to monitor the effects of the pandemic on e4c programs, Program Managers will report cases and probable cases of COVID-19 amongst persons served and related staff absenteeism on a daily basis to the OHS Manager. If necessary, a reporting form will be provided



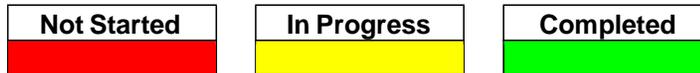
7.4. Persons served and staff will be requested to self-report symptoms and illness. Persons that are experiencing ILI symptoms will be directed to AHS' COVID-19 self-assessment tool to determine the best course of action to prevent disease transmission

<https://myhealth.alberta.ca/Journey/COVID-19/Pages/COVID-Self-Assessment.aspx>

**NEW**

Staff in care settings will use the Health Care Worker Self-Assessment

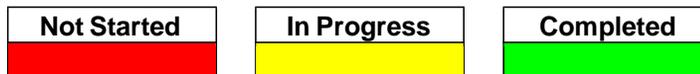
<https://myhealth.alberta.ca/Journey/COVID-19/Pages/HWAssessLanding.aspx>



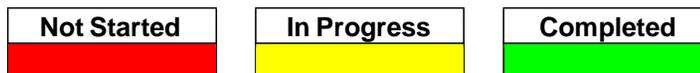
**NEW** 7.5. Provide masks or other PPE and isolate all individuals who develop ILI symptoms in residential settings, as recommended by AHS. Persons suspected of COVID-19 in residential settings (as determined by outbreak management standards, self-assessment tool or screening criteria) will be reported to AHS



**NEW** 7.6. Staff members experiencing COVID-19 related symptoms will be asked to go home for self-isolation for a period of time as directed by AHS. Residents will be required to move to spaces specifically designated for isolation, support and recovery, as directed by AHS



**NEW** 7.7. Conduct additional cleaning and disinfecting facilities during the pandemic phase and as ordered by the Chief Medical Officer of Health



7.8. Use disinfectants on all contact surfaces (floors, handrails, walls, counters, computer keyboards, doorknobs, locker doors, window latches, ledges, desks, sinks, toilets, urinals, etc.)



7.9. Put into place and implement screening criteria for entry into facilities by visitors, as ordered by the Chief Medical Officer of Health, and recommended by AHS



7.10. Put into place and implement screening criteria for program admissions, as recommended by AHS

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

7.11. Where possible and available, all staff and persons served are encouraged to access vaccinations

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

**NEW** 7.12. Observe outbreak management standards for suspected, probable and confirmed COVID-19 cases, as ordered by the Chief Medical Officer of Health

<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>

## Care of Sick Persons

- Designate specific rooms/spaces for sick individuals with ILI symptoms. In the case of residential programs, the rooms of people experiencing symptoms and illness should be clearly marked and only designated staff should provide care.
- In the case of rooms being shared, the roommate not experiencing symptoms or illness should be moved to a private room if possible and have limited contact with others for a period of time, as directed by AHS. Meals should be delivered to individuals in their rooms if they are in self-isolation.
- Staff members who are supporting sick individuals with ILI symptoms in residential settings will support the sick individuals to use/wear a procedural mask. Wearing a mask helps prevent passing illnesses on to other people.
- Use of masks are not recommended by AHS if a person is healthy; procedural masks do not provide full protection and can create a false sense of security.
- Ensure sick individual receives fluids (juice, water, etc.) and are keeping dry and warm. Staff will help to monitor their temperature and provide medication assistance as appropriate and as per Program Policies.

## List of Appendices

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### **ORDERS of the Alberta Chief Medical Officer of Health (CMOH) and Government of Canada**

#### **MANDATORY**

1. **CMOH Order 01-2020 & 04-2020 – COVID-19 Response: Schools, child cares, post-secondary Institutions**
2. **CMOH Order 02-2020 – COVID-19 Response: Mass gatherings, recreation/entertainment facilities, bars/nightclubs, restaurants**
3. **CMOH Order 03-2020 & Guidance – COVID-19 Response: Visitors at health care facilities and supportive living accommodation**
4. **CMOH Order 05-2020 – COVID-19 Response: Isolation and Quarantine Requirements**
5. **CMOH Order 06-2020 – COVID-19 Response: Operational Protocols of “Health Care Facilities” (inclusive of Supportive Living Accommodation)**

**NEW** 6. **CMOH Order 07-2020 – COVID-19 Response: Gathering and Distancing Restrictions and Exemptions for Shelter and Transitional Housing**

**NEW** 7. **CMOH Order 08-2020 – COVID-19 Response: Suspected, Probable and Confirmed Outbreak Standards for “Health Care Facilities” (inclusive of Supportive Living Accommodations)**

8. **Federal Emergency Order under the *Quarantine Act*.** Public Health Agency of Canada.

### **DIRECTION to all e4c staff: General Guidance regarding COVID-19**

9. **About Coronavirus Disease (COVID-19).** Source: Public Health Agency of Canada (PHAC)

**NEW** 10. **e4c Guidance Document to prevent COVID-19**

### **ACTION to be taken by all e4c staff: UNIVERSAL PRACTICE**

**NEW** 11. **COVID-19 Help Prevent the Spread poster.** Source: Alberta Health Services (AHS)

12. **How to Hand Wash.** Source: AHS

13. **How to Use Alcohol-based Hand Rub.** Source: AHS

14. **Cover Your Cough.** Source: AHS

**NEW** 15. **Physical Distancing.** Source: AHS

**NEW** 16. **Physical Distancing.** Source: PHAC

**NEW** 17. **Social Distancing Tips.** Source: Government of Alberta (GOA)

### **INFORMATION for all e4c staff, to understand the risk of a person having COVID-19**

**NEW** 18. **COVID-19 Screening Criteria (revised April 3, 2020).** Source: AHS

19. **COVID-19 FAQs for Public (revised March 25, 2020).** Source: AHS

**DIRECTION to e4c Management for implementation at program and service sites**

- 20. **General Guidance regarding COVID-19 Cleaning in Public Facilities.** Source: AHS
- 21. **Guidance for Providers of Services to Albertans Experiencing (or at risk of) Homelessness: COVID-19 Prevention and Preparation.** Source: GOA
- 22. **COVID-19 Poster for Congregate Living Settings.** Source: AHS

**NEW** **DIRECTION to be taken by persons experiencing Influenza-like Illness (ILI) symptoms, and DIRECTION to e4c Management for implementation, IF there are persons served or staff experiencing ILI symptoms OR with confirmed COVID-19**

- NEW** 23. **COVID-19 Outbreak Management Guidelines for Congregate Living Sites.** Source: AHS
- NEW** 24. **PPE Guidelines for Care of Individuals with Suspect or Confirmed COVID-19.** Source: GOA
- 25. **Self-isolation Information Sheet.** Source: GOA
- 26. **When & How to Wear a Mask.** Source: AHS

**INSTRUCTION to e4c staff on the use of PPE, when required**

- 27. **Putting on (Donning) PPE.** Source: AHS
- 28. **Taking off (Doffing) PPE.** Source: AHS

**DIRECTION to be taken by persons being tested for COVID-19**

- 29. **AHS Memo to People Who Are Under Investigation for COVID-19, revised March 12, 2020**

**DIRECTION to be taken by persons with COVID-19**

- 30. **How to Isolate at Home When You Have COVID-19.** Source: PHAC
- 31. **How to Care for a Person with COVID-19 at Home: Advice for Caregivers.** Source: PHAC

**DIRECTION to be taken by visitor to health care facilities (inclusive of supportive living and congregate living sites**

- NEW** 32. **COVID-19 Visitors Guidance: Visiting Residents During the Pandemic.** Source: AHS