

List of Appendices

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 05-2020 – COVID-19 Response: Isolation and Quarantine Requirements
4. CMOH Order 07-2020 – COVID-19 Response: Gathering and Distancing Restrictions and Exemptions for Shelter and Transitional Housing
- NEW** 5. CMOH Order 09-2020 – COVID-19 Response: No Visitors at health care facilities, except for one essential visitor and when a resident who is dying
- NEW** 6. CMOH Order 10-2020 – COVID-19 Response: Updated Operational Standards and Updated Suspected, Probable and Confirmed Outbreak Standards for “Health Care Facilities” (inclusive of Supportive Living Accommodations)
7. Federal Emergency Order under the *Quarantine Act*. Public Health Agency of Canada.

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

8. About Coronavirus Disease (COVID-19). Source: Public Health Agency of Canada (PHAC)
9. e4c Guidance Document to prevent COVID-19
- NEW** 10. Covid-19 Assessment Tool for Health Care Workers. Source: AHS

ACTION to be taken by all e4c staff: UNIVERSAL PRACTICE

- NEW** 11. Help Reduce the Spread of COVID-19 poster. Source: PHAC
12. COVID-19 Help Prevent the Spread poster. Source: Alberta Health Services (AHS)
- NEW** 13. Prevent the Spread of Coronavirus: Fact Sheet. Source: AHS
- NEW** 14. Hand Hygiene poster. Source: AHS
15. How to Hand Wash. Source: AHS
16. How to Use Alcohol-based Hand Rub. Source: AHS
17. Cover Your Cough. Source: AHS
18. Physical Distancing. Source: AHS
- NEW** 19. Physical Distancing. Also see video <https://www.canada.ca/en/public-health/services/video/covid-19-physical-distancing.html> Source: PHAC

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

- NEW 20.** COVID-19 Testing and Self-isolation Criteria (revised April 11, 2020). Source: AHS
- NEW 21.** COVID-19 FAQs for Public (revised April 8, 2020). Source: AHS

DIRECTION to e4c Management for implementation at program and service sites

- NEW 22.** COVID-19 Poster for Congregate Living Settings: **NO VISITORS**. Source: AHS
- NEW 23.** Resident Daily Screening Questionnaire. Source: AHS
- NEW 24.** Guidelines for Continuous Masking in Congregate Living Settings. Source: AHS
- 25.** General Guidance regarding COVID-19 Cleaning in Public Facilities. Source: AHS
- 26.** Guidance for Providers of Services to Albertans Experiencing (or at risk of) Homelessness: COVID-19 Prevention and Preparation. Source: GOA

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

- 27.** COVID-19 Outbreak Management Guidelines for Congregate Living Sites. Source: AHS
- 28.** Self-isolation Information Sheet. Source: GOA
- 29.** For Patients: When & How to Wear a Mask. Source: AHS

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

- NEW 30.** For Health Care Workers: How to Wear a Mask. Source: AHS
- 31.** Putting on (Donning) PPE. Source: AHS
- 32.** Taking off (Doffing) PPE. Source: AHS

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

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

DIRECTION to be taken by persons with COVID-19

- 34.** How to Isolate at Home When You Have COVID-19. Source: PHAC
- 35.** 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 36.** COVID-19 Guidance: Essential Visitors for Residents and Patients. Source: AHS

RECORD OF DECISION–CMOH Order 01-2020

Re: 2020 COVID-19 Response

I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

This investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

Under section 29(2.1) of the *Public Health Act* (the Act), I have the authority by order to prohibit a person from attending a school location for any period and subject to any conditions that I consider appropriate, where I have determined that the person's engaging in that activity could transmit an infectious agent. I also 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, having determined that certain activities could transmit COVID-19 as an infectious agent and that certain other steps are necessary to lessen the impact of the public health emergency, I hereby make the following Order:

1. Effective immediately, all persons who are eligible to or are currently attending a school location (students) in the Province of Alberta are prohibited from doing so.
2. All students are prohibited from attending any classes or programs offered at any school location with the exception of education programs offered in a home environment by a parent or guardian to immediate family members only.
3. Students may attend a school location on the following conditions:
 - (a) the student, or parent or guardian of the student, makes prior arrangements with school officials in advance of attending the school location for any purpose;
 - (b) the school undertakes to ensure that proper public safety precautions and all applicable special measures are in place as may be specified by the medical officer of health;
 - (c) the student, parent or guardian will comply with all directions from school officials and the medical officer of health.
4. For the purposes of this order, "school" is as defined in the Act and a school located on a First Nations reserve in Alberta. For greater certainty, this includes:
 - (a) a school operating under the *Education Act*, and includes the physical location or place where the school provides a structured learning environment through which an education program is offered or provided;

- (b) a school located on a First Nations reserve in Alberta;
 - (c) a place where an early childhood services program is offered or provided, and
 - (d) the premises where a child care program that is licensed under the *Child Care Licensing Act* is offered or provided.
5. All persons are prohibited from attending a place where an early childhood services program is offered or provided. All persons are also prohibited from attending a place where day care, out of school care or preschool programs licensed under the *Child Care Licensing Act* are provided or offered. For greater certainty, group family child care and approved family day homes are excluded from this Order.
6. All persons who are eligible to attend or are currently attending the following in the province of Alberta:
- (a) a public post-secondary institution or private post-secondary institution as defined in the *Post-secondary Learning Act*;
 - (b) an institution that provides vocational training under the *Private Vocational Training Act*;
 - (c) an institution accredited by the following entities:
 - i. the Association of Biblical Higher Education or the Association of Theological Schools (undergraduate and graduate programs at private, faith-based institutions);
 - ii. Transport Canada - Canadian Aviation Regulations (flight schools);
 - iii. Cecchetti Society of Canada (ballet programs and institutions);
 - iv. Languages Canada (English language programs at public and private institutions),
 - (d) any Community Adult Learning Programs (part-time, non-formal adult literacy, and foundational learning opportunities) grant funded by Alberta Advanced Education;
 - (e) any approved training provider under the *Training Provider Regulation*;
 - (f) any First Nations College entity including:
 - i. Maskwacis Cutlatural College;
 - ii. Old Sun Community College;
 - iii. Red Crow Community College;
 - iv. University nuhelot'ine thaiyots'i nistameyimâkanak Blue Quills;
 - v. Yellowhead Tribal College,
 - (g) any Indigenous adult learning provider entity including:
 - i. Bullhead;
 - ii. Chiniki Community College;

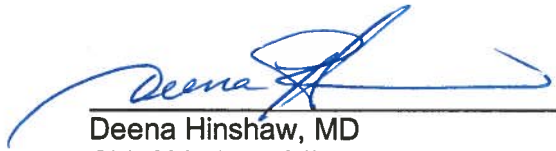
- iii. Kayas Cultural College;
- iv. Nechi Institute: Center of Indigenous Learning;
- v. Riel Institute;
- vi. Rupertsland Institute, and

(h) the Alberta Pipe Trades College (apprenticeship program provider)

are prohibited from attending in-person classes at the institution, provider or training provider.

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

Signed on this 16 day of March, 2020.


Deena Hinshaw, MD
Chief Medical Officer of Health

RECORD OF DECISION—CMOH Order 04-2020 which amends CMOH Order 01-2020

Re: 2020 COVID-19 Response

Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

Whereas the investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

Whereas under section 29(2.1) of the *Public Health Act* (the Act), I have the authority by order to prohibit a person from attending a location for any period and subject to any conditions that I consider appropriate, where I have determined that the person engaging in that activity could transmit an infectious agent. I also 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 made Record of Decision - CMOH Order 01-2020 on March 16, 2020.

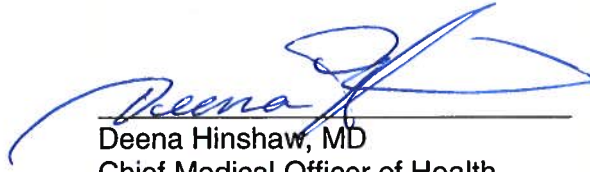
Whereas having further determined that it is necessary to modify Record of Decision - CMOH Order 01-2020 to allow essential services workers to have access to child care services so essential services workers can continue to engage in their profession, I hereby make the following Order which modifies my previous Record of Decision - CMOH Order 01-2020:

1. Effective March 23, 2020, and subject to the terms and conditions set out herein, persons may attend locations or premises where the following types of child care programs licensed under the *Child Care Licensing Act* are offered or provided:
 - (a) a "day care program" as defined in the *Child Care Licensing Regulation*; and
 - (b) an "out of school care program" as defined in the *Child Care Licensing Regulation*.
2. The specific locations and premises which may offer or provide the child care programs described in section 1 of this Order, must be determined at the sole discretion of the director of the *Child Care Licensing Act*.
3. Persons may only attend the locations and premises specified by the director as per section 2 of this Order, for the following purposes:
 - (a) receiving, offering or providing the listed child care programs to a child/children of an essential services worker;
 - (b) providing emergency health or safety services in the event of an emergency; or

(c) undertaking an inspection under the *Child Care Licensing Act* or the *Public Health Act*, as applicable.

4. The licence holder of a child care program described in section 1 of this Order must comply with Ministerial Order 02/2020, signed by the Minister of Children's Services pursuant to section 52.1(2) of the *Public Health Act*.
5. CMOH Order 01-2020 remains in effect to the extent that it has not been modified by this Order.
6. This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 20 day of March, 2020.


Deena Hinshaw, MD
Chief Medical Officer of Health

RECORD OF DECISION—CMOH Order 02-2020

Re: 2020 COVID-19 Response

I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

This investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

Under section 29(2.1) of the *Public Health Act* (the Act), I have the authority by order to prohibit a person from attending a location for any period and subject to any conditions that I consider appropriate, where I have determined that the person's engaging in that activity could transmit an infectious agent. I also 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, having determined that certain activities could transmit COVID-19 as an infectious agent and that certain other steps are necessary to lessen the impact of the public health emergency, I hereby make the following Order:

Effective immediately, all persons in the Province of Alberta are prohibited from attending the following locations or places where the activities listed are taking place:

1. Mass gatherings of more than 50 attendees. This includes places of worship, gatherings and family events such as weddings. Grocery stores, shopping centres, health care facilities, airports, the legislature and other essential services are not included.
2. Public recreational facilities and private entertainment facilities, including but not limited to, gyms, swimming pools, arenas, science centres, museums, art galleries, community centres, children's play centres, casinos, racing entertainment centres, and bingo halls.
3. Bars and nightclubs where minors are prohibited by law.

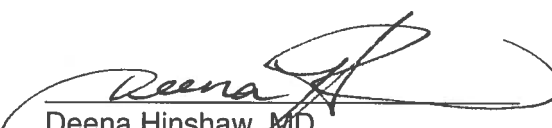
The above prohibitions do not apply, or apply with modifications set out below, to the following locations or places where the activities listed are taking place:

4. Albertans can attend restaurants, cafes, coffee shops, food courts and other food-serving facilities, including those with a minors-allowed liquor license. Such locations are limited to 50 per cent of their stated capacity, up to a maximum limit of 50 persons within a given location or place.

5. Take-out, delivery or drive-through food services are permitted. Licensed facilities are also be permitted to deliver liquor.
6. Not-for-profit community kitchens, soup kitchens and religious kitchens are exempt, but sanitization practices must be utilized and followed.

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

Signed on this 17 day of March, 2020.



Deena Hinshaw, MD
Chief Medical Officer of Health

RECORD OF DECISION – CMOH Order 05-2020

Re: 2020 COVID-19 Response

I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

This investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

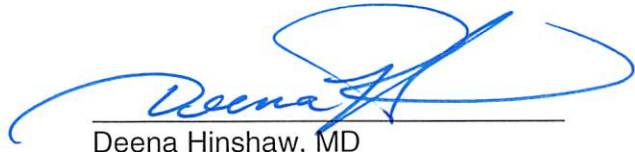
Under section 29(2.1) of the *Public Health Act* (the Act), I have the authority by order to prohibit a person from attending a location for any period and subject to any conditions that I consider appropriate, where I have determined that the person engaging in that activity could transmit an infectious agent. I also 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, having determined that certain activities could transmit COVID-19 as an infectious agent and that certain other steps are necessary to lessen the impact of the public health emergency, I hereby make the following Order, effective immediately:

1. Any person who is a confirmed case of COVID-19 must be in Isolation for a minimum of 10 days from the start of their symptoms, or until symptoms resolve, whichever is longer.
2. For the purposes of this Order, Isolation includes the following restrictions:
 - (a) remaining at home, and 2 metres distant from others at all times;
 - (b) not attending work, school, social events or any other public gatherings; and
 - (c) not taking public transportation.
3. Subject to section 9, the following persons must be in Quarantine for a minimum 14 day period:
 - (a) a person returning to Alberta after having travelled internationally; and
 - (b) a close contact of a person who is confirmed as having COVID-19.
4. For the purposes of this Order, Quarantine includes the following restrictions and requirements:
 - (a) remaining at home;
 - (b) not attending work, school, social events or any other public gatherings;

- (c) not taking public transportation; and
 - (d) watching for symptoms, as set out below, in themselves or in a family member.
5. For the purposes of this Order, a “close contact” is defined as a person who:
- (a) provides care, lives with, or has close physical contact, without consistent and appropriate use of personal protective equipment, with a person who is confirmed as having COVID-19; or
 - (b) comes into direct contact with the infectious body fluids of a person who is confirmed as having COVID-19.
6. If a person identified in section 3 experiences symptoms, as set out below, during the 14 day period of Quarantine, they must be in Isolation for a minimum of 10 additional days from the start of their symptoms, or until symptoms resolve, whichever is longer, but at no time may a person described in section 3 be in Quarantine for less than 14 days.
7. Subject to section 8 of this Order, any person who is exhibiting any of the symptoms as set out below, which are not related to a pre-existing illness or health condition, must be in Isolation for a minimum of 10 days from the start of their symptoms, or until the symptoms resolve whichever is longer:
- (a) cough;
 - (b) fever;
 - (c) shortness of breath;
 - (d) runny nose; or
 - (e) sore throat.
8. Persons described in section 7 of this Order, are not required to be in Isolation in accordance with section 7, if those persons test negative for COVID-19 and have no known exposure to COVID-19.
9. Persons described in section 3 of this Order, are not required to be in Quarantine in accordance with section 3 if they are:
- (a) essential services workers;
 - (b) who are designated by their employer as being essential; AND
 - (c) where a medical officer is satisfied that the presence of the person in a public place would involve reasonably low risk to the public health.
10. Notwithstanding anything in this Order, the Chief Medical Officer of Health may exempt a person or classes of persons from the application of this Order.
11. For greater certainty, any person previously exempted, in writing by the Chief Medical Officer of Health from any requirement to Quarantine or Isolate, continues to be exempted and is further exempted from the application of this Order.
12. This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 25 day of March, 2020.



Deena Hinshaw, MD
Chief Medical Officer of Health

RECORD OF DECISION – CMOH Order 07-2020

Re: 2020 COVID-19 Response

I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

This investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

Under section 29(2.1) of the *Public Health Act* (the Act), I have the authority by order to prohibit a person from attending a location for any period and subject to any conditions that I consider appropriate, where I have determined that the person engaging in that activity could transmit an infectious agent. I also 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, having determined that certain activities could transmit COVID-19 as an infectious agent and that certain other steps are necessary to lessen the impact of the public health emergency, I hereby make the following Order:

Effective immediately, all persons in the Province of Alberta must adhere to the following restrictions and comply with the following prohibitions:

Outdoor places

1. The gathering of persons in excess of 15 people in a group, in an outdoor location, is prohibited.
2. Any persons gathering in an outdoor location must maintain a minimum of 2 metres distance from one another.

Gatherings

3. Subject to section 4 of this Order,
 - (a) the gathering of persons in excess of 15 people in a group, in an indoor location, is prohibited; and
 - (b) any persons gathering in an indoor location must maintain a minimum of 2 metres distance from one another.
4. Persons gathering in an indoor location who are all members of the same household are excepted from the requirement in section 3(b) of this Order.

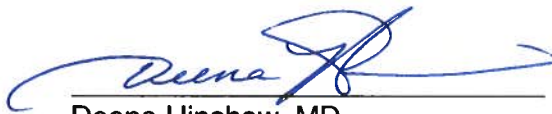
5. For greater certainty, sections 1 through 3 apply to any type of public or private gathering, including but not limited to, weddings, funerals, religious services, informal events etc.

Places of business

6. The following types of non-essential places of business are no longer permitted to offer or provide services to the public at a location that is accessible to the public:
 - (a) any place of business offering or providing non-essential health services;
 - (b) any place of business offering or providing personal services;
 - (c) any place of business offering or providing wellness services, including but not limited to massage therapy services and reflexology services; and
 - (d) any retail store, including a retail store located in a shopping centre, or other similar place of business offering or providing only non-essential goods or services.
7. Despite section 6(a), health professionals can offer or provide non-essential health services at a place of business only if the services are deemed urgent by the health professional providing the service.
8. For the purposes of this Order, a “non-essential health service” includes any service that is generally done to protect, promote or maintain health of an individual and where an interruption in the provision of services will not result in an individual’s life, health or safety being immediately endangered.
9. For the purposes of this Order, an essential service is a service considered critical to preserving life, health, public safety and basic societal functioning.
10. For the purposes of this Order, a “personal service” means any of the following activities performed on, in or to a person’s skin, hair, nails or teeth or other parts of the body of a person, for the primary purpose of enhancing, preserving or altering the person’s appearance:
 - (a) puncturing;
 - (b) cutting;
 - (c) shaving;
 - (d) exfoliating;
 - (e) applying pressure;
 - (f) inserting, implanting, attaching or removing objects;
 - (g) applying suction;
 - (h) using energy-emitting equipment;
 - (i) removing;
 - (j) styling;

- (k) applying or injecting cosmetic products.
11. Any place of business that is still permitted to operate that offers or provides services to the public at a location that is accessible to the public must:
- (a) prevent the risk of transmission of infection to co-workers and members of the public by a worker or member of the public;
 - (b) provide for rapid response if a worker or member of the public develops symptoms of illness while at the place of business; and
 - (c) maintain high levels of workplace and worker hygiene.
12. Restaurants, cafes, coffee shops, food courts and other food-serving facilities, including those with a minors-allowed liquor license can continue to offer or provide take-out, drive thru and food delivery services only. For greater certainty, no dine-in services are permitted to be offered or provided.
13. Notwithstanding anything in this Order, the Chief Medical Officer of Health may exempt a person or classes of persons from the application of this Order.
14. This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 27 day of March, 2020.


Deena Hinshaw, MD
Chief Medical Officer of Health

March 30, 2020

AR 169674

Re: Exemptions and Clarifications for Operators of Shelters and Temporary or Transitional Housing Facilities, related to Chief Medical Officer of Health Orders

On March 16, 2020, in my capacity as Chief Medical Officer of Health (CMOH), I declared a state of public health emergency in Alberta, due to the presence of COVID-19 in the province. The Government of Alberta recognizes that the operators of shelters and temporary or transitional housing facilities provide an essential service in Alberta, particularly during this time of emergency. This includes the operators of any site for Albertans facing homelessness or family violence. I am pleased to provide the following exemptions and clarifications related to my recent Orders.

CMOH Order 07-2020, Clauses 1-5

On March 27, 2020, under CMOH Order 07-2020 Clause 3, I announced that indoor gatherings in excess of 15 people in a group are prohibited and that any people gathering in an indoor location must maintain a minimum of 2 metres distance from one another. Clause 5 confirms that these gatherings applies to any type of public or private gathering, including but not limited to, weddings, funerals, religious services, informal events etc.

- The clause 3 prohibition does not apply to the the normal operations of shelters and temporary or transitional housing settings. Normal operations of essential services that include more than 15 people may proceed, but risk mitigation strategies such as physical distancing must be in place.
- Non-essential indoor and outdoor gatherings that include more than 15 people, such as informal social gatherings, are subject to CMOH 07-2020 and must not proceed.
- CMOH Order 07-2020 is available at <https://open.alberta.ca/publications/cmoh-order-07-2020-2020-covid-19-response>.

Physical distancing in shelter settings

I am providing the following exemption and clarification for residents of shelters and transitional or temporary housing facilities who do not have COVID-19 symptoms:

- Under ideal circumstances, the 2 metre distance applies to the head to toe placement of mats, cots and beds; however, recognizing the current space limitations in many shelters and the necessity of providing adequate beds to vulnerable Albertans, the minimum requirement for head to toe placement of mats, cots and beds is 1 metre.
- For shelters that operate on a 24 hour basis, shelter operators must facilitate 2 metres of physical distance between clients during normal daytime operations.

Clients who require isolation due to suspected or confirmed cases of COVID-19

Operators are encouraged to prioritize moving clients who have a suspected or confirmed case of COVID-19 to an external, assisted isolation space. For shelters providing services for clients who are homeless, this may mean moving the client to an isolation space or facility that has been identified by shelter networks in various cities and locations around the province. For clients who are facing family violence, this may mean securing a hotel room for the client.

- In the event that an operator of a shelter or temporary or transitional housing facility determines they have adequate space to set up a separate room or section specifically for client isolation or if a group of operators determined to designate one of their facilities as an isolation-only shelter; the operator(s) must follow the requirement, under CMOH 07-2020, to ensure 2 meters of distance between people, including within sleeping arrangements. Alberta Health Services public health in each Zone should be consulted to ensure these spaces can meet environmental health and infection, prevention and control standards.

Symptomatic staff and volunteers

On March 25, 2020, under CMOH Order 05-2020, I required that any person who is exhibiting any of the following symptoms: cough, fever, shortness of breath, runny nose or sore throat, which are not related to a pre-existing illness or health condition, must be in isolation for a minimum of 10 days from the start of their symptoms, or until the symptoms resolve, whichever is longer.

- Staff and volunteers at shelters and transitional or temporary housing facilities must follow this requirement and must stay home if exhibiting any of the above-listed symptoms.
- CMOH Order 05-2020 can be found at <https://open.alberta.ca/publications/cmoh-order-05-2020-2020-covid-19-response>.

Finally, please be advised that Alberta Health and Alberta Health Services are currently preparing a resource for shelters that amalgamates COVID-19 prevention and outbreak management information. Once this is available, it will replace the *Guidance for Providers of Services to Albertans Experiencing (or at-risk of) Homelessness: 2019*

Novel Coronavirus (COVID-19) Prevention and Preparation document that was released on March 16. We anticipate this document will also meet the information needs of the Alberta Council of Women's Shelters as well as other shelter-related needs identified by CSS (e.g., a clear process for requesting PPE and a consistent screening protocol).

This is the best guidance that can be offered at this time and we will continue to work with CSS to assess the situation going forward.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Deena', followed by a large, stylized flourish.

Deena Hinshaw, BSc, MD, MPH, CCFP, FRCP
Chief Medical Officer of Health

RECORD OF DECISION – CMOH Order 09-2020 which rescinds CMOH Order 03-2020

Re: 2020 COVID-19 Response

Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

Whereas the investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

Whereas under section 29(2.1) of the *Public Health Act* (the Act), I have the authority by order to prohibit a person from attending a location for any period and subject to any conditions that I consider appropriate, where I have determined that the person engaging in that activity could transmit an infectious agent. I also 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 made Record of Decision - CMOH Order 03-2020 on March 20, 2020.


Whereas having further determined that it is necessary to further restrict the ability of persons to visit residents in health care facilities located in Alberta, I hereby make the following Order which rescinds my previous Record of Decision - CMOH Order 03-2020:

1. Effective immediately no visitors, except those identified in this order, are permitted to attend a health care facility in the Province of Alberta.
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 addiction treatment services can be offered or provided by a service provider who has been issued a licence under section 6 of the *Mental Health Services Protection Act*.
3. An operator or service provider of a health care facility shall ensure that the provisions of this Order and the guidelines attached as Appendix A to this Order are complied with.

4. Despite section 3 of this Order, an operator or service provider of a health care facility may be exempted from the application of this Order, by me, on a case-by-case basis.
5. An essential visitor of a resident may attend a health care facility only for the purposes of providing for the essential care needs of the resident that would otherwise be unmet.
6. Despite section 5, if a resident is dying, members of the resident's family, the resident's religious leader(s) and the resident's friends may, subject to the approval of the essential visitor, attend a health care facility to visit the resident.
7. For the purposes of this order, an "essential visitor" is, in relation to a resident of a health care facility, an individual who is over 18 years of age and is designated by the resident or the resident's alternate decision maker as their single essential visitor to:
 - (a) provide care to meet the essential care needs of the resident that would otherwise be unmet; and
 - (b) decide who among a dying resident's family/religious leader(s)/friends may attend a health care facility for the purposes of visiting a resident.
8. Only one individual may attend to a given resident at any time within a health care facility. For greater certainty, the essential visitor of a resident and a family/religious leader/friend may not attend the health care facility in which the resident is located at the same time.
9. Despite section 8, if a resident is dying and the essential visitor approves a child to visit the resident, the child may be accompanied by the essential visitor or the child's parent/guardian.
10. Every attendance of an essential visitor must be prearranged with the staff of the health care facility in which the resident is located.
11. Before allowing an individual to attend to a resident within the health care facility, the staff of a health care facility must:
 - (a) confirm whether the individual is, in relation to the resident being attended to, the essential visitor of the resident;
 - (b) record the individual's visit, including the date, time and information required to be collected under section 11(c);
 - (c) conduct a health assessment of the individual, including taking the individual's temperature and requiring the individual to answer a questionnaire; and
 - (d) confirm that the individual does not have a temperature over 38 degrees Celsius or any illness identified in the guidelines attached as Appendix A to this Order.
12. An essential visitor must:
 - (a) be escorted at all times, by the staff of the health care facility, except when attending to the resident in their room; and
 - (b) wear at all times, a face covering or mask that covers their mouth and nose while attending the health care facility.

13. Sections 10, 11(b), (c) and (d), and 12 of this Order apply to a member of the resident's family, a religious leader and a friend, as if they were an essential visitor, when one of those persons attends a health care facility for the purposes of visiting a dying resident.
14. In addition to ensuring the requirements in section 13 of this Order are met, the staff of a health care facility must also ensure that a member of the resident's family, a religious leader or a friend who attends a health care facility for the purposes of visiting a dying resident is approved by a resident's essential visitor.
15. This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 7 day of April, 2020.



Deena Hinshaw, MD
Chief Medical Officer of Health

Document: Appendix A to Record of Decision – CMOH Order 09-2020

Subject: Guideline regarding visitation in licensed supportive living, long-term care and residential addiction treatment service providers licensed under the Mental Health Services Protection Act (MHSPA).

Date Issued: April 7, 2020

Scope of Application: As per Record of Decision – CMOH Order 09-2020

Distribution: All licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals), and residential addiction treatment service providers licensed under the MHSPA.

Purpose:

This guidance supplements the application of CMOH Order 09-2020 (the Order), outlining the requirements for all operators¹, staff², residents³, as well as the families and friends of those residents who live within the facilities to which the Order applies. The intent of this guidance is to protect the health and safety of residents and staff in these facilities.

Key Messages:

Individuals over 60 years of age and those with pre-existing health conditions are most at risk of severe symptoms from COVID-19. To prevent the spread of respiratory viruses, including COVID-19, among seniors and vulnerable groups:

- Visitors, **in the limited instances** when they will be allowed to enter any continuing care (licensed supportive living or long-term care) or residential addiction and treatment facility in Alberta, are limited to a single individual designated by the resident or guardian (or other alternate decision-maker).
- Each designated essential visitor must be verified and undergo a health screening prior to entering the facility. This includes a temperature check or a questionnaire.
- Facilities must have security staff or a greeter to conduct this screening and verify the visitor as the designate.
- As of this Order⁴, **no visitors**, including those designated as essential, are allowed entry into these facilities, **except for visits**:

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

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

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

⁴ This order rescinds and updates CMOH Order 03-2020.

1. Where, in rare situations, the resident's care needs cannot be met without their assistance, or
2. When a resident is dying (see below).

Designated Essential Visitors

- One essential visitor must be designated by the resident, or their alternate decision-maker.
 - This means only a single individual is designated.
 - The designated essential visitor can be a family member, friend or companion.
 - The designated essential visitor cannot be under 18 years of age (see #2 below for exception).
 - The site contact (e.g. director of care, case manager, facility administrator) will confirm each designated essential visitor and ensure that they meet the criteria in this document.
 - The site contact can make exceptions, and allow the designated essential visitor to approve others to visit, in circumstances where a resident is dying (see #2 below).
- Visits from the designated essential visitor are **limited to visits meeting one of the following two criteria:**
 1. Visits where, in rare situations, the resident's care needs cannot be met without the designated essential visitor's assistance.
 - Designated essential visitors may carry out care related activities, as appropriate, where staff are unable to provide those due to emergent pandemic impacts, and where the designated visitors have been provided appropriate guidance, if needed.
 2. Visits in circumstances where a resident is dying.
 - The designated essential visitor may enter and can approve others, including the resident's family, their religious leader(s), a child (under 18 years of age), and their friends to enter, so long as **only one visitor enters the facility at a time.**
 - The only exception to the requirement that "only one visitor enters the facility at a time," is if the approved visitor is a child. In those circumstances, the child must be accompanied by either the designated essential visitor or the child's parent/guardian.
- Designated essential visitors must:
 1. Pre-arrange visits with the operator (e.g., facility administrator or identified designate) and be expected, and
 2. Be escorted by site staff to the resident's room and remain in the resident's room for the duration of the visit, and
 3. Not visit with any other residents.
- Operators are expected to ensure that only the designated essential visitor is allowed into the site at any time.
- Operators are expected to ensure that the Health Assessment Screening (see below) is conducted on every visit.
- Operators must instruct any visitors permitted to enter the site to wash their hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer (greater than 60% alcohol content).
- Operators will ensure that visitors have a mask or face covering that covers the visitor's mouth and nose, and will instruct the visitor on how to safely put on and take off the mask or face covering.

Health Assessment Screening

All facilities shall have a security person or greeter to assess the designated visitor. Any visitor who intends to enter a licensed supportive living, long-term care facility or licensed residential addiction and treatment facility must be screened. This screening must be completed each time the visitor enters the site.

Screening shall involve the following:

1. Temperature screening:
 - The temperature of all designated visitors must be taken by a non-invasive infrared or similar device (oral thermometers must not be used).
 - For reference, normal temperatures are:
 - Ear/forehead 35.8-38.0°C (96.4-100.4°F)
 - Anyone with a measured temperature of 38.0°C or higher **MUST NOT** be admitted to the facility and should be advised to leave the building in order to protect the health of the residents.
2. COVID-19 Questionnaire

1.	Do you have any of the below symptoms:		
	• Fever	YES	NO
	• Cough	YES	NO
	• Shortness of Breath / Difficulty Breathing	YES	NO
	• Sore throat	YES	NO
	• Runny Nose	YES	NO
	• Feeling unwell / Fatigued	YES	NO
	• Nausea/Vomiting/Diarrhea	YES	NO
2.	Have you, or anyone in your household travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever?	YES	NO
4.	Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

If a designated visitor answers YES to any of the questions, the individual **MUST NOT** be admitted to the facility and should be advised to leave the building in order to protect the health of the residents.

3. Confirmation of identity and “designated visitor” status
4. Documentation of arrival and exit times.

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

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

RECORD OF DECISION – CMOH Order 10-2020 which rescinds CMOH Order 06-2020 and CMOH Order 08-2020

Re: 2020 COVID-19 Response

Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

Whereas the investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

Whereas under section 29(2.1) of the *Public Health Act* (the Act), I have the authority by order to prohibit a person from attending a location for any period and subject to any conditions that I consider appropriate, where I have determined that the person engaging in that activity could transmit an infectious agent. I also 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 made Record of Decision - CMOH Order 06-2020 on March 25, 2020 and Record of Decision - CMOH Order 08-2020 on April 2, 2020.

Whereas the outbreak standards attached as appendix A to Record of Decision - CMOH Order 08-2020 require operators and service providers of health care facilities to require staff members to work exclusively at one site in the case of a confirmed COVID-19 outbreak.

Whereas having determined that it is necessary to:

- (a) further restrict the movement of staff members between health care facilities;
- (b) revise the operational protocols appended to Record of Decision - CMOH Order 06-2020; and
- (c) revise the outbreak standards appended to Record of Decision - CMOH Order 08-2020.

I hereby make the following Order, which rescinds my previous Record of Decision - CMOH Order 06-2020 and Record of Decision - CMOH Order 08-2020:

Part 1 – Restricting staff movement among health care facilities

1. Beginning April 16, 2020, but no later than April 23, 2020, each operator of a health care facility, and each contractor operating within a health care facility, located in the Province of Alberta, must restrict the movement of staff members among health care facilities by ensuring that each staff member works in only one health care facility.
2. For the purposes of Part 1 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*; and
 - (c) a designated supportive living accommodation under the *Supportive Living Accommodation Licensing Act*.
3. For the purposes of Part 1 of this Order, a “contractor” is defined as an individual who, or corporation that, under a contract or a sub-contract with the operator of a health care facility, provides or arranges for the provision of health care services or support services within the health care facility.
 4. For the purposes of Part 1 of this Order, a “staff member” is defined as any individual who is employed by, or provides services under a contract with, the operator of a health care facility or a contractor of the operator.
 5. For greater certainty, this Order applies to physicians and nurse practitioners to the extent set out in the standards attached in Appendix A and Appendix B of this Order.
 6. A staff member who is employed or contracted to provide services within more than one health care facility must as soon as reasonably possible disclose that fact to their supervisor (or for a contractor, the site administrator or designate) at each health care facility where they provide services.
 7. A staff member who is employed or contracted to provide services within more than one health care facility is authorized to be absent from each of those health care facilities except the one health care facility in which they will continue to provide services for the period of time Part 1 of this Order is in effect.
 8. Despite section 1 of this Order, an operator, contractor or staff member of a health care facility may be exempted from the application of Part 1 of this Order, by me, on a case-by-case basis.

Part 2 – Updated operational standards and outbreak standards

9. Subject to section 12 of this Order, effective immediately all operators of a health care facility, located in the Province of Alberta, must adhere to:
 - (a) the operational standards attached as Appendix A to this Order; and
 - (b) the outbreak standards attached as Appendix B to this Order.

10. For the purposes of Part 2 of this Order an operator includes a service provider who has been issued a licence under section 6 of the *Mental Health Services Protection Act*.
11. 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 addiction treatment services can be offered or provided by a service provider who has been issued a licence under section 6 of the *Mental Health Services Protection Act*.
12. The requirement to wear a mask at all times, as set out under the heading Continuous Masking in the operational standards attached as Appendix A to this Order, is effective as of April 15, 2020.
13. Despite section 9 of this Order, an operator of a health care facility defined in section 11 of this Order may be exempted from the application of Part 2 of this Order, by me, on a case-by-case basis.
14. This Order, or any Part of this Order, remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 10 day of April, 2020.


Deena Hinshaw, MD
Chief Medical Officer of Health

Document: Appendix A to Record of Decision – CMOH Order 10-2020

Subject: Updated Pre-Outbreak Operational Standards for Licensed Supportive Living and Long-Term Care and residential addiction treatment service providers licensed under the *Mental Health Services Protection Act* (MHSPA) under Record of Decision – CMOH Order 10-2020.

Date Issued: April 10, 2020

Scope of Application: As per Record of Decision – CMOH Order 10-2020.

Distribution: All licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals) as well as all residential addiction treatment service providers licensed under the MHSPA.

***Amendments to previous orders are noted by this change in font.**

Purpose:

The operational expectations outlined here are required under the Record of Decision – CMOH Order 10-2020 (the Order) and are applicable to all licensed supportive living (SL), long-term care (LTC) facilities and service providers licensed under the MHSPA in Alberta, unless otherwise indicated. They set requirements for all operators¹ or service providers, residents², staff, as well as any designated essential visitors (or families and others who are permitted to visit when a resident is dying, as per CMOH [Order 09-2020](#)).

- These expectations apply when a site is **not** in outbreak and **will change** if a site is actually experiencing an outbreak, as per this Order, and outlined in Appendix B.
- These expectations may change existing requirements (e.g., in the Supportive Living and Long Term Care Accommodation Standards, the Continuing Care Health Service standards, the MHSPA), but are required for the duration of this Order. Otherwise, those expectations are unchanged.
- These expectations apply to all staff including any person employed by or contracted by the site, or an Alberta Health Services employee, or another essential worker (e.g., physicians, critical maintenance person).

Key Messages:

- Individuals over 60 years of age, those with pre-existing health conditions, and those with substance abuse concerns who may have underlying health conditions, are the most at risk of severe symptoms from COVID-19, especially when they live in close contact as is the case with congregate settings.
- To prevent the spread of respiratory viruses, including COVID-19, among seniors and vulnerable groups, we are setting a number of proactive expectations for any site **not already in a COVID-19 outbreak**.
- Many individuals with substance use concerns may have underlying health conditions, making them more at risk of severe symptoms from COVID-19.

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).

- The intent of these expectations is to help ensure that seniors and other vulnerable individuals living and working in these congregate settings are kept as physically safe as possible, mitigating the risks of COVID-19 – which are significant – as well as other infections.
- Please refer to Appendix B – Suspected, Probable or Confirmed Outbreak Standards as soon as a staff member or resident has identified symptoms of COVID-19 for additional guidance.
- Thorough cleaning and disinfection of frequently touched surfaces and equipment assists in disrupting disease transmission and help prevent COVID-19 and death in those who are at high risk.
- We recognize that socialization and activity are an important part of life and recovery in these congregate settings. These new expectations are required to safeguard people while we are in this pandemic.
 - Changes to how life and activities happen within these congregate settings are critical at this time, beyond the physical and social distancing expectations that are already required of all Albertans.

Symptom Notification and Response

- Operators must advise all **residents** that they are required to conduct daily self-checks (like all Albertans), for signs of COVID-19. If a resident is unable to do a self-check, see below under “Health Assessment Screening”
 - Note that the list of signs and symptoms for residents is different than for staff, as residents may experience milder initial symptoms or be unable to report certain symptoms if cognitively impaired.
 - Residents must immediately notify their primary site contact (preferably by phone), if they are feeling unwell.
 - Upon notification of a resident feeling unwell, the operator must communicate to the resident and staff about any steps they need to take both to assist the resident and to ensure staff safety. This may include helping the resident (or asking the designated essential visitor to assist) to proceed through any required COVID/illness screening.
- Operator must advise **staff** that they are required to **conduct twice daily** self-checks (like all Albertans) for signs of COVID-19, for their own health as well as prior to coming to work.
 - Any staff member that determines they are symptomatic at any time shall notify their supervisor and/or the facility operator and remain off work for 10 days or until symptoms resolve, whichever is longer, or as per direction of the Chief Medical Officer of Health. If this happens while the staff member is on shift, they must notify their supervisor and immediately leave the facility and self-isolate.
 - Any staff developing symptoms while at work must not remove their mask and must be sent home immediately.
 - Site administrators must exclude symptomatic staff from working.

Health Assessment Screening

- Those residents who have a routine interface with staff (e.g. personal care), should be actively screened by staff at least **once** daily using the COVID-19 Questionnaire (Residents) below.
- Documentation of screening should be kept in the resident chart.
- All entering and re-entering residents and staff must be screened each time they enter the site.
- Screening shall involve both of the following:
 1. Temperature screening:

- The temperature of all residents and staff must be taken by a non-invasive infrared or similar device (oral thermometers must not be used).
 - For reference, normal temperatures are: ear/forehead 35.8-38.0°C (96.4-100.4°F)

2. COVID-19 **Resident** Questionnaire (note additions/changes highlighted with *):

1.	Do you have any of the below symptoms:		
	• Fever (37.8°C or higher)*	YES	NO
	• Any new or worsening respiratory symptoms:		
	○ Cough	YES	NO
	○ Shortness of Breath / Difficulty Breathing	YES	NO
	○ Runny Nose or sneezing*	YES	NO
	○ Nasal congestion*	YES	NO
	○ Hoarse voice*	YES	NO
	○ Sore throat	YES	NO
	○ Difficulty swallowing*	YES	NO
	• Any new onset atypical symptoms including but not limited to*:		
	○ Chills*	YES	NO
	○ Muscle Aches*	YES	NO
	○ Nausea*/Vomiting/Diarrhea	YES	NO
	○ Feeling unwell* / Fatigued* / Malaise*	YES	NO
	○ Headache*	YES	NO

COVID-19 **Staff and Visitor** Questionnaire

1.	Do you have any of the below symptoms:		
	• Fever (38.0°C or higher)	YES	NO
	• Cough	YES	NO
	• Shortness of Breath / Difficulty Breathing	YES	NO
	• Sore throat	YES	NO
	• Runny Nose	YES	NO
	• Feeling unwell / Fatigued	YES	NO
	• Nausea/Vomiting/Diarrhea	YES	NO
2.	Have you, or anyone in your household travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever?	YES	NO
4.	Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

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

Failed Health Assessment Screening

- If any **staff** answers YES to any of the questions, the individual **MUST NOT** be permitted to enter the facility and should be instructed to leave immediately.
 - If staff member utilizes public transit, operator will send staff home via taxi with a mask.
- If any **resident** answers YES to any of the questions, the individual shall immediately be isolated in the facility.
 - Residents shall be taken to their room, or to an available isolation room, wearing a procedure/surgical mask. See below for further information (e.g., who to contact if you don't know what type of mask to use and where to get additional supplies, if needed).
 - See also above "Symptom Notification and Response"
- Immediately implement *Appendix B: Suspected, Probable or Confirmed Outbreak Standards*.
- AHS Coordinated COVID-19 Response is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms of COVID-19 for additional guidance and decision making support.
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.

Expectations of Staff & Operators

Staff Working at Single Facility

- To protect the most vulnerable Albertans, **designated supportive living and long-term care** staff are limited to working within one single health care facility. This will help to prevent the spread of illness between facilities.
 - This order is inclusive of all staff at the facility (e.g. health care workers, food service workers, housekeeping, administrative, home care staff, etc.).
 - 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 that interact with residents.
 - Facility operators must determine the model of medical care that is appropriate for their residents that minimizes the number of physicians or nurse practitioners physically attending patients in that facility. Physicians and nurse practitioners should provide on-site, in-person care in only one facility, as defined by the order, to the greatest extent possible.
- Effective on April 23, 2020, staff will only be permitted to work at one single healthcare facility.
- Operators are not permitted to implement these changes sooner than April 16, 2020 to allow for a period of transition and effective implementation.
 - Recognizing the impact that this will have on staff and operators, Alberta Health and Alberta Health Services will communicate additional information and processes to support the implementation of this requirement.
- As soon as possible, but no later than April 15, 2020, staff will disclose to their supervisors:
 - If they are employed by multiple facilities and/or operators, and
 - Which site they prefer as their single primary worksite for the duration of this order
- Staff will be granted a leave of absence from their non-primary employers. Non-primary employers will not penalize staff.

- Expected to be extremely rare, any requests for a consideration of an 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.
- **It is strongly recommended that all congregate living settings (e.g. non-designated licensed supportive living, lodges, group homes, etc.), though not mandated, also implement this directive.**

Continuous Masking

- All healthcare workers providing **direct resident care** or **working in resident care areas** must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either involved in direct resident contact or cannot maintain adequate physical distancing (2 meters) from resident and co-workers.
 - These staff are required to put on a mask at entry to the site to reduce the risk of transmitting COVID-19 infection to residents and other workers, which may occur even when symptoms of illness are not recognized.
 - Staff must perform hand hygiene before putting on the mask and before and after removing the mask.
- Healthcare workers who do not work in resident care areas or have direct resident contact are only required to mask if physical distancing (2 meters) cannot be maintained at all times in the workplace or if entry into resident care areas is required.
- Judicious use of all PPE supplies remains critical to conserve supplies and ensure availability.
- Where possible, these requirements go into effect immediately. Facilities that need additional time to access masks through AHS or others are expected to be in compliance by April 15, 2020.
 - See contacts identified elsewhere in this document, for additional information regarding need for PPE (IPC) or access to supplies.
- Under the above direction:
 - When [putting on PPE](#), the following sequence of steps is required:
 1. Screen for symptoms
 2. Perform hand hygiene
 3. Cover body (i.e. gown)
 4. Apply facial protection (i.e. mask, visor, eye protection)
 5. Put on gloves
 - When [taking off PPE](#), the following sequence of steps is required:
 1. Remove gloves
 2. Perform hand hygiene
 3. Remove body coverings
 4. Perform hand hygiene
 5. Remove facial protection
 6. Perform hand hygiene

Enhanced Environmental Cleaning

- Operators must:
 - Communicate daily, to the appropriate staff, regarding need for enhanced environmental cleaning and disinfection and ensure it is happening.

- Use disinfectants that have a Drug Identification Number (DIN) issued by Health Canada and do so in accordance with label instructions.
 - Look for an 8-digit number (normally found near the bottom of a disinfectant's label).
- 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) in resident rooms, care/treatment areas and common areas such as dining areas and lounges, as appropriate to the facility to a minimum of three times daily.
- In addition, room cleaning and disinfection should be performed at least once per day on all low touch surfaces (e.g., shelves, bedside chairs or benches, windowsills, headwall units, over-bed light fixtures, message or white boards, outside of sharps containers).
- Immediately clean and disinfect any visibly dirty surfaces.
- 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) 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**
- Staff should ensure that **hands are cleaned before touching** the above-mentioned equipment.
- 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.

Shared Spaces

Operators must ensure the following (or communicate these expectations to the residents and/or staff, as required):

- Place posters regarding [social 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.
 - Post the social distancing tips [fact sheet](#) in a place that is available to all residents, designated essential visitors and staff.
- No resident who is feeling unwell or under isolation (www.alberta.ca/COVID19) 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.
 - If a resident of a residential addiction treatment facility is feeling unwell, consideration should be given to them returning to their home, where possible and safe.

Shared Rooms

- Maintain a distance of two (2) meters between residents sharing a room and any designated essential visitor.
- Remove or discard communal products (e.g., shampoo, creams).
 - Residents must have their own personal products.

- Where there are privacy curtains, change or clean, if visibly soiled.

Shared Dining

- 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 to a maximum of 2, with as much distance apart as possible or implement alternatives that allow the required distance.
- Have staff handle cutlery (e.g., pre-set tables).
- 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.

Group/Recreational Activities

- Continue recreational and group treatment activities (only for non-symptomatic or non-isolating residents), meeting these expectations:
 - Reduce the size of the activity to five or fewer residents
 - To the greatest extent possible, pursue one-on-one activities
 - Meet all existing social distancing requirements
 - Facilitate access to phone calls and other technology to maintain the link between residents, family and friends
- Remove or secure (lock up or put in an area that only staff can access) any moveable recreational supplies. If you use any of these (e.g., for one-to-one or small group activities that meet existing physical and social distancing and other group/recreational expectations), ensure they are cleaned and disinfected before and after any use and re-secure.

Resident Move-In and Transfer

- People will continue to move into these settings (e.g., as new residents), according to existing processes, as well as continue to transfer between settings in the usual way (e.g., return from hospital). They are subject to the same Health Screening Assessments as all other residents/staff, with an assessment to be completed by the transferring site to ensure suitability for transfer (and other isolation or other requirements that have been set for all Albertans by the Chief Medical Officer of Health).
- Any new admissions and/or transfers to the facility should be placed on contact/droplet isolation for 14 days from arrival to facility.

Expectations of Residents and Designated Essential Visitors

- As per [Order 09-2020](#) no visitors are permitted, including those designated as essential, except for visits:
 - Where, in rare situations, the resident's care needs cannot be met without their assistance, or
 - When a resident is dying.
- Should a visitor be permitted, they must wear a mask continuously throughout their time in the facility and shall be instructed how to put on and take off any PPE.

- Any visits from the permitted designated essential visitor must occur in that resident's room, other than when the designated essential visitor is assisting with required care activities (e.g., mealtimes)³.
- Residents and **permitted** designated essential visitors shall perform hand hygiene (including hand washing and/or use of hand sanitizer) on entry and exit from their rooms, when leaving and returning to the facility and as directed by required posters or the site.
 - Where hand washing facilities are not available, hand sanitizer must be available in each resident's room and at site entry points (except in the case of operators whose clients have substance use issues, where alternate hand washing sinks will be determined by the site and made available to the residents).

Resident Movement Around Site and Community

- All residents must stay on the facility's property, except in the case of necessity (e.g., walking, groceries, pharmacy) or exceptions (e.g., medical appointments) while observing physical and social distancing requirements.

Resident Relocation

- Should family members wish to take a resident home to care for them, it is **strongly recommended** that families understand the resident's care requirements and have any supplies/equipment in place.
 - This decision should be made in conjunction with the residents care team, physician, at-home supports, AHS Home Care (if applicable) and any alternate decision maker (as applicable).
 - AHS Home Care is limited in capacity due to COVID-19 pandemic preparations and may be unable to provide services.
 - Residents will not be re-admitted while the facility is in any level of outbreak.
 - Facilities may be in outbreak for extended periods of time (i.e. weeks to months)
 - Families must understand they will be responsible for the care of the resident (and any additional costs incurred) until the facility is able to re-admit the client.

Communication

The operator shall review Alberta Health's website at www.alberta.ca/COVID19 and Alberta Health Services' website at www.ahs.ca/covid daily for updated information, and:

- Communicate updated information relevant to their staff, residents, **permitted** designated essential visitors and families and 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 achieve those expectations.
- Ensure designated essential visitors 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.

Access to Supplies

- Masks required for staff and essential visitor use will be **procured** and **supplied to all congregate facilities** (within the scope of this order) by AHS. This is inclusive of facilities with or without a contract with AHS.

³ RECORD-OF-DECISION CMOH [Order 09-2020](#)

- For a provider that is a contracted AHS provider, please contact AHS for access to supplies of personal protective equipment (PPE): AHS.ECC@albertahealthservices.ca.
- For a provider that is not a contracted AHS provider, please contact Provincial Emergency Social Services, to advise them of your PPE needs: PESSECC-LOGISTICS@gov.ab.ca.

Operators may determine that they need to increase expectations, above and beyond what is outlined here, due to site configuration, specialized populations, etc. If so, and as applicable, please do so in consultation with any relevant partner. These may include (but not be limited to):

- Alberta Health Services (for those with contracts to provide continuing care health services or for infection prevention and control support): continuingcare@albertahealthservices.ca
- Alberta Health's Accommodation Licensing Inspector (asal@gov.ab.ca)
- Alberta Health's Mental Health Services Protection Act Licensing Inspector (mhspa@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)
- AHS Coordinated COVID-19 Response is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms of COVID-19 for additional guidance and decision making support.
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.

For any questions about the application of these updated operational standards, please contact Alberta Health: asal@gov.ab.ca

Document: Appendix B to Record of Decision – CMOH Order 10-2020

Subject: **Suspected, probable and confirmed COVID-19 outbreak standards** for licensed supportive living, long-term care and residential addiction treatment service providers licensed under the Mental Health Services Protection Act (MHSPA) under Record of Decision – CMOH Order 10-2020.

Date Issued: April 10, 2020

Scope of Application: As per Record of Decision – CMOH Order 10-2020.

Distribution: All licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals), and residential addiction treatment service providers licensed under the MHSPA.

***Amendments to previous orders are noted by this change in font.**

Purpose:

The **suspected, probable and confirmed COVID-19 outbreak standards** outlined here are **required** under the Record of Decision – CMOH Order 10-2020 (the Order) and are applicable to all licensed supportive living (SL), long-term care (LTC) facilities and service providers licensed under the Mental Health Services Protection Act (MHSPA) in Alberta. They set requirements for all operators¹ or service providers, residents², staff³, as well as any designated essential visitors (or families and others who are allowed to visit when a resident is dying, as per [Order 09-2020](#)).

- These expectations outline what is required for COVID-19 outbreak control and management in congregate living sites, as well as additional resources to enable operators to respond.
- These expectations apply, in addition to Appendix A of this order and [Order 09-2020](#).
- These expectations may change existing requirements (e.g., in the Supportive Living and Long Term Care Accommodation Standards, the Continuing Care Health Service Standards, the MHSPA), but are required for the duration of this Order. Otherwise, those expectations are unchanged.

Key Messages:

- Individuals over 60 years of age, those with pre-existing health conditions, and those with substance abuse concerns who may have underlying health conditions, are the most at risk of severe symptoms from COVID-19, especially when they live in close contact as is the case with congregate settings.
- The intent of these standards is to help ensure that those living and working in congregate settings where there is suspected, probable or confirmed COVID-19 outbreak are kept as physically safe as possible, mitigating the risk of further spread of COVID-19 within and between sites.
- [AHS Coordinated COVID-19 Response](#) is available to all congregate settings. They must be contacted

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 e.g., by group homes).

³ Any person employed by or contracted by the site, or an Alberta Health Services employee or other essential worker.

as soon as there is a person showing symptoms of COVID-19 for additional guidance and decision making support.

- The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- These standards set expectations for any site that has identified a resident or staff member who is reporting a suspected, probable or confirmed **COVID-19 outbreak**.

1. A **suspected COVID-19 outbreak** is defined as:
 - a. One resident or staff member who exhibit any of the symptoms of COVID-19
2. A **probable COVID-19 outbreak** is defined as:
 - a. Two or more individuals (staff or residents) who are linked with each other who exhibit any of the symptoms of COVID-19
 - b. Individuals who are linked means they have a connection to each other (e.g. share a room, dine at the same table, received care from the same staff member, etc.)
3. A **confirmed COVID-19 outbreak** is defined as **any of the following**:
 - a. Any one individual confirmed to have COVID-19, including:
 - i. Any **resident** who is confirmed to have COVID-19
 - ii. Any **staff member** who is confirmed to have COVID-19.

SUSPECTED COVID-19 Outbreak

- Early recognition and swift action must occur for effective management of COVID-19.
- A **suspected COVID-19 outbreak** is defined as:
 - One resident or staff member who exhibit any of the symptoms of COVID-19.
- [AHS Coordinated COVID-19 Response](#)⁴ **must be contacted as soon as there is a case suspected.**
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- With any level of COVID-19 outbreak, the individual with symptoms must be promptly isolated. The AHS Coordinated COVID-19 Response personnel, as indicated by their protocols, will arrange testing

⁴ The Coordinated COVID-19 Response team (available 24/7) will assist with site support for implementation of outbreak management and control measures including further testing, isolation protocols, staffing, personal protective equipment (PPE), additional testing of close contacts, education, etc.

for COVID-19. Any staff developing symptoms while at work must not remove their mask and be sent home immediately.

- If staff member utilizes public transit, operator will send staff home via taxi with appropriate PPE.
- Operators will notify all staff if there is a suspected outbreak of COVID-19 at the site and inform them of any additional measures that the operator is taking. Operators will identify the best way to provide communication (e.g. letters, email, posters, website, etc.).
- Measures that must be implemented, within this Order, are identified below by the type of site to which they apply. This section is followed by additional standards that **may** apply.
- Note that if test results for the symptomatic residents/staff are negative for COVID-19, usual influenza-like-illness or gastrointestinal illness outbreak protocols should be followed, as appropriate to the identified organism causing the outbreak.

PROBABLE COVID-19 Outbreak

- Early recognition and swift action must occur for effective management of COVID-19.
- A probable COVID-19 outbreak is defined as:
 - Two or more individuals (staff or residents) who are linked with each other who exhibit any of the symptoms of COVID-19
 - Individuals who are linked means they have a connection to each other (e.g. share a room, dine at the same table, received care from the same staff member, etc.)
- [AHS Coordinated COVID-19 Response](#) **must be contacted as soon as there is a case suspected.**
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- With any level of COVID-19 outbreak, the individuals with symptoms must be promptly isolated. The AHS Coordinated COVID-19 Response personnel, as indicated by their protocols, will arrange testing for COVID-19. Any staff developing symptoms while at work not remove their mask and must be sent home immediately.
 - If staff member utilizes public transit, operator will send staff home via taxi with appropriate PPE.
- Operators will notify all residents, families and staff if there is a probable outbreak of COVID-19 at the site and inform them of any additional measures that the operator is taking. Operators will identify the best way to provide communication (e.g. letters, email, posters, website, etc.).
- Measures that must be implemented, within this Order, are identified below by the type of site to which they apply. This section is followed by additional standards that **may** apply.
- Note that if test results for the symptomatic residents/staff are negative for COVID-19, usual influenza-like-illness or gastrointestinal illness outbreak protocols should be followed, as appropriate to the identified organism causing the outbreak.

CONFIRMED COVID-19 Outbreak

- Early recognition and swift action must occur for effective management of COVID-19.
- A confirmed COVID-19 outbreak is defined as **any of the following**:
 - Any one individual confirmed to have COVID-19, including:
 - Any **resident** who is confirmed to have COVID-19
 - Any **staff member** who is confirmed to have COVID-19.
- [AHS Coordinated COVID-19 Response](#) **must be contacted as soon as there is a case suspected**.
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- Operators will notify all residents, families and staff if there is a confirmed COVID-19 outbreak, and inform them of any additional measures that the operator is taking and that they should take. Operators will determine the best way to provide communication (e.g. letters, email, posters, website, etc.).
- Measures that must be implemented, within this Order, are identified below by the type of site to which they apply. This section is followed by additional standards that **may** apply.
- Any site-specific direction provided by the **AHS Coordinated COVID-19 Response** personnel, or other responding public health staff is required to be followed.

Licensed Supportive Living

Group Homes for Persons with Developmental Disabilities (PDD group homes with four or more residents)

- [AHS Coordinated COVID-19 Response](#) **must be contacted as soon as there is a case suspected**.
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- Operators **must review and implement** the [AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites](#) at the point that they identify or are notified that any person (resident or staff) has suspected/probable/confirmed COVID-19.

Licensed supportive living (SL), including designated supportive living (DSL)

- [AHS Coordinated COVID-19 Response](#) **must be contacted as soon as there is a case suspected**.
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill

- individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- Operators **must review and implement** the [AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites](#) at the point that they identify or are notified that any person (resident or staff) has suspected, probable or confirmed COVID-19. In addition, the following guidelines **must be applied as well**:
 - [AHS Guidelines for Outbreak Prevention, Management and Control in Supportive Living and Home Living Sites](#),

Licensed Residential Addiction Treatment

- [AHS Coordinated COVID-19 Response](#) **must be contacted as soon as there is a case suspected.**
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- Operators **must review and implement** the [AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites](#) at the point that they identify or are notified that any person (resident or staff) has suspected, probable or confirmed COVID-19.
- If the infection is determined not to be COVID-19, the site **must implement** any additional guidance provided by public health (e.g., guidelines for another influenza-like illness).

Long-Term Care (LTC)

- [AHS Coordinated COVID-19 Response](#) **must be contacted as soon as there is a case suspected.**
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- Operators **must review and implement** the [AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites](#) at the point that they identify or are notified that any person (resident or staff) has suspected, probable or confirmed COVID-19. In addition, the following guidelines **must be applied as well**:
 - [AHS Guidelines for Outbreak Prevention, Control and Management in Facility Living Sites](#)

Unless otherwise noted, the following standards are required for all facilities in suspected, probable or confirmed outbreak:

Staff and Operator Disclosure

- Staff must **immediately** tell their supervisor if either of the following applies:
 - If they have worked at or are working at a site (including but not limited to the sites to which this Order applies), where:
 - There is a confirmed COVID-19 outbreak.
 - If they have:
 - Symptoms of COVID-19,
 - Been exposed to any individual with suspected, probable or confirmed COVID-19 (including if a close or household contact has been told to self isolate, but has not been offered COVID-19 testing), or
 - Been tested for COVID-19
- This disclosure is **mandatory**, for the purposes of protecting the health and safety of the disclosing staff member, other staff as well 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 (e.g., may be asked not to work or work only at one site, etc.), depending on exposure and a risk assessment.
- Operators must **immediately** inform staff that disclosing exposure to COVID-19 to the facility is required and will not result in dismissal or job loss.
- Operators will notify all residents, staff and families if there is a **probable** or **confirmed** outbreak (as per definitions above). Operators will notify staff if there is a **suspected** outbreak (as per definition above).

Self-Isolation

- [Self-isolation](#) of those who are sick or have been exposed to COVID-19 must be done to help stop the spread of infections.
- Any individual (resident, staff or designated essential visitor) who has had direct contact with a person who is suspected or positive for COVID-19, without wearing recommended PPE (i.e., before they are aware that the person is suspected or confirmed for COVID-19), is required to self-isolate as per the [CMOH direction](#).
- Any individual (resident, staff or visitor) who is experiencing symptoms of COVID-19 will be required to isolate as per the [CMOH direction](#).

Resident Screening

- Those residents who have a routine interface with staff (e.g. personal care), should be actively screened by staff at least **twice** daily using the *COVID-19 Resident Questionnaire* using guidance in Appendix A (see symptom notification and response and health assessment screening sections)
- Documentation of screening should be kept in the resident chart.

Routine Practices and Additional Precautions

- All healthcare workers providing **direct resident care** or **working in resident care areas** must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either involved in direct resident contact or cannot maintain adequate physical distancing (2 meters) from resident and co-workers.
 - These staff are required to put on a mask at entry to the site to reduce the risk of transmitting COVID-19 infection to residents and other workers, which may occur even when symptoms of illness are not recognized.
 - Staff must perform hand hygiene before putting on the mask and before and after removing the mask.
- Healthcare workers who do not work in resident care areas or have direct resident contact are only required to mask if physical distancing (2 meters) cannot be maintained at all times in the workplace or if entry into resident care areas is required.
- Judicious use of all PPE supplies remains critical to conserve supplies and ensure availability.
- Where possible, these requirements go into effect immediately. Facilities that need additional time to access masks through AHS or others are expected to be in compliance by April 15, 2020.
- Additional personal protective equipment (PPE) will be needed for those staff providing care to all isolated residents (symptomatic or asymptomatic; whether the infection is suspected, probable or confirmed) **and** as advised by public health.
- Under the above direction:
 - When [putting on PPE](#), the following sequence of steps is required:
 1. Screen for symptoms
 2. Perform hand hygiene
 3. Cover body (i.e. gown)
 4. Apply facial protection (i.e. mask, visor, eye protection)
 5. Put on gloves
 - When [taking off PPE](#), the following sequence of steps is required:
 1. Remove gloves
 2. Perform hand hygiene
 3. Remove body coverings
 4. Perform hand hygiene
 5. Remove facial protection
 6. Perform hand hygiene
- Operators must immediately ensure that staff, and any designated essential visitors or family members (see [Order 09-2020](#)), are provided with the required PPE, are trained, and have practiced the appropriate use of PPE prior to caring for, or entering the room of, a symptomatic resident.
 - This may be done in partnership with public health and includes (but may not be limited to) the correct choice of, application (putting on) of and removal of the PPE (e.g., preventing

contamination of clothing, skin, and environment).

- Staff who are following handwashing guidelines, using appropriate PPE and applying it correctly while caring for residents with suspected or confirmed COVID-19, are not considered “exposed” and may safely enter public spaces within the facility or other rooms (see below cohorting staff and additional “suspected, probable or confirmed COVID-19” guidelines within this document).
- Any individual (resident, staff or designated essential visitor) who has had direct contact with a person who is confirmed for COVID-19, without wearing recommended PPE (i.e., before they are aware that the person is confirmed COVID-19), is required to self-isolate as per the CMOH direction

Shared Dining

- Group dining may continue for **non-isolated** residents, if deemed appropriate and feasible, while following standards set in Appendix A .
 - Operators must work with the AHS Coordinated COVID-19 Response personnel or other responding public health staff, considering site configuration and specialized populations (e.g. people who require assistance with eating), to determine how best to ensure safe dining for all (e.g., providing meals to residents in their rooms).

Resident Movement Around Site and Community

- While in **probable** or **confirmed** outbreak, operators must ensure the following (or communicate these expectations to the residents and/or staff, as required, and work to ensure compliance):
 - Residents who are isolated may not leave their room (even if asymptomatic).
 - They are required to make alternate arrangements for their necessities (e.g. groceries, medication refills, etc.) if they are not provided by the facility staff.
 - The operator may need to put special measures in place, working with public health, to help enable the isolation for residents who are not able to understand their own restrictions (e.g. if the person has dementia or cognitive impairment).
 - Residents who are not required to isolate must stay on the facility’s property, except in the case of necessity (e.g., walking, groceries, pharmacy) or exceptions (e.g., medical appointments) while observing physical and social distancing requirements. If at all possible, arrangements should be made to support residents in obtaining necessities without them leaving the site.
- Should family members wish to take a resident home to care for them during an outbreak, it is **strongly recommended** that families understand the resident’s care requirements and have any supplies/equipment in place.
 - This decision should be made in conjunction with the residents care team, physician, at-home supports, AHS Home Care (if applicable) and any alternate decision maker (as applicable).
 - AHS Home Care is limited in capacity due to COVID-19 pandemic preparations and may be unable to provide services.
 - Residents will not be re-admitted while the facility is in any level of outbreak.
 - Facilities may be in outbreak for extended periods of time (i.e. weeks to months)

- Families must understand they will be responsible for the care of the resident (and any additional costs incurred) until the facility is able to re-admit the client.

Resident Move-In and Transfer

- The operator should consult with AHS Zone Medical Officers of Health before accepting admissions and/or transfers into the site, once there is a **suspected** or **probable** outbreak.
 - These decisions should be made on a case by case basis while using consistent decision-making methods.
 - Decisions should be based on number of people affected by the outbreak, location of infected residents within the facility, number of shared staff between units, acute care capacity, etc.
- The operator must stop admissions and/or transfers into the site, once there is a **confirmed** outbreak, unless at the explicit direction of the AHS Zone Medical Officers of Health.
 - These decisions should be made on a case by case basis while using consistent decision-making methods.
 - Decisions should be based on number of people affected by the outbreak, location of infected residents within the facility, number of shared staff between units, acute care capacity, etc.
- Any new admissions and/or transfers to the facility should be placed on contact/droplet isolation for 14 days from arrival to facility.

Group/Recreational Activities

- Scheduled resident group recreational/special events are to be cancelled/postponed with a **probable** or **confirmed** outbreak.
- Recreational activities for non-isolated residents should be one-on-one activities while maintaining [physical distancing](#).
- Scheduled resident group recreational/special events may continue with a **suspected** outbreak while following standards set out in Appendix A.

Designated Essential Visitors

- As per Order 09-2020 no visitors are permitted, including those designated as essential, except for visits:
 - Where, in rare situations, the resident's care needs cannot be met without their assistance, or
 - When a resident is dying.
- Should a visitor be permitted, they must wear a mask continuously throughout their time in the facility.

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 potential/confirmed outbreak.
Authorize and deploy additional resources to manage the outbreak, as needed, to provide safe resident care and services as well as a safe workplace for staff.
 - Assign staff (cohort), to the greatest extent possible, to either:
 - Exclusively provide care/service for residents that are asymptomatic (no illness or symptoms of illness), or
 - Exclusively provide care/service for residents who are symptomatic (have suspected or confirmed COVID-19).
 - When cohorting of staff is not possible:
 - Minimize movement of staff between residents who are asymptomatic and those who are symptomatic, and
 - Have staff complete work with asymptomatic residents (or tasks done in their rooms) first before moving to those residents who are symptomatic.
 - 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.
 - Continue to provide care and support for the symptomatic resident within the facility, when possible given the seriousness of the presenting symptoms and in alignment with the resident's care plan.
 - All staff are required to work to their full scope of practice to support residents.
 - 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.
 - It is strongly recommended that, where necessary and applicable, the resident's physician, care team, community treatment team/supports, designated essential visitor and alternate decision-maker be consulted.
 - If **immediate medical attention** is needed, call 911 and inform emergency response that you have a resident with suspected or confirmed COVID-19.
 - The operator must ensure this transfer is consistent with the resident's goals of care, advanced care plan, or personal directive.

Staff Working at Single Facility

- Effective immediately when a facility is in a **confirmed** outbreak, staff are limited to working within one single health care facility. This will help to prevent the spread of illness between facilities.
 - This order is inclusive of all staff at the facility (e.g. health care workers, food service workers, housekeeping, administrative, home care staff, etc.).

- 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 that interact with residents.
- Staff will be granted a leave of absence from their non-primary employers. Non-primary employers will not penalize staff.
- Facility operators must determine the model of medical care that is appropriate for their residents that minimizes the number of physicians or nurse practitioners physically attending patients in that facility. Physicians and nurse practitioners should provide on-site, in-person care in only one facility, as defined by the order, to the greatest extent possible.
- Expected to be extremely rare, any requests for a consideration of an 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.



New Order Makes Self-Isolation Mandatory for Individuals Entering Canada

From: [Public Health Agency of Canada](#)

News release

March 25, 2020 - Ottawa, ON - Public Health Agency of Canada

Today, the Honourable Patty Hajdu, Minister of Health, announced an Emergency Order under the *Quarantine Act* that requires any person entering Canada by air, sea or land to self-isolate for 14 days whether or not they have symptoms of COVID-19.

The order will be fully implemented by the Canada Border Services Agency at points of entry by midnight tonight. The Government of Canada will use its authority under the *Quarantine Act* to ensure compliance with the order. Failure to comply with this Order is an offense under the *Quarantine Act*. Maximum penalties include a fine of up to \$750,000 and/or imprisonment for six months. Further, a person who causes a risk of imminent death or serious bodily harm to another person while wilfully or recklessly contravening this Act or the regulations could be liable for a fine of up to \$1,000,000 or to imprisonment of up to three years, or to both. Spot checks will be conducted by the Government of Canada to verify compliance.

All individuals permitted to enter Canada are subject to this Order, with the exception of certain persons who cross the border regularly to ensure the continued flow of goods and services, and those who provide essential services. Individuals exempt from the Order will still need to practice social distancing and self monitoring and contact their local public health authority if they feel sick.

Individuals displaying symptoms of COVID-19 after arriving in Canada may not use public transportation to travel to their place of isolation. They also may not isolate in a place where they will be in contact with vulnerable people, such as seniors and individuals with underlying health conditions.

Quotes

“The number of cases of COVID-19 is increasing daily—both at home and globally. Earlier this month, we asked travellers entering Canada to self-isolate for 14 days to prevent the spread of COVID-19 in Canada. To protect the health and safety of returning Canadians and those who are around them, we are strengthening our measures at the border. Travellers returning to Canada will be subject to a mandatory 14-day self-isolation under the *Quarantine Act*.”

The Honourable Patty Hajdu
Minister of Health

Quick facts

- COVID-19 is a rapidly evolving global challenge. On March 11, 2020, the World Health Organization declared the global outbreak of COVID-19 a pandemic.
- Canadians who experience symptoms of COVID-19 should stay home and call the public health authority in their province or territory to inform them and obtain advice on what they should do.

Associated links

- Canada.ca/coronavirus

Contacts

Cole Davidson

Office of the Honourable Patty Hajdu

Minister of Health

613-957-0200

Media Relations

Health Canada

613-957-2983

hc.media.sc@canada.ca

Public Inquiries:

613-957-2991

1-866-225-0709

Search for related information by keyword: [HE Health and Safety](#) | [Public Health Agency of Canada](#) | [Canada](#) | [Health](#) | [media](#) | [general public](#) | [news releases](#) | [Hon. Patricia A. Hajdu](#)

Date modified:

2020-03-25

ABOUT CORONAVIRUS DISEASE (COVID-19)

WHAT IT IS

COVID-19 is an illness caused by a coronavirus.

Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

SYMPTOMS

Symptoms may be very mild or more serious. They may take up to 14 days to appear after exposure to the virus.



FEVER



COUGH



DIFFICULTY BREATHING

HOW IT IS SPREAD

Coronaviruses are most commonly SPREAD from an infected person through:

- ▶ respiratory droplets when you cough or sneeze
- ▶ close personal contact, such as touching or shaking hands
- ▶ touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands

These viruses are not known to spread through ventilation systems or through water.

IF YOU HAVE SYMPTOMS

If you have SYMPTOMS of COVID-19 — fever, cough, or difficulty breathing:

- ▶ stay in your unit to avoid spreading it to others
 - if you live with others, stay in a separate room or keep a 2-metre distance
- ▶ call ahead before you visit a health care professional or call Health Link 811
 - tell them your symptoms and follow their instructions
- ▶ Contact your property manager
- ▶ if you need immediate medical attention, call 911 and tell them your symptoms.

PREVENTION

The best way to prevent the spread of infections is to:



- ▶ wash your hands often with soap and water for at least 20 seconds



- ▶ avoid touching your eyes, nose or mouth, especially with unwashed hands



- ▶ avoid close contact with people who are sick



- ▶ when coughing or sneezing:
 - cover your mouth and nose with your arm or tissues to reduce the spread of germs



- immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards



- ▶ clean and disinfect frequently touched objects and surfaces, such as electronic devices and doorknobs.



- ▶ stay in your unit if you are sick to avoid spreading illness to others

- ▶ Avoid using public transport or ride shares

FOR MORE INFORMATION ON CORONAVIRUS:



The guidance provided in this document can assist you to prevent the introduction of COVID-19.

Please be aware this information is based on the best information currently available and will be updated as more is learned about the COVID-19 outbreak. Government may change its orders and recommendations as the situation evolves.

Communicate with staff and person served

- Keep residents and employees informed.
- Describe what actions your program site is taking to protect them, including answering their questions and explaining what they can do to protect themselves and the person served.
- Educational materials and information should be made available.

Program Sites Signage

- Post signs at the entrance instructing all persons to wash or sanitize hands.
- Screen staff, residents and visitors upon arrival for fever or signs of an acute respiratory illness.
- Inform non-essential visitors and symptomatic persons will not be allowed to enter; symptomatic residents will be self-isolated.
- We encourage all staff to use their usual communication channels to inform potential visitors of these rules before they travel to the site.
- Post signs on universal precautions such as Help Prevent the Spread, Hand Washing and Physical Distancing, in visible places.

Prevent the Spread

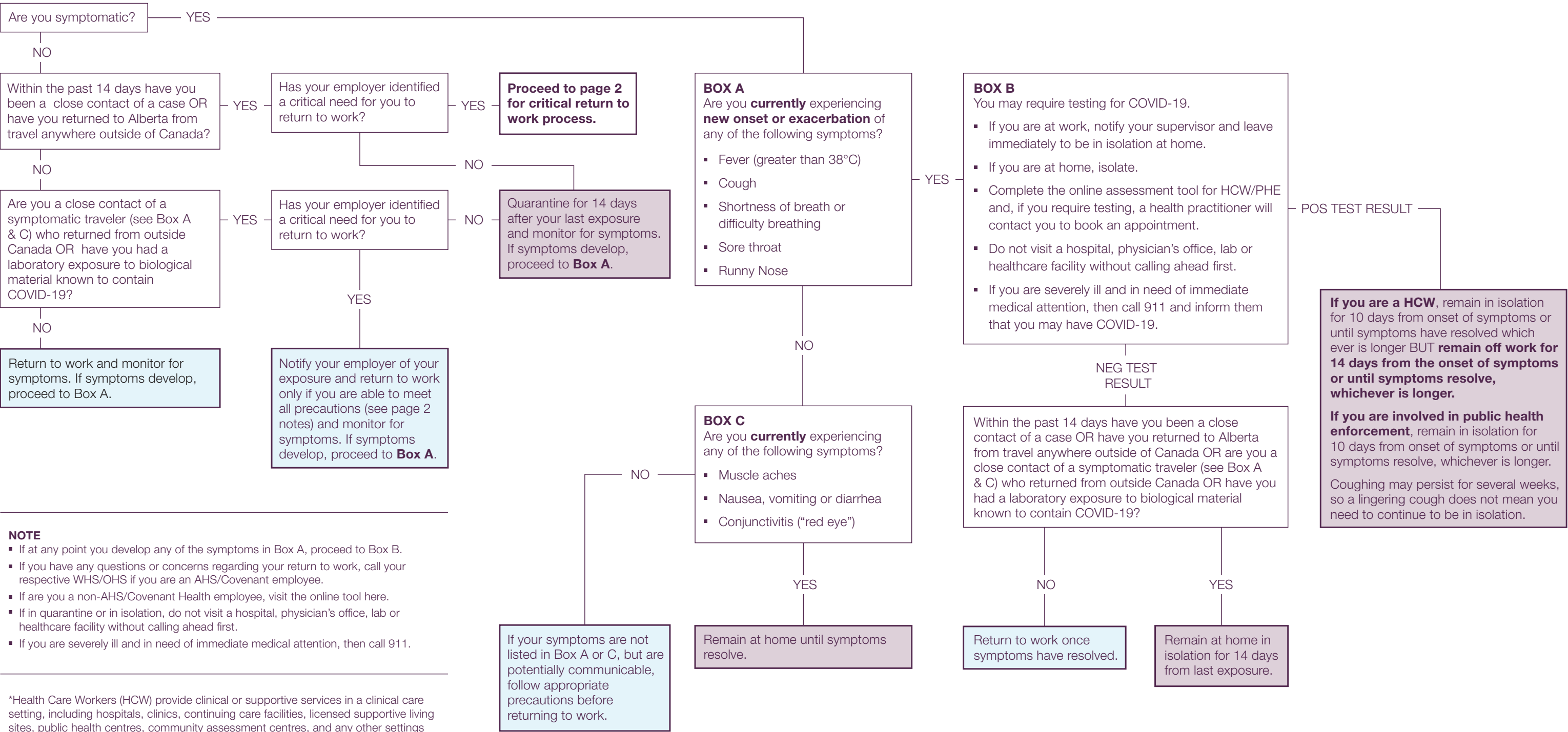
- Restrict residents with fever or acute respiratory symptoms to their room or an area where they can be isolated from others in the facility by at least 2 metres.
- Report all suspected cases of COVID-19 to AHS Coordinated COVID-19 Response number 1-844-343-097 and follow AHS direction.

- Consider daily temperature and symptom checks of residents and monitor for new fever and/or respiratory illness.
- If multiple persons become ill, establish a designated area(s) of the facility specifically for sick persons. Designate staff to care for these individuals only limit the movement of designated staff between parts of the facility to decrease the risk of staff spreading COVID-19 to other parts of the facility.
- If the sick person must leave the room (e.g. to use the washroom), have them wear a facemask.
- Practice and support residents and visitors to practice hand and respiratory hygiene, cough etiquette and social distancing.
- Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.

Housekeeping

- Clean and disinfect facilities routinely and effectively.
- Clean frequently touched surfaces, such as doorknobs, door handles, handrails and telephones, as well as non-porous surfaces in bathrooms, sleeping areas, kitchen area and offices (e.g., floors).
- Place waste baskets in visible locations and empty regularly.
- Ensure that waiting areas, TV rooms and reading rooms have adequate ventilation (e.g., open windows if practical).
- Linens, eating utensils, dishes and other personal items should not be shared.
- Instruct cleaning staff to avoid “hugging” used laundry and to use PPE while doing laundry to avoid self-contamination.
- Instruct cleaning staff to use gloves when handling any personal items and laundry belonging to others. and to wash their hands with soap and water or apply an alcohol-based hand sanitizer afterwards.

COVID-19 ASSESSMENT TOOL FOR HEALTH CARE WORKERS (HCW)* AND THOSE INVOLVED IN PUBLIC HEALTH ENFORCEMENT (PHE)**



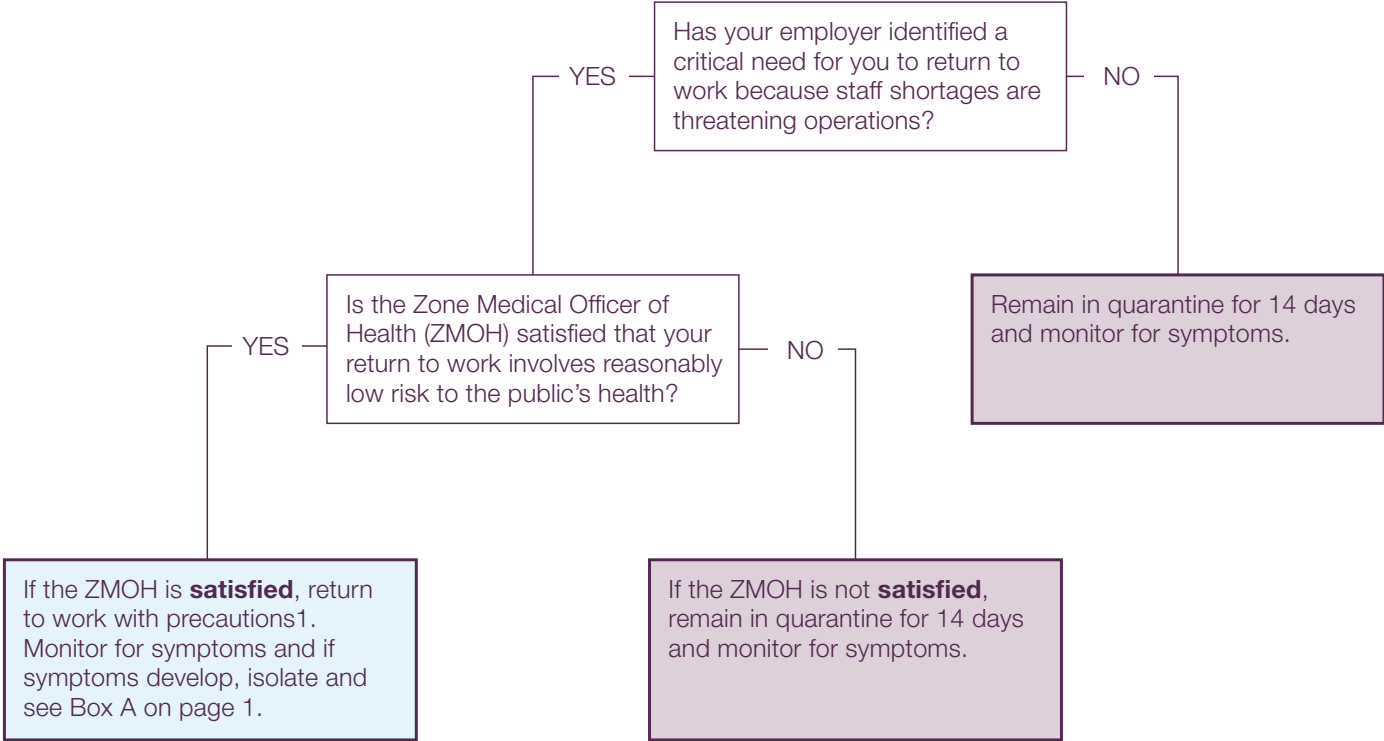
NOTE

- If at any point you develop any of the symptoms in Box A, proceed to Box B.
- If you have any questions or concerns regarding your return to work, call your respective WHS/OHS if you are an AHS/Covenant employee.
- If are you a non-AHS/Covenant Health employee, visit the online tool here.
- If in quarantine or in isolation, do not visit a hospital, physician's office, lab or healthcare facility without calling ahead first.
- If you are severely ill and in need of immediate medical attention, then call 911.

*Health Care Workers (HCW) provide clinical or supportive services in a clinical care setting, including hospitals, clinics, continuing care facilities, licensed supportive living sites, public health centres, community assessment centres, and any other settings where face-to-face patient care is provided (including pharmacists, pharmacy technicians) as well, include fire fighters, and EMS.

**Those involved in public health enforcement activities include peace officers, environmental health officers and police officers engaged in the COVID-19 response.

EXPEDITED RETURN TO WORK FOR ASYMPTOMATIC PERSONS QUARANTINED UNDER CMOH ORDER 05-2020



Note that you are being given an exemption from quarantine to return to work. This does not mean you are exempt from ALL restrictions and requirements in the order.

If your employer has an “Expedited Return to Work” process established, follow that process.

If your employer does not have a process in place follow the precautions below for the time you are to be in quarantine to further reduce the risk of transmission to your patients, colleagues and the public.

- Quarantine at home on days you are not required at the workplace
- Do not attend school, social events or any other public gatherings
- Avoid close contact with others when travelling to and from work and between shift
- This includes no public transit use (e.g., bus/LRT, taxi, ride-sharing) or “running errands”
- Wear a surgical mask at all times and in all areas of your workplace*
- Reduce close contact with colleagues and avoid shared spaces where possible
- Self monitor daily for signs and symptoms of illness
- Check your temperature twice daily
- Follow infection prevention and control protocols including diligent hand hygiene and the use of personal protective equipment when delivering patient care*

* Not applicable to PHE, however PHE need to wash hands often with soap and water for at least 20 seconds, cover coughs and sneezes, and avoid touching your face with unwashed hands

HELP REDUCE THE SPREAD OF COVID-19



TAKE STEPS TO REDUCE THE SPREAD OF THE CORONAVIRUS DISEASE (COVID-19):



follow the advice of your local public health authority



wash your hands often with soap and water for at least 20 seconds



use alcohol-based hand sanitizer if soap and water are not available



try not to touch your eyes, nose or mouth



avoid close contact with people who are sick



cough and sneeze into your sleeve and not your hands



stay home as much as possible and if you need to leave the house practice physical distancing (approximately 2 m)

SYMPTOMS

Symptoms of COVID-19 may be very mild or more serious and may take up to 14 days to appear after exposure to the virus.



FEVER
(greater or equal to 38°C)



COUGH



DIFFICULTY BREATHING

IF YOU HAVE SYMPTOMS



Isolate at home to avoid spreading illness to others.



Avoid visits with older adults, or those with medical conditions. They are at higher risk of developing serious illness.



Call ahead before you visit a health care professional or call your local public health authority.



If your symptoms get worse, contact your health care provider or public health authority right away and follow their instructions.

FOR INFORMATION ON COVID-19:

📞 1-833-784-4397

@ canada.ca/coronavirus



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

COVID-19 INFORMATION

HELP PREVENT THE SPREAD

Prevention starts with awareness. Be informed on how you can protect yourself and others from COVID-19.

- **Now mandatory to self-isolate for 10 days if you're feeling sick**
- **Now mandatory to self isolate for 14 days if you're returning from international travel, or in close contact with people confirmed to have COVID-19**
- **Stay home – if you must leave your home, maintain physical distancing of 2 metres**
- **Wash your hands frequently for at least 20 seconds**
- **Cover coughs and sneezes**
- **Avoid touching your face**

Stay informed on how you can help prevent the spread.

alberta.ca/covid19

Alberta 

PREVENT THE SPREAD OF CORONAVIRUS

You can help prevent the spread of COVID-19 in Alberta. Prevention starts with awareness.

- Practice physical distancing
- Self-isolate if you're feeling sick
- Wash your hands frequently
- Cover coughs and sneezes
- Avoid touching your face
- Do not travel outside of Canada

PRACTICE PHYSICAL DISTANCING

All Albertans have a responsibility to help prevent the spread of COVID-19. Take steps to protect yourself and others:

- Limit the number of times you leave your home
- Stay at least 2 meters away from others when you go out for groceries, medical trips, and other essential needs
- Have groceries or other items delivered if possible
- If you go outside for fresh air maintain 2 meters distance from others
- Avoid overcrowding in elevators and other enclosed spaces
- Wash your hands after touching communal surfaces such as handrails, handles
- Postpone family visits, friend gatherings, and group outings, especially if household or family members are senior citizens or have high-risk medical conditions
- Do not gather with other people if you have a fever or a cough, even if symptoms appear to be mild.
- Obey all mandatory self-isolation requirements and mass gathering restrictions now in place in Alberta.

Legally enforceable public health measures are in place to limit the time Albertans spend in contact with each other. Anyone violating these restrictions is now subject to fines.

MONITOR YOUR SYMPTOMS

COVID-19 symptoms are similar to influenza and other respiratory illnesses. Symptoms can include:

- cough
- fever
- shortness of breath
- runny nose
- sore throat

If you have any of these symptoms stay home and self-isolate; do not go to an ER or medical clinic. **Call Health Link at 8-1-1 for more information.** Services are available in 240 languages.

SELF ISOLATE

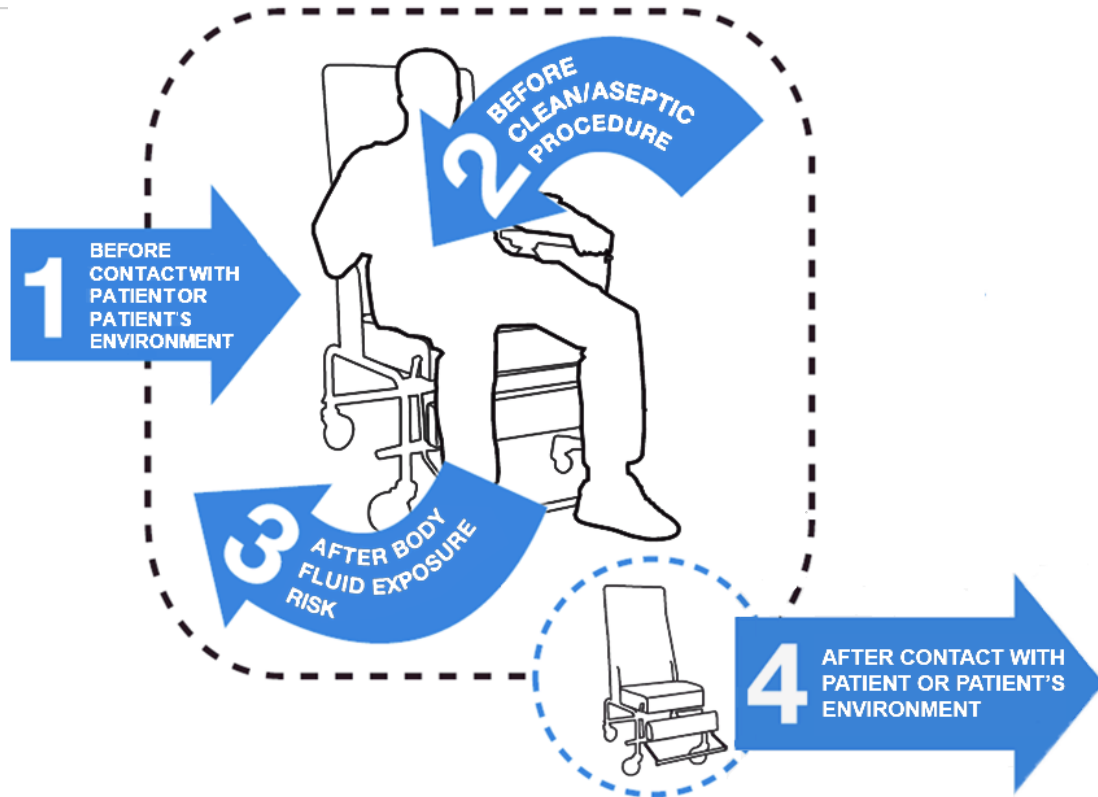
You are legally required to self-isolate for:

- **14 days** if you returned from international travel or are a close contact of a person with COVID-19
- **10 days** if you have a cough, fever, shortness of breath, runny nose, or sore throat that is not related to a pre-existing illness or health condition

If you are self-isolating:

- Stay home — do not go to work, social events or any other public areas or community settings
- Avoid close contact with other people, including household members but especially seniors and people with chronic conditions or compromised immune systems
- Do not use public transportation or ride sharing
- Do not go for walks in public places. This includes children in mandatory self-isolation.
- If you go outside, you must remain on private property not accessible by others.
- If you live in an apartment building or high-rise, you must stay inside and cannot use the elevators or stairwells. If your balcony is private and at least 2 metres away from other balconies, you may use your balcony to get fresh air.

Your 4 Moments for Hand Hygiene



1	BEFORE contact with patient/patient's environment	Why? To protect the patient against harmful germs carried on your hands Example: Before providing patient care
2	BEFORE clean/aseptic procedure	Why? To protect the patient against harmful germs from entering their body Example: Before donning personal protective equipment or collecting a specimen
3	AFTER body fluid exposure risk	Why? To protect yourself and the health care environment from harmful germs Example: After doffing personal protective equipment or handling a specimen
4	AFTER contact with patient/patient's environment	Why? To protect yourself and the health care environment from harmful germs Example: After contacting patient care equipment

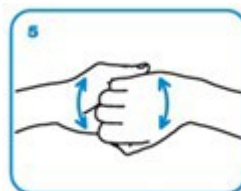
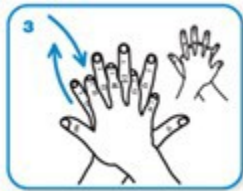
How to Hand Wash

© 2019 Alberta Health Services.

If you have any questions or comments regarding this information please contact the Infection Prevention & Control Hand Hygiene Program at: Hand.Hygiene@ahs.ca



- Roll up long sleeves and push up any wrist accessories
- Wet hands with warm water
- Apply enough soap to cover surfaces of the hands



- Vigorously rub soap over palms, backs of hands and wrists
- Include space between fingers, fingertips and thumbs
- Procedure should take 15 to 30 seconds



- Rinse under warm, running water
- Pat hands dry with disposable towel
- Turn tap off with the disposable towel

Periodically apply AHS-provided hand lotion for skin integrity.

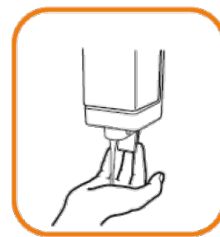
Adapted with permission from The World Health Organization

Original date: May 2017
Revised date: June 2019

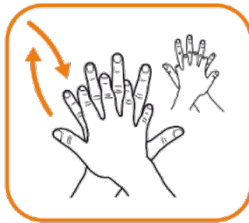
How to Use Alcohol-based Hand Rub

© 2019 Alberta Health Services

If you have any questions or comments regarding this information please contact the Infection Prevention & Control Hand Hygiene Program at: Hand.Hygiene@ahs.ca



- Roll up long sleeves and push up wrist accessories
- Apply a palmful of AHS-provided ABHR to hands
- Rub all surfaces of your hands and wrists



- Include palms, fingers, fingertips and thumbs
- Rub until hands are completely dry



Periodically apply AHS-provided hand lotion for skin integrity.

Adapted with permission from The World Health Organization

Original date: May 2017
Revised date: April 2019

Cover Your Cough

Stop the spread of germs that make you and others sick!



OR



Cough or sneeze into your sleeve, not your hands

Cover your mouth and nose with a tissue and put your used tissue in the waste basket

Clean your hands after coughing or sneezing



OR



Wash your hands with soap and warm water, for at least 20 seconds

Clean hands with alcohol-based hand rub or sanitizer

You may be asked to put on a mask to protect others

COVID-19

Physical Distancing

To protect and support residents and colleagues at this site, you **MUST**:



Keep at least 2 arms' lengths (2 metres/6 feet) away from others.



2 arms' lengths
(2 metres / 6 feet)



Restrict being in eating areas to the time it takes to eat.



Refrain from touching your face.



Wash your hands with soap and water **OR** clean your hands with alcohol-based hand rub **BEFORE** and **AFTER** eating.

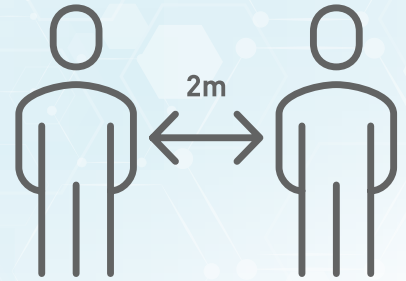
Thank you for being safe, kind and patient.
We're in this together. We'll get through it together.

PHYSICAL DISTANCING

Physical distancing (social distancing) means **keeping a distance of at least two metres from others at all times.**




Everyone needs to practice physical distancing, even if you have:

- ▶ NO symptoms of COVID-19
- ▶ NO known risk of exposure
- ▶ not travelled outside of Canada within the last 14 days.



DO YOUR PART TO HELP REDUCE THE SPREAD OF COVID-19.

This is the best way to keep you and the people around you safe.

 GREEN LIGHT (SAFE TO DO)	 YELLOW LIGHT (USE CAUTION)	 RED LIGHT (AVOID)
<ul style="list-style-type: none">▶ Greet with a wave from a distance▶ Go outside - run, bike, walk the dog at least 2 metres away from other people*▶ Read, draw, paint, listen to music, dance, play games, watch a movie at home▶ Cook a meal▶ Group video chats▶ Food delivery services▶ Online shopping▶ Online learning▶ Virtual tours of museums	<ul style="list-style-type: none">▶ Getting groceries (once a week)*▶ Picking up take-out food*▶ Attending essential medical appointments▶ Picking up medication*	<ul style="list-style-type: none">▶ Going to work, unless absolutely necessary*▶ Playdates, sleepovers, coffee dates▶ Visitors to your home, except for individuals providing care or delivering food/supplies, and in that case, maintain a distance of 2 metres▶ Group gatherings, even if outside▶ Playgrounds, busy public parks▶ Gyms, bars, shopping malls▶ Peak shopping and public transit hours*▶ Non-essential appointments (such as hair & nails)▶ Non-essential workers in your home

*If you are in **isolation** or **quarantine (self-isolation)**, your guidelines will differ. Please follow specific guidelines relating to your situation.

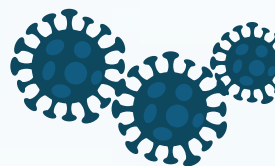
NOTE: The Government of Canada has implemented an Emergency Order under the Quarantine Act. This order means that everyone who is entering Canada by air, sea or land has to stay home for 14 days in order to limit the spread of COVID-19. The 14-day period begins on the day you enter Canada.

- ▶ If you have travelled and have no symptoms, you must **quarantine (self-isolate)**.
- ▶ If you have travelled and have symptoms, you must **isolate**.

FOR MORE INFORMATION:

@ canada.ca/coronavirus

☎ 1-833-784-4397



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

COVID-19 Testing and Self-Isolation Criteria

Issued by the AHS Emergency Coordination Centre (ECC)

Triage Screening Criteria for ED/UCC/EMS/Obstetrical nurses, clerks, midwives and physicians, can be found here: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-ed-ucc-triage-algorithm.pdf>.

Testing Criteria

Community based testing for COVID-19 can be arranged by completing the [online tool](#). Testing through this pathway is currently recommended for those who have any of the symptoms of fever, cough, shortness of breath or difficulty breathing, sore throat, or runny nose and who belong to the following groups:

- Adults 65 years of age and older
- Those who live with someone aged 65 and older
- Residents of the [Calgary Zone](#)
- Anyone currently required to leave their home for work
- Healthcare workers*
- Group home, disability support and shelter workers
- Workers involved in COVID-19 enforcement including police officers, peace officers, bylaw officers, environmental health officers, and fish and wildlife officers
- Correctional facility staff in provincial / federal facilities.

*Health care workers include anyone who works in the following settings or provides the following services:

- AHS or Covenant Facility in which patient care is provided
- Home Care
- Primary Care
- Diagnostic imaging or Laboratory Clinics
- Medical Specialty Clinics
- Continuing Care and Licensed Supportive Living Sites
- EMS and First Responders (including Firefighters)
- Pharmacies (Pharmacists and Pharmacy Technicians)

In addition to the above criteria, testing is recommended for other populations at high risk of community transmission and severe outcomes. This includes:

- Hospitalized patients
- Symptomatic residents of congregate living settings including long term care, supportive living and other similar facilities.
 - [AHS Coordinated COVID-19 Response](#) is available to all congregate settings. Notify AHS when a resident or staff member exhibits any of the symptoms of COVID-19. Additional initial guidance and decision making support will be provided at the time of notification.
 - Notification using the process described above is required only for the first case presenting in the congregate care setting; any additional cases will be reported through your usual outbreak management reporting processes.

Outreach testing is also occurring for other populations at high risk of community transmission and severe outcomes.

Mandatory Self-Isolation

- Albertans with symptoms: Anyone with a cough, fever, shortness of breath, runny nose, or sore throat not related to a pre-existing illness or health condition is legally required to self-isolate for a minimum of 10 days from the start of symptoms, or until symptoms resolve, whichever is longer.
 - Individuals **ARE** allowed to leave home to come for testing, or if they require emergency medical care following the guidance outlined in this [Order](#)
- Travelers and close contacts: People in Alberta are legally required to self-isolate for 14 days if, in the previous 14 days they:
 - Returned from travel outside of Canada; OR
 - Are a close contact** with a confirmed or probable case of COVID-19.
- If individuals become ill with cough, fever, shortness of breath, runny nose or sore throat during this time, they must self-isolate for an additional 10 days from the beginning of symptoms or until they are feeling well, whichever takes longer.

*** A close contact is defined as a person who:

- Provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact with the person without consistent and appropriate use of personal protective equipment; OR
- Lived with or otherwise had close prolonged contact (within 2 metres) with the person while the person was infectious; OR
- Had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment

After Testing

- Individuals who are tested for COVID-19 should follow the instructions found at ahs.ca/results regarding the actions that they should take following their test results.
 - These instructions are meant for individuals and may not apply to outbreaks and in-patient settings where further guidance may be provided by public health and/or infection prevention and control.
 - AHS, Covenant Health and Alberta Precision Labs employees should follow the guidance in the Return to Work Guide prior to returning to work in a health care setting

novel Coronavirus (COVID-19) FAQs for Public

Issued by the AHS Emergency Coordination Centre (ECC)

REVISED April 8, 2020

Please note: every effort is made to keep this FAQ current; however, for the very most current information on the situation in Alberta, please visit www.alberta.ca/covid19.

If you are a healthcare worker in Alberta, please visit www.ahs.ca/covid.

What's happening in Alberta?

Alberta continues to see cases of COVID-19. For current case count, visit www.alberta.ca/covid19.

Additional information for travelers, schools, daycares, employers and all Albertans, can also be found at www.alberta.ca/covid19.

What is novel coronavirus (COVID-19)?

- Coronaviruses are a large family of viruses.
- Some coronaviruses cause respiratory illness in people, ranging from common colds to severe pneumonias. Others cause illness in animals only.
- Rarely, animal coronaviruses can infect people, and more rarely, these can spread from person to person through close contact.
- COVID-19 is a new strains of the virus that had not been previously identified in humans.

What are the symptoms of COVID-19?

- Symptoms for COVID-19 are similar to those for influenza or other respiratory illnesses. The most common symptoms include fever and cough but other symptoms may include:
 - sore throat
 - runny nose
 - nasal congestion
 - shortness of breath
 - difficulty breathing
- Most people (about 80%) recover from this disease without needing special treatment.
- However, it can cause serious illness. Those who are older, and those with other medical problems are more likely to develop serious illness.
- There is a risk of death in severe cases.
- Older persons and persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) appear to develop serious illness more often than others.

How is COVID-19 spread from person-to-person?

- COVID-19 is spread mainly by coughing, sneezing or direct contact with a sick person or with surfaces they have recently touched.
- It is not an airborne illness.

Should I be tested for COVID-19?

Visit www.ahs.ca/covid and complete the online self-assessment tool to determine if you should receive testing for COVID-19.

What should I do if I have symptoms and think I have COVID-19?

If you are sick or think you may have been exposed to COVID-19:

- You MUST [self-isolate](#) and visit www.ahs.ca/covid and complete the online self-assessment tool to determine if you need testing for COVID-19.
- Please do not visit a hospital, physician's office, lab or healthcare facility without consulting Health Link (811) first.
- If your symptoms worsen, call 811. We are experiencing heavy call volumes and will get to your call as quickly as we can.
- Call 911 if you are seriously ill and need immediate medical attention. Inform them that you may have COVID-19.

How can I protect myself and my family from COVID-19?

To help protect against all respiratory illnesses, including the flu and COVID-19, you should:

- Stay home. Now is the time to stay home and avoid social and other outings that are not essential.
- If you must leave your home, make sure you practice proper [physical distancing](#).
- Wash your hands often and well. Refer to hand-washing guidance here: <https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-flu-handwash-how-to.pdf>
- Avoid touching your face, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Clean and disinfect surfaces that are frequently touched.
- Stay at home and away from others if you are feeling ill.
- When sick, cover your cough and sneezes and then wash your hands. Refer to respiratory etiquette guidance here: <https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-cover-cough.pdf>

I am worried about catching COVID-19. Should I wear gloves when outside of my house or in public places?

- Medical gloves are a very important component of Personal Protective Equipment (PPE) for healthcare workers. However, gloves do not need to be worn by members of the general public during their daily activities, such as when grocery shopping.
- Gloves can create a false sense of security. If not used and disposed of properly, wearing gloves may provide another surface for the virus to live on – potentially encouraging virus transmission.
- Gloves are not a substitute for proper hand hygiene.
- We recommend frequent and thorough [hand washing](#) (with soap and water for 20 seconds), and covering your mouth when coughing or sneezing. Avoid touching your face, nose or mouth regardless of whether gloves are being worn. These remain the best evidence-based ways to prevent the spread of respiratory illness.
- For those who choose to wear gloves, proper glove use must be practiced:
 - Hands should always be washed and/or sanitized prior to putting on gloves and after taking gloves off.
 - Gloves should be changed when they become soiled or torn.
 - Change gloves if you touch your face – eyes, nose or mouth – or cover a cough or sneeze with your hands while wearing gloves.
 - Disposable gloves should be thrown out and not used again once they have been taken off.
 - Reusable gloves must be cleaned and disinfected after each use.

I am worried about catching COVID-19. Should I wear a mask if I have to leave my house or when in public?

- Wearing a non-medical mask, such as a homemade cloth mask, has not been proven to protect the person wearing it.
- However, wearing a non-medical mask may be helpful in protecting others around you.
- This is because face coverings are another way to cover your mouth and nose to prevent respiratory droplets from contaminating other people or surfaces.
- Additionally, wearing a mask may stop you from touching your nose and mouth.

If you choose to wear a non-medical mask or face covering:

- Ensure your mask is well-fitted and does not gape at the sides.
- Be aware that masks can become contaminated on the outside. Avoid moving or adjusting the mask. Assume the mask has been contaminated and take proper precautions.
- Critically, if you wear a mask, you must wash your hands before putting it on, as well as before and after taking it off.
- Cloth masks should be worn only a short time, as there is some evidence that they can trap virus particles after they become damp, which may put the wearer at greater risk.
- For those choosing to wear non-medical masks, it may be prudent to carry a bag with several clean masks in it, as well as a plastic bag that can be used to safely store used masks until they can be washed at home.
- It is critical that used masks be carefully handled to avoid spreading infection to others.

Frequent and thorough hand washing, covering your mouth when coughing or sneezing and avoiding touching your face, nose or mouth remain the best evidence-based ways to prevent the spread of respiratory illness.

N95 masks (respirator masks) require special fitting and testing in order to be effective. We strongly recommend against members of the public using N95 masks, as they can make it more difficult to breathe for some individuals, especially those with chronic breathing problems. They provide little, if any, benefit to members of the public, beyond that provided by a procedure mask.

Did the criteria for COVID-19 testing change?

A new approach to testing for COVID-19, implemented in Alberta on March 23, prioritizes groups at highest risk of local exposure, as well as at-risk populations. This priority list for testing was expanded on April 6, and again on April 8, as lab testing capacity was enhanced.

As of March 23, travellers who returned to Alberta from outside of Canada after March 12 and have mild symptoms are no longer being tested for COVID-19. Instead, the same advice applied to all Albertans applies to them - self-isolate at home and away from others.

Effective April 8, anyone who has fever, cough, shortness of breath, runny nose or sore throat is eligible for testing if they fall into one of the following categories:

- people who are hospitalized with respiratory illness;
- residents of continuing care and other similar facilities;
- group home workers and shelter workers;
- first responders, including all firefighters, EMS, police and RCMP;
- those involved in COVID-19 enforcement, including police, peace officers, bylaw officers, environmental health officers, and fish and wildlife officers; and
- correctional facility staff, working in provincial or federal facilities;

- individuals who provide services in a clinical care setting including hospitals, clinics, pharmacies, and any other settings where face-to-face patient care is provided;
- individuals who reside in Calgary Zone;
- individuals who reside anywhere in Alberta and are living with someone aged 65 or older;
- individuals who reside anywhere in Alberta and usually work outside of the home but are unable to do so while self-isolating.

Note: Anyone with a cough, fever, shortness of breath, runny nose, or sore throat not related to a pre-existing illness or health condition is legally required to self-isolate for a minimum of 10 days from the start of symptoms, or until symptoms resolve, whichever is longer. These individuals ARE allowed to leave home to come for testing, [following the guidance outlined in this Order](#).

Older Albertans are at higher risk of complications if they are infected with COVID-19. Identifying infections in Albertans over the age of 65, and those who live with someone over the age of 65, will help AHS:

- prevent the spread to high-risk populations living in close quarters,
- more closely trace any community transmission among the testing groups, and
- provide more valuable information on the effects of our public health measures.

Why did AHS change the testing criteria?

Our testing priorities should fulfill several objectives:

- First, they should allow us to diagnose and treat those individuals at greatest risk of severe outcomes; which is why we test those who are hospitalized with respiratory illnesses, and Albertans over the age of 65.
- Second, they should allow us to trace the spread of the virus, with a priority on those who are at highest risk of exposure, and identify steps to limit the spread. That is why we seek to identify community transmission and transmission to front-line health care workers.
- Third, who we test should provide us with accurate information about the effects our public health measures are having and help us determine if we need to take further steps.

This expansion reflects our enhanced lab testing capacity, and the evolving COVID-19 pandemic. Not everyone who feels sick needs to get tested. These categories are based on the best information about COVID-19 available at this time a decision is made, and will continue to change in the coming weeks and months to reflect the evolving pandemic.

I feel sick and I can't get through to Health Link, what do I do?

- Health Link 811 continues to experience very high volume due to individuals seeking advice on COVID-19. We thank you for your patience.
- We have developed a simple online assessment tool to help you decide whether you need to call 811 to be tested for COVID-19. Visit the online tool at ahs.ca/covid.
- You can also:
 - Call your primary health provider for advice.
 - Call 911 if you are seriously ill and need immediate medical attention (such as shortness of breath) and inform them that you may have COVID-19.
- Even if the assessment tool indicates that COVID-19 testing is not recommended, please continue to stay at home and self-isolate for at least 10 days after your symptoms started and until you no longer have symptoms.

Who is most at risk for becoming very sick with COVID-19?

- Although most people who develop COVID-19 will experience mild illness, some individuals are more likely to become seriously ill. Older adults and people with medical conditions like high blood pressure, diabetes, heart disease, and lung disease appear to be at higher risk of becoming very sick.

What are your recommendations for people who are immune compromised, have asthma or at high risk of severe illness for other medical reasons?

- Stay at home, avoiding public places and social interaction.
- If you must go out in public, practice proper [physical distancing](#).
- For essential outings, at very least reschedule your visit for non-peak periods.
- Wash your hands often with soap and warm water.
- Avoid touching your face, nose, or mouth.
- Do not have contact with people who are sick.
- Clean and disinfect surfaces that are frequently touched.
- Call 911 if you become seriously ill and need immediate medical attention. Inform them that you may have COVID-19.

When should I go to the hospital?

- Call 911 if you are seriously ill and need immediate medical attention. Inform them that you may have COVID-19.
- If you do not need urgent medical attention and you think you may have COVID-19, you can instead call 811 for health assessment and referral.

My loved one has or is being tested for COVID-19 and we live in the same house. How can I take care of them and not get sick myself?

- If at all possible, try to ensure that the ill person has a designated bedroom and bathroom.
- Maintain physical distance from the ill individual, as much as possible.
- Visitors should not come to the home.
- Do not allow ill person to prepare meals for others, and ensure that the ill person uses separate preparation area or at least prepares meals at a different time, washing all surfaces after.
- Avoid sharing household items like dishes, drinking glasses, cups, eating utensils, towels and pillows.
- Wash your hands frequently, with soap and warm water.
- Frequently sanitize all surfaces, particular hand rails, door knobs, sink taps, toilets, and other items of frequent touching.
- Advise loved one to cover their coughs and sneezes with their arm, not their hand, and to practice good respiratory etiquette at all times.
- Monitor yourself for symptoms and call Health Link for assessment and advice if you have symptoms yourself.

What does self-isolation mean?

- Self-isolation means avoiding situations where you could infect other people. This means all situations where you may come in contact with others, such as social gatherings, work, school, child care, athletic events, university, faith-based gatherings, healthcare facilities, grocery stores, restaurants, shopping malls, and all public gatherings.
- You should, (where possible) not use public transportation including buses, taxis, or ride sharing.
- As much as possible, you should limit contact with people.

- You should avoid having visitors to your home, but it is okay for friends, family or delivery drivers to drop off food on the doorstep.
- You can also use delivery or pick up services for errands such as grocery shopping.
- Avoid sharing household items such as dishes, drinking glasses, cups, eating utensils, towels, pillows, or other items with other people in your home. After using these items, you should wash them thoroughly with soap and water, place in the dishwasher for cleaning, or wash in the washing machine.
- Wash your hands often with soap and water and regularly clean and disinfect frequently touched and shared surfaces such as doorknobs and counters.
- If you need to leave your home for an urgent errand, such as picking up essential medication, as a precaution to reduce risk of spread, you should wear a mask while you are out.
- During this time, it is important that you monitor your health for symptoms like fever or cough.
- If you do develop symptoms, you can complete the online assessment tool for additional advice or call Health Link at 811.

How is COVID-19 treated?

- Although there are no specific medications for COVID-19 at this time, the Alberta health care system is able to provide effective care for people who develop a serious COVID-19 illness.

Are there vaccines to prevent COVID-19?

- Not yet. Much research is currently underway to develop a vaccine, but it could take some time before a vaccine is developed and approved for use in Canada.

I am not having symptoms, but I'm concerned about COVID-19 and want to talk to someone. Should I call Health Link?

- Please visit the following websites if you have further general questions about what COVID-19 is, how it is spread, or how many cases there are in Alberta and the world at present. You can call Health Link 811 if you have additional questions about what you need to do to protect yourself and your family against getting a COVID-19 infection.
 - Alberta Health: alberta.ca/covid19
 - Public Health Agency of Canada: canada.ca
 - World Health Organization: who.int

EVENTS and OTHER RESTRICTIONS

What restrictions are in place, related to public spaces?

To help prevent the spread of COVID-19, Alberta has implemented the following public health restrictions:

- Student attendance at schools is prohibited.
- In-person classes at post-secondary institutions are cancelled until further notice. Campuses remain open.
 - Government is working with post-secondary institutions to ensure students are not prevented from being eligible for admission to post-secondary studies for the upcoming school year.
- All licensed child care facilities, out-of-school care programs and preschool programs are closed with the exception of a select few who will be providing child care to essential workers.
- Effective immediately, **no visitors** will be permitted to visit residents in Long-term Care, Supportive Living, Congregate Living, licensed group homes and Hospice Care Settings in Alberta. The new

restriction also applies to all residential addiction treatment operators licensed under the *Mental Health Services Protection Act*. Likewise, AHS is restricting all visitors to AHS Acute Care (hospital) facilities. See [Information for People Visiting Patients](#) for more information.

- Places of worship are no longer exempt from restrictions on mass gatherings.
- To limit the amount of time Albertans are spending in large crowds and crowded spaces, all Albertans are prohibited from attending public recreational facilities and private entertainment facilities, including gyms, swimming pools, arenas, science centres, museums, art galleries, community centres, children's play centres, casinos, racing entertainment centres, and bingo halls.
- All dine-in services are prohibited. Take-out, delivery and drive-through services are still allowed.
- Until further notice, all Albertans are restricted from attending bars and nightclubs, where minors are prohibited by law.
- Grocery stores, shopping centres, health-care facilities, airports, the legislature and other essential services are not included in this mandatory closure.
- Likewise, at this time not-for-profit community kitchens, soup kitchens and religious kitchens are exempt, but sanitization practices are expected to be in place and support will be in place for this practice.

Effective March 25, the province has instituted new enforcement measures for those not respecting public health restrictions. Find more information on [Alberta.ca](#).

What restrictions are in place for events?

Events with more than 15 attendees are cancelled.

- This includes large sporting events, conferences and community events, as well as worship gatherings and family events – including weddings and funerals.

Find more information on [Alberta.ca/covid19](#)

Is AHS prepared to meet the increased demands on health care in the event of a local outbreak of COVID-19?

- Yes – AHS, in collaboration with Alberta Health and the Alberta Emergency Management Agency, is actively responding to this pandemic, and worked proactively to be prepared.
- We are focused on controlling the spread of disease, reducing illness and death, minimizing disruptions to the daily life of Albertans, helping to minimize economic impacts and support an efficient and effective use of resources during response and recovery.

TRAVEL:

Should I change or cancel my travel plans outside of Canada?

- Yes. Travel outside Canada is **not recommended** at this time.
 - Public Health Agency of Canada's Travel Health Advisories: <https://travel.gc.ca/travelling/health-safety/travel-health-notice>.
 - World Health Organization's bulletins: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/travel-advice>.

What should I do if I have recently returned from travelling outside of Canada?

- ALL travellers who returned to Alberta from outside Canada in the last 14 days MUST self-isolate immediately for 14 days after the date of return and monitor for symptoms. Complete the online self-assessment tool at ahs.ca/covid to determine if you should receive testing for COVID-19.
- **If you have symptoms:**
 - Anyone who has symptoms, including cough, fever or sore throat, must also self-isolate for 10 days after the first onset of symptoms, or until their symptoms resolve, whichever is longer.
 - If you develop symptoms – cough, sore throat, fever or difficulty breathing – stay home and complete the online COVID-19 self-assessment. Do not go to the ER or doctor's office.
 - Please do not visit a hospital, physician's office, lab or healthcare facility without consulting Health Link (811) first.
 - If your symptoms worsen, call 811. We are experiencing heavy call volumes and will get to your call as quickly as we can.
 - Call 911 if you are seriously ill and need immediate medical attention. Inform them that you may have COVID-19.

I was on a flight where there was someone who looked sick. Am I at risk?

- Returning travellers on international flights may be screened at the airport: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse.html>
- If any cases are diagnosed among travellers to Alberta, Public Health will be following up with anyone who was exposed.

Flights with confirmed cases

As more flights confirm passengers with COVID-19, Albertans should monitor their air travel even if it was limited to within Canada. Flights that have confirmed cases and the affected seats is [posted online as information is confirmed](#).

- Passengers in affected seats are considered close contacts and are at risk of exposure. Please self-isolate for 14 days and monitor for symptoms.
- Other passengers should monitor for symptoms, but are not required to self-isolate unless they returned to Canada after March 12.

If you recently returned from a flight:

- [check the list of affected flights for updates](#) (updated March 22, 1:00 pm)
- self-isolate for 14 days if your seat was affected or you returned to Canada after March 12
- monitor for symptoms such as cough, fever, fatigue or difficulty breathing
- If, at any time in your 14 day period of self-isolation, you develop symptoms of illness, you are required to stay home for 10 days from date of symptom onset, or until symptoms have cleared, whichever is longer. This may extend your period of self-isolation to longer than 14 days.

- [take the COVID-19 self-assessment](#) to determine next steps and find out if testing is required

I live outside of Canada but have a trip planned to Alberta this week/month. Should I still come?

- Travel should be limited as much as possible. Essential travel only should proceed.
- Please follow travel guidance from Public Health Agency of Canada: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html>.
- If you do not currently have symptoms of COVID-19 and are planning to come to Alberta from outside Canada, you will be asked to monitor yourself for the development of symptoms of COVID-19.

If you develop symptoms, you will need to isolate yourself immediately and call Health Link 811.

Visiting During COVID-19

**No visitors are allowed
on site at this time**



If you have been designated
as an **Essential Visitor**,
please contact the site
administrator – your visit must
be pre-arranged.

Original date: APRIL 3, 2020

For more information, visit: www.ahs.ca/covid

©2020 Alberta Health Services

Resident Daily Screening Questionnaire

This screener is to be completed as a self-check by all residents for signs of COVID-19. For any resident unable to complete a self-check, staff must complete the questionnaire for any resident who has routine interface with staff (e.g. personal care) at least **once** daily. Documentation of screening must be kept in the resident chart.

In addition, any resident leaving the site **must** be screened at re-entry.

Screening **must** include temperature check using a non-invasive infrared or similar device.

Please complete the following COVID-19 Resident Questionnaire:

1. Do you/Does the resident have any of the following symptoms:		CIRCLE ONE	
• Fever (37.8 degrees Celsius or higher)		YES	NO
• Any new or worsening respiratory symptoms:			
○ Cough		YES	NO
○ Shortness of Breath / Difficulty Breathing		YES	NO
○ Runny Nose or sneezing		YES	NO
○ Nasal congestion		YES	NO
○ Hoarse voice		YES	NO
○ Sore throat		YES	NO
○ Difficulty swallowing		YES	NO
• Any new onset atypical symptoms including but not limited to:			
• Chills		YES	NO
• Muscle Aches		YES	NO
• Nausea / Vomiting / Diarrhea		YES	NO
• Feeling unwell / Fatigued / Malaise		YES	NO
• Headache		YES	NO

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

If any resident answers YES to any question, the individual shall immediately be isolated in the facility.

Completed By: _____

Date: _____

Current as of April 11, 2020
 and [CMOH Order 10-2020](#)

Guidelines for Continuous Masking in Home Care and Congregate Living Settings

Residents of congregate living sites are at high risk for severe illness or death if exposed to COVID-19. Congregate Living Settings include Long Term Care, Designated Supportive Living, Seniors Lodges, Group Homes, Residential Addiction Treatment sites, and other supportive living licensed under the Supportive Living Licensing and Accommodation act. For congregate living sites, steps have been taken, including visitor restriction and staff screening, to attempt to minimize the risk of transmission of COVID-19 into and within a site. For Home Care, restrictions have included pre-screening and point of care assessment at the door screening of clients and others in the household to minimize the risk of either a home care worker being exposed, or a home care worker carrying COVID-19 between settings as they work with different clients.

Community spread of COVID-19 is increasing in Alberta. There is emerging evidence that asymptomatic, pre-symptomatic or minimally symptomatic individuals may transmit COVID-19. The Public Health Agency of Canada (PHAC) has issued updated recommendations that healthcare and personal care workers should mask when providing direct care to prevent transmission to residents and to their co-workers.

Until now, AHS has not recommended the use of procedure masks other than when healthcare workers are in direct contact with a resident on droplet and contact precautions for COVID-19 or other respiratory viral infections. This recommendation is now expanding and is consistent with [CMOH Order 10-2020](#) and accompanying Guideline.

Effective immediately:

1. For clients in any setting, including home care or congregate living sites, the practice of using appropriate PPE for contact with a resident on droplet and contact precautions remains in place. This includes a surgical/procedure mask, face shield, gown and gloves. For Aerosol Generating Medical Procedures (AGMP), an N95 mask should be worn.
 - a. After care for any residents on contact and droplet precautions (for COVID-19 or ILI), remove all PPE upon exiting the resident room/client residence, perform hand hygiene and put on a new procedure mask.
2. For health care workers (HCW) providing direct care in a congregate setting:
 - a. Follow Infection Prevention and Control (IPC) protocols including hand hygiene and the use of additional personal protective equipment when delivering resident care according to the AHS [point-of-care risk assessment](#).
 - b. HCW should wear a surgical/procedure mask at all times and in all areas of their workplace if they are involved in direct resident contact and cannot maintain adequate social/physical distancing from residents and co-workers.
 - c. The surgical/procedure mask should be immediately changed and safely disposed of whenever it is soiled or wet, whenever the HCW feels it may have become contaminated and after care for any patient on Droplet +/- Contact precautions (i.e. suspected or confirmed influenza-like illness or COVID-19).

- d. When taking a break, or eating a meal, the wearer should dispose of the mask and perform hand hygiene. Social/physical distancing must be maintained and a new mask should be applied before returning to work.
3. Staff who do not work in resident care areas or have direct resident contact but work in the healthcare setting, including but not limited to housekeeping, food services, maintenance, administration and office staff:
 - a. are only required to wear a surgical/procedure mask if social/physical distancing (2meters or 6 feet) cannot be maintained at all times in their workplace;
 - b. are required to wear a surgical/procedure mask for the duration of their interaction if entry into resident care areas is required.
4. For Home Care staff in a non-Supportive Living environment (e.g. private home, seniors apartment, condo complex, etc.):
 - a. A [point-of-care risk assessment](#) should be performed prior to entering the suite/house.
 - i. For a client, or anyone in the home, with no symptoms, care can be provided as per usual wearing a surgical/procedure mask.
 - ii. For a client, or anyone in the home, with symptoms suggestive of COVID-19 or of ILI do not initially proceed with care as usual.
 1. Ask your client if they have a backup plan in place for care that can be enacted.
 2. If not, and the care is essential, [don appropriate PPE](#) for entry to the residence.
 - b. The surgical/procedure mask should be immediately changed and safely disposed of whenever it is soiled or wet, whenever the HCW feels it may have become contaminated and after care for any patient on Droplet +/- Contact precautions (i.e. suspected or confirmed influenza-like illness or COVID-19). Follow procedures to [doff appropriate PPE](#).

Environmental Cleaning in Public Facilities

Public Health Guidelines for Environmental Cleaning of Public Facilities during Respiratory Illnesses in the Community

This document is to support owners and operators of public facilities with general cleaning and disinfection considerations as it relates to COVID-19. For general information on COVID-19 or to find site specific resources, please visit: ahs.ca/covid.

General Cleaning

- Increase daily cleaning and disinfection of common areas and surfaces. Pay particular attention to door knobs, light switches, staff rooms, desktops, washrooms and other high touch surfaces.
- Cleaning refers to the removal of visible dirt, grime and impurities. Cleaning does not kill germs but helps remove them from the surface.
- Disinfecting refers to using chemical to kill germs on surfaces. This is most effective after surfaces are cleaned. Both steps are important to reduce the spread of infection.
- Use a **disinfectant** that has a Drug Identification Number (DIN) and a virucidal claim. Be sure to follow the instructions on the label to disinfect effectively. Alternatively, you can prepare a bleach water solution with 100 ml of unscented household bleach per 900 ml of water.
- Be sure to use take the appropriate precautions when using chemicals for cleaning and disinfecting. Consult the products Safety Data Sheets.

Prevention

- [Wash your hands often and well](#)
- Avoid touching your face, nose, or mouth with unwashed hands
- Avoid close contact with people who are sick
- Clean and disinfect surfaces that are frequently touched
- Stay at home and away from others if you are feeling ill
- [When sick, cover your cough and sneezes and then wash your hands](#)

Enhanced Measures

- In the event of a cluster of illness in a specific public facility, please adhere to any additional recommendations provided by Public Health at that time.

References:

Alberta Health Services Infection Prevention and Control

Centers for Disease Control and Prevention: Coronavirus Disease 2019 (COVID-19)

Guidance for Providers of Services to Albertans Experiencing (or at-risk of) Homelessness:

2019 Novel Coronavirus (COVID-19) Prevention and Preparation

March 16, 2020

This guidance is based on what is currently known about COVID-19 and includes public health recommendations made for Albertans as of March 16, 2020. The situation is changing rapidly. Please check www.alberta.ca/COVID19 for the most recent recommendations.

Table of Contents

<u>Introduction</u>	3
<u>General Information</u>	4
<u>Prevention</u>	5
<u>General prevention</u>	5
<u>For staff and volunteers</u>	6
<u>General environmental cleaning</u>	7
<u>Food handling</u>	7
<u>Planning for future cases/outbreak</u>	8
<u>Questions and Answers</u>	9
<u>Further Information</u>	10
<u>Appendix One:</u>	12
<u>Appendix Two:</u>	13

This guidance is based on what is currently known about COVID-19 and includes public health recommendations made for Albertans as of March 16, 2020. The situation is changing rapidly. Please check www.alberta.ca/COVID19 for the most recent recommendations.

Introduction

This document is intended to help providers of services for Albertans experiencing (or at-risk of) homelessness. It was developed initially for emergency homeless shelters but may also be applicable to other types of shelters, housing sites, transitional housing facilities etc. as well as agencies providing services to marginalized and vulnerable populations. The document outlines general recommendations to prevent COVID-19 in these settings. If a case is identified in, or associated with your facility, further instructions will be provided by AHS Public Health.

It is acknowledged that limited staffing, physical lay-out, shared accommodation, communal areas and programming may pose challenges for implementing the recommendations outlined in this document. Facilities are encouraged to customize and prioritize as necessary.

Service providers will likely have many unanswered questions. Please know that logistics such as where to get masks and other personal protective equipment are being worked out and processes for supporting vulnerable populations needing to self-isolate or diagnosed with COVID-19 are being developed. More details are forthcoming.

Agencies providing services and shelters for vulnerable populations such as Albertans experiencing or at-risk of homelessness are currently exempt from the recent public health interventions announced over the last week e.g., the March 12, 2020 Chief Medical Officer of Health recommendation that mass gatherings over 250 people be cancelled. However, service providers can decrease risk of transmission (spread) of COVID-19 by ensuring no more than 250 people are in the same room at any given time and eliminating large congregations of vulnerable populations.

This guidance is based on what is currently known about COVID-19 and includes public health recommendations made for Albertans as of March 16, 2020. The situation is changing rapidly. To stay current on the most recent public health recommendations related to COVID-19 in Alberta, please visit:

- Alberta Health Services: www.ahs.ca/covid
- Alberta Health: www.alberta.ca/COVID19

Organizations dedicated to housing and homelessness issues may also be good sources of information. Recent examples from Canada include:

- <https://caeh.ca/coronavirus-resources/>
- https://www.orgcode.com/pandemic_planning_and_services_that_support_people_who_are_homeless
- <https://www.homelesshub.ca/blog/pandemic-planning-how-can-my-agency-prepare-potential-spread-coronavirus>

General Information about COVID-19

Coronaviruses are a large family of viruses. Some coronaviruses cause respiratory illness in people, ranging from common colds to severe pneumonias. Others cause illness in animals only. Rarely, animal coronaviruses can infect people, and more rarely, these can spread from person to person through close contact.

COVID-19 is a novel coronavirus that had not been detected previously in humans. It is the cause of the respiratory outbreak in China that has now been detected in many other countries around the world, including Canada.

Symptoms

Symptoms are similar to influenza and other respiratory illnesses. Common symptoms include:

- fever
- cough
- extreme tiredness

Most people recover from this disease without needing special treatment. However, it can cause serious illness in some, and there is a risk of death in severe cases. Those who are older and those with other medical problems (such as high blood pressure, heart disease, lung disease, cancer or diabetes) are more likely to develop serious illness, which can include difficulty breathing and pneumonia.

There is currently no vaccine or specific medication for COVID-19.

Transmission

COVID-19 is spread mainly by coughing, sneezing or direct contact with a person who has the infection or with surfaces they have recently touched by someone with the virus. COVID-19 can also be spread when droplets (like from a cough or a sneeze) land on a surface and then someone touches that surface. If that person puts their hands near their mouth, nose or eyes, the person may get infected with the virus.

Risks

The risk of exposure in Alberta is still assessed as low at this time, however we anticipate this risk may increase in the coming weeks. The higher risk does currently apply to people who develop fever and/or cough or shortness of breath AND in the 14 days before illness onset travelled to anywhere outside of Canada or had close contact with a confirmed or probable case of COVID-19 or laboratory exposure known to contain COVID-19 virus.

The health system is committed to work with shelter service providers to ensure the safety of clients, staff and volunteers. We are carefully monitoring the situation and have taken the necessary steps to identify cases and prevent the ongoing spread of the virus.

This guidance is based on what is currently known about COVID-19 and includes public health recommendations made for Albertans as of March 16, 2020. The situation is changing rapidly. Please check www.alberta.ca/COVID19 for the most recent recommendations.

Prevention

Agencies and service providers are likely reviewing, updating and implementing their emergency operating plans and deliberating critical operational decisions. However, it is also important to remember that effective strategies to reduce the spread of COVID-19 by clients, staff and volunteers build on everyday infectious disease prevention practices and strategies:

- wash hands often
- appropriately cover coughs and sneezes
- avoid touching face with unwashed hands

General Prevention

There are many things you can do to prevent spread of respiratory illness in your facility, particularly by facilitating hand hygiene, respiratory etiquette and social distancing.

- Ensure there are enough supplies on hand for proper hand hygiene, including soap, warm running water and paper towels or hot air dryers.
- If possible, consider adding hand sanitizer stations to supplement handwashing. Use alcohol-based hand rub or ABHR with greater than 60% alcohol. It is recognized that staff may have concerns with providing free access to ABHR; to address this concern, staff may choose to apply the ABHR directly to client hands.
- Provide tissues and garbage bins for use by staff and clients. No-touch garbage cans are preferred for disposal of items.
- Remind clients, staff and volunteers of the importance of hand hygiene and respiratory etiquette and encourage them to avoid touching eyes, nose and mouth.
- Post signage throughout your facility. Examples of posters that can be posted:
 - <https://open.alberta.ca/publications/covid-19-information-help-prevent-the-spread-poster>
 - <https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-flu-handwash-how-to.pdf>
 - <https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-cover-cough.pdf>
 - <https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-flu-hand-rub-how-to.pdf>
- Keep, at a minimum, of about 1 metre (3 feet) between sleeping mats with “head to foot” placement. If possible in your space, increase the distance between mats even further.
- Consider cancelling group activities. Events with more than 50 attendees that involve international participants, critical infrastructure staff, seniors, or other high risk populations such as immune compromised should be cancelled until further notice. If you continue to hold activities for clients, strictly monitor for personal hygiene, and conduct frequent environmental cleaning and disinfection of the areas used. If cancelling group activities, consider other options for client psychosocial benefit.
- Encourage all staff, volunteers, and clients to get the seasonal flu shot. While this will not prevent COVID-19, reducing cases of influenza will lessen the burden of illness and the overall concern of symptomatic individuals in the facility.
- Remind individuals they do not need to be tested for COVID-19 if, in the past 14 days, they have not travelled outside Canada or have not had contact with someone with the virus. There is an online self-assessment tool to help determine if a test for COVID-19 is needed:
<https://myhealth.alberta.ca/Journey/COVID-19/Pages/COVID-Self-Assessment.aspx>

This guidance is based on what is currently known about COVID-19 and includes public health recommendations made for Albertans as of March 16, 2020. The situation is changing rapidly. Please check www.alberta.ca/COVID19 for the most recent recommendations.

For staff and volunteers

- Staff and volunteers should be encouraged to stay home if sick.
- Staff and volunteers should wash their hands frequently with soap and warm water. This includes when they first arrive at the facility, before preparing food, after any contact with saliva or nasal secretions (e.g., used tissues), after handling client belongings, after cleaning activities, and after using the washroom. Refer to hand-washing guidance here:
 - <https://www.albertahealthservices.ca/info/Page14955.aspx>.
- Staff and volunteers should avoid touching eyes, nose and face, and should remind each other if they see co-workers touching their own faces.
- Cover your cough and sneezes and then wash your hands. Refer to respiratory etiquette guidance here:
 - <https://www.albertahealthservices.ca/info/Page14511.aspx>
 - <https://www.albertahealthservices.ca/ipc/hi-ipc-routine-practices-algorithm-cc.pdf>
- If using disposable gloves for any tasks, handwashing is still important and should be done before putting on and after removing the gloves. If using gloves, change often, especially if soiled, ripped or become dirty.
- Monitor for signs of illness amongst clients, especially new cough, fever, or shortness of breath.
- Encourage clients to report any symptoms of illness right away.

This guidance is based on what is currently known about COVID-19 and includes public health recommendations made for Albertans as of March 16, 2020. The situation is changing rapidly. Please check www.alberta.ca/COVID19 for the most recent recommendations.

General environmental cleaning

- Attempt to have additional cleaning supplies on hand.
- Conduct frequent cleaning and disinfection of the facility, especially high-touch surfaces like door knobs, light switches, railings, tables, chairs, etc.
 - See Appendix 1 for general cleaning and disinfecting recommendations.
- Consider all surfaces in the client environment as contaminated. Start at the cleanest part of the equipment or surface and move towards the dirtiest.
- Ensure manufacturer recommended wet-contact time is achieved. Wet contact time is the minimum time required for items to be in contact with the disinfectant to ensure germs are killed.
- Place equipment on a clean surface to air dry. Do not actively dry with a towel or other device.
- Store all disinfectants out of the reach of children, pets and confused individuals.
- Clean client care areas on a regularly scheduled and frequent basis.
- Clean and disinfect all non-critical equipment and environmental surfaces between client use (e.g. shared equipment, treatment surfaces such as mats, platforms and tables)
- Clean and disinfect sleeping mats after every use.
- Wash client bedding frequently.
- Use care when handling laundry: have a system to keep dirty laundry separate from clean laundry.
- Staff or volunteers doing cleaning, including handling laundry, should wear gloves and gowns. The labels of the cleaning and disinfecting products you are using will likely identify what protective equipment staff or volunteers should use.

Food handling

Germs from ill clients/staff (or from contaminated surfaces) can be transferred to food or serving utensils. Facilities should reinforce routine food safety and sanitation practices. Where possible, implement measures to minimize client/resident handling of shared food and items that may touch another client's/resident's food, such as:

- Dispense food onto plates for clients/residents
- Minimize client/resident handling of multiple sets of cutlery
- Remove shared food containers from dining areas (e.g. shared pitchers of water, shared coffee cream dispensers, salt & pepper shakers, etc.)
- Dispense snacks directly to clients/residents and use pre-packaged snacks only
- Ensure that food handling staff are in good health and practice good hand hygiene
- Ensure that all surfaces of the tables and chairs (including the underneath edge of the chair seat) are cleaned and disinfected after each meal
- Staff assigned to housekeeping duties should not be involved in food preparation or food service, if possible

Planning for future cases/potential outbreak at your facility

Start planning now to reduce the impact of a potential outbreak in your facility. Here are some steps to take in advance:

- Consider connecting with other providers of homeless services, municipalities, and AHS Zone Public Health (see Appendix 2 for contact information), and make a list of key contacts.
- Analyze the capabilities of your facility. Do you have separate spaces for clients who are ill, or who need to self-isolate? If not, are you aware of alternate locations? Make a list of nearby healthcare and housing facilities that may need to be used by your clients.
- Start screening clients on arrival. Ask questions about recent travel and any respiratory symptoms they may be experiencing. Note if they have any underlying/chronic health conditions that may make them more susceptible to severe COVID-19 symptoms. New volunteers and staff should be asked similar questions.
- Identify contingency plans for increased staff and volunteer absenteeism. You might consider cross-training current staff, or hiring temporary staff. More information on business continuity can be found here: <https://www.ccohs.ca/publications/PDF/businesscontinuity.pdf>
- If you have a healthcare facility onsite, ensure the facility and staff are prepared. Information for health care providers can be found here: <https://www.albertahealthservices.ca/topics/Page16956.aspx>
- Be aware that shelter use may increase during an outbreak. You may need to order additional operational supplies like food, toiletries, and arrange for additional staffing.
- Have a communication plan. How will you get information to staff, clients, volunteers, community partners, and other key stakeholders in a timely manner? Consider internal websites, email strings, automated text messaging, etc.
- Be aware that everyone may be at risk for adverse mental health outcomes during a stressful event like a disease outbreak. How can your organization support both staff and clients?
- Stay informed about the local COVID-19 situation, using trusted resources such the links to Alberta Health and Alberta Health Services included in this document.

This guidance is based on what is currently known about COVID-19 and includes public health recommendations made for Albertans as of March 16, 2020. The situation is changing rapidly. Please check www.alberta.ca/COVID19 for the most recent recommendations.

Questions and Answers

What if a client has symptoms?

- AHS Zones are actively planning to identify locations where ill clients who live in homeless shelters, transitional shelters or similar settings with COVID-19 can be isolated, treated and supported. As designated locations are identified, additional information will be provided.
- If available, provide a face mask right away to any client exhibiting respiratory symptoms such as fever, cough, sore throat, shortness of breath, additional respiratory symptoms, muscle aches or extreme tiredness.
- If symptoms are mild, and consistent with COVID-19 use the self-assessment tool to determine whether they should be tested for COVID-19 or whether they need to call Health Link at 811. The assessment can be completed by the client or on behalf of them if they are unable. The COVID-19 Self-Assessment Tool can be found at <https://myhealth.alberta.ca/Journey/COVID-19/Pages/COVID-Self-Assessment.aspx>
- If clients develop SEVERE symptoms, contact 911 immediately; advise dispatcher and any medical teams who arrive that symptoms are consistent with COVID-19.

If required to isolate a client:

- Place client away from other clients
- Place client in an individual room with four walls and a door, if possible.
- If individual rooms are not available, consider using a large, well-ventilated room.
- Space beds apart as much as possible (2 metres or greater), have clients sleep head-to-toe, and put up temporary barriers between beds, such as plastic sheeting.
- If possible, designate specific washrooms for symptomatic clients only.

What if staff show respiratory symptoms?

- Advise staff (including administrators, health care personnel, cleaning staff, food handlers and volunteers) to check for any signs of illness before reporting to work each day and notify their supervisor if they are ill.
- Encourage staff and volunteers to stay home if they are ill.
- Staff and volunteers with symptoms should use the self-assessment tool to determine whether they should be tested for COVID-19 or whether they need to call Health Link at 811. The assessment can be completed by the client or on behalf of them if they are unable. The COVID-19 Self-Assessment Tool can be found at <https://myhealth.alberta.ca/Journey/COVID-19/Pages/COVID-Self-Assessment.aspx>
- Anyone needing to present to any healthcare facility and who is at higher risk for COVID-19 (for example, recent travel or person who has had contact with a returning traveler who is ill or who had contact with a known case) should be instructed to immediately self-identify at presentation to a health care facility.
- Effective March 12, all Albertans with respiratory symptoms, even if they have not travelled, are asked to stay home until 14 days have passed from the start of their symptoms. This may impact staffing levels, but is a precaution to prevent spread of illness in the community.

This guidance is based on what is currently known about COVID-19 and includes public health recommendations made for Albertans as of March 16, 2020. The situation is changing rapidly. Please check www.alberta.ca/COVID19 for the most recent recommendations.

What if staff have just returned from travelling from outside of Canada?

Effective March 12, all Albertans currently outside Canada should self-isolate for 14 days when they return. Self-isolation guidance can be found here: <https://open.alberta.ca/publications/self-isolation-information-sheet>

If staff develop symptoms – cough, fever or difficulty breathing – they should be instructed to stay home and use the self-assessment tool to determine whether they should be tested for COVID-19 or whether they need to call Health Link at 811. The COVID-19 Self-Assessment Tool can be found at <https://myhealth.alberta.ca/Journey/COVID-19/Pages/COVID-Self-Assessment.aspx>. Staff members should not go to an emergency room, urgent care centre or doctor's office. If severely ill and in need of urgent medical attention call 911 and inform them that you may have COVID-19.

Staff can stay up to date on current recommendations for travelers here: <https://www.alberta.ca/coronavirus-info-for-albertans.aspx#toc-5>, click on “Info for Travelers”

I'm concerned about COVID-19 and need advice. Should I call Health Link?

Please visit the following websites if you have further general questions about what COVID-19 is, how it is spread, or how many cases there are in the world at present.

- Alberta Health Services: www.ahs.ca/covid
- Alberta Health: www.alberta.ca/COVID19
- [Public Health Agency of Canada](https://www.canada.ca/en/public-health/)
- [World Health Organization](https://www.who.int/)

Use the self-assessment tool to determine whether you should be tested for COVID-19 or whether you need to call Health Link at 811. The assessment can be completed for yourself or on behalf of someone else if they are unable. The COVID-19 Self-Assessment Tool can be found at: <https://myhealth.alberta.ca/Journey/COVID-19/Pages/COVID-Self-Assessment.aspx>

This guidance is based on what is currently known about COVID-19 and includes public health recommendations made for Albertans as of March 16, 2020. The situation is changing rapidly. Please check www.alberta.ca/COVID19 for the most recent recommendations.

Further Information

Up-to-date information on the evolving situation of COVID-19 in Alberta and Canada is available on the following websites:

Alberta Health ([COVID-19 Info for Albertans](#))

<https://www.alberta.ca/coronavirus-info-for-albertans.aspx>

Alberta Health Services ([novel coronavirus \(COVID-19\)](#))

<https://www.albertahealthservices.ca/topics/Page16944.aspx>

Public Health Agency of Canada ([Covid-19: Being Prepared](#))

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/being-prepared.html>

This guidance is based on what is currently known about COVID-19 and includes public health recommendations made for Albertans as of March 16, 2020. The situation is changing rapidly. Please check www.alberta.ca/COVID19 for the most recent recommendations.

Appendix One:

Public Health Guidelines for Environmental Cleaning of Public Facilities during Respiratory Illnesses in the Community

This information is to support owners and operators of public facilities with general cleaning and disinfection considerations as it relates to COVID-19.

- Increase daily cleaning and disinfection of common areas and surfaces. Pay particular attention to doorknobs, light switches, staff rooms, desktops and washrooms, and other high touch surfaces.
- Cleaning refers to the removal of visible dirt, grime and impurities. Cleaning does not kill germs but helps remove them from the surface.
- Disinfecting refers to using chemical to kill germs on surfaces. This is most effective after surfaces are cleaned. Both steps are important to reduce the spread of infection.
- Use a disinfectant that has a Drug Identification Number (DIN) and a virucidal claim. Be sure to follow the instructions on the label to disinfect effectively. Alternatively, you can prepare a bleach water solution with 100 ml of unscented household bleach per 900 ml of water.
- Be sure to use take the appropriate precautions when using chemicals for cleaning and disinfecting. Consult the products' Safety Data Sheets.

Appendix Two:

AHS Zone Public Health Contacts (Regular and After Hours)

AHS ZONE (Link to Zone MOH)	REGULAR HOURS			AFTER HOURS
	Business hours may vary slightly from Zone to Zone, but are typically 8:30 am – 4:30 pm			
Zone 1 South	Communicable Disease Control	CDC Intake	587-220-5753	(403) 388-6111 Chinook Regional Hospital Switchboard
	Environmental Public Health	EPH CDC Lead	403-388-6689	1-844-388-6691
Zone 2 Calgary	Communicable Disease Control	CDC Intake	403-955-6750	(403) 264-5615 MOH On-Call
	Environmental Public Health	EPH Disease Control	403-943-2400	
<u>Zone 3 Central</u>	Communicable Disease Control	CDC Intake	403-356-6420	(403) 391-8027 CDC On-Call
	Environmental Public Health	24 Hour Intake	1-866-654-7890	1-866-654-7890
<u>Zone 4 Edmonton</u>	Communicable Disease Control	CDC Intake Pager	780-445-7226	(780) 433-3940 MOH On-Call
	Environmental Public Health	EPH		
<u>Zone 5 North</u>	Communicable Disease Control	CDC Intake	1-855-513-7530	1-800-732-8981 Public Health On-Call
	Environmental Public Health	EPH		

Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites

March 2020

TABLE OF CONTENTS

INTRODUCTION	3
Table 1: AHS Zone Public Health Contacts (Regular and After Hours)	4
1. Principles of Outbreak Management.....	5
1.1 Surveillance	5
1.2 Assessment.....	5
1.3 Outbreak Identification	5
1.4 Case and Outbreak Definitions	5
Table 2: COVID-19 Case and Outbreak Definitions	5
1.5 Notification	6
Table 3: Outbreak Notification Algorithm.....	6
1.6 Infection Prevention and Control Measures	6
Table 4: COVID-19 - Infection Prevention and Control Practices and Additional Precautions	7
1.7 Specimen Collection.....	9
1.8 Outbreak Control Strategies.....	9
1.9 Environmental Cleaning	9
1.10 Communication	10
1.11 Impact On Residents	10
1.12 Monitoring Outbreak Status.....	10
1.13 Declaring Outbreak Over.....	10
Attachment 1: Data Collection for COVID-19 Outbreak Management	11
Attachment 2: ProvLab Respiratory Specimen Collection Guidelines	12

Introduction

The purpose of this document is to provide current best-practice/evidence-based guidelines for COVID-19 outbreak control and management in Congregate Living sites. Please note that this is only a supplemental addition to existing guidelines; more detailed descriptions of general outbreak control strategies are available in the Alberta Health Services (AHS) Guidelines for Outbreak Prevention, Control and Management.

The notification of outbreaks and other infectious disease threats in Alberta is mandated under Section 26 of the provincial Public Health Act, and each Medical Officer of Health (MOH) is accountable for outbreak investigation and management (Section 29). AHS Zone Public Health contacts are listed in [Table 1](#).

In compliance with the Continuing Care Health Services Standards (Standard 1.7), AHS facilities and contracted service providers are responsible to develop and implement written procedures for identifying, reporting, investigating notifiable diseases and controlling any suspect outbreaks in facility living sites, including COVID-19. Early recognition and swift action is critical for effective management of COVID-19 outbreaks. **NOTE: a single case of COVID-19 in a resident/client or staff member constitutes an outbreak at this time.** Health care workers, Infection Control Professionals (ICP)/Infection Control Designate (ICD) in Congregate Living sites work collaboratively with Facility Administrators and health care workers to facilitate prompt response to help minimize the impact of the outbreak.

Note: This is not a comprehensive infection prevention and control (IPC) document. *Only the minimum updates necessary for managing outbreaks of COVID-19 respiratory illness are outlined here.* Please continue to use your AHS Guidelines for Outbreak Prevention, Control and Management for general information on outbreak management. For detailed information about IPC, please consult your ICP/ICD for your facility or Public Health.

Table 1: AHS Zone Public Health Contacts (Regular and After Hours)

AHS ZONE (Link to Zone MOH)	REGULAR HOURS Business hours may vary slightly from Zone to Zone, but are typically 8:30 am – 4:30 pm			AFTER HOURS
Zone 1 South	Communicable Disease Control	CDC Intake	587-220-5753	(403) 388-6111 Chinook Regional Hospital Switchboard
	Environmental Public Health	EPH CDC Lead	403-388-6689	1-844-388-6691
Zone 2 Calgary	Communicable Disease Control	CDC Intake	403-955-6750	(403) 264-5615 MOH On-Call
	Environmental Public Health	EPH Disease Control	403-943-2400	
Zone 3 Central	Communicable Disease Control	CDC Intake	403-356-6420	(403) 391-8027 CDC On-Call
	Environmental Public Health	24 Hour Intake	1-866-654-7890	1-866-654-7890
Zone 4 Edmonton	Communicable Disease Control	CDC Intake Pager	780-445-7226	(780) 433-3940 MOH On-Call
	Environmental Public Health	EPH		
Zone 5 North	Communicable Disease Control	CDC Intake	1-855-513-7530	1-800-732-8981 Public Health On-Call
	Environmental Public Health	EPH		

NOTE: Confirm outbreak reporting procedures and business hours in the Zone.

GENERAL GUIDELINES FOR COVID-19 OUTBREAK MANAGEMENT

1. Principles of Outbreak Management

1.1 Surveillance

Conduct ongoing monitoring and surveillance for symptoms of COVID-19 ([Table 2](#)) in residents and health care workers (HCW), and prompt identification of possible outbreaks. Surveillance takes place prior to, during and after outbreaks.

1.2 Assessment

Assess staff and residents for symptoms of COVID-19.

Even if a single case of COVID-19 has already been identified, continue to collect and submit nasopharyngeal swabs for any newly symptomatic individuals until otherwise directed by Public Health.

(a) Symptomatic staff:

- whether related to workplace exposure or exposure in the community or home, any HCW or other staff of a congregate living facility that has symptoms of COVID-19 (see [Table 2](#)) must contact their manager/designate and WHS/OHS as per internal protocol promptly (or Public Health for sites that do not have WHS/OHS) and be excluded from work until safe to return.
- symptomatic staff are managed as per WHS/OHS/Public Health recommendations for self-isolation and daily active monitoring

(b) Symptomatic Residents:

- for residents that have symptoms of COVID-19 (see [Table 2](#)), arrange for nasopharyngeal specimen collection and testing as soon as possible.
- contact Zone Public Health prior to sending specimen for testing
- follow [IPC risk assessment algorithm](#) and *implement contact and droplet infection prevention and control precautions and other outbreak strategies immediately*, while waiting for test results.

1.3 Outbreak Identification

Initiate full outbreak management precautions as soon as one symptomatic staff/resident is identified.

One positive specimen result for COVID-19 is considered an outbreak.

Even when a COVID-19 case is identified and an outbreak is declared, all newly symptomatic staff and residents should be tested throughout the outbreak, until otherwise directed by Public Health.

1.4 Case and Outbreak Definitions

Early recognition of COVID-19 outbreaks is extremely important. Ongoing surveillance of residents and HCW or facility staff should be conducted using the following definitions for early detection of COVID-19 cases/outbreaks (see [Table 2](#)).

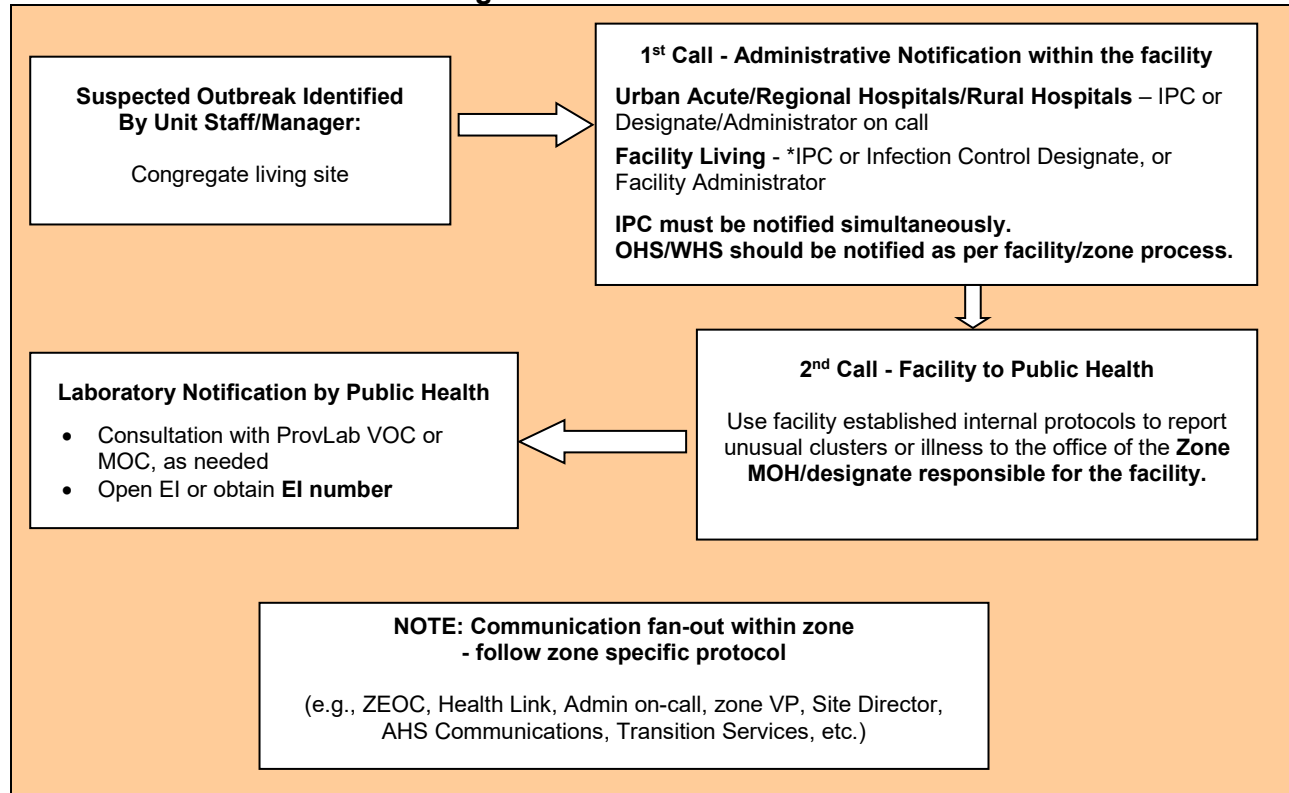
Table 2: COVID-19 Case and Outbreak Definitions

Case Definition	Outbreak Definition
Onset of new respiratory illness with cough OR fever (over 38°C) OR shortness of breath OR difficulty breathing OR sore throat OR runny nose OR nasal congestion.	ONE case of COVID-19 in staff or residents initiates the full outbreak investigation protocols. <u>Even if a case is identified, continue to collect and submit</u>

1.5 Notification

In order to initiate an outbreak investigation promptly, immediately report a single suspected case of COVID-19 (see [Table 3](#)) to your IPC/ICD and notify Zone Public Health (see [Table 1](#)) using established protocols to collect and report data. (see [Attachment 1](#)). For sites where there is no one assigned the role of infection prevention and control (IPC), contact Zone Public Health (see [Table 1](#)). Prompt reporting permits early identification and interventions to interrupt transmission of COVID-19 as soon as possible, reducing morbidity and mortality.

Table 3: Outbreak Notification Algorithm



1.6 Infection Prevention and Control Measures

While waiting for test results, implement full **contact and droplet precautions** in addition to routine IPC measures including hand hygiene, respiratory hygiene, appropriate personal protective equipment (PPE) and isolation of symptomatic staff or residents as possible. Additional precautions are necessary (see [Table 4](#)) if performing aerosol-generating medical procedures (AGMP). If staff/resident tests positive, maintain full IPC precautions until the outbreak is declared over.

- wear appropriate PPE as per [IPC risk assessment algorithm](#) for patients with symptoms of COVID-19.
- asymptomatic staff working in multiple facilities (e.g., acute care and continuing care facilities) must change clothes between shifts to prevent the spread of illness. Staff movement between facilities may be restricted at any time, especially if an outbreak is declared. Staff must consult their designated workplace health and safety/occupational health and safety/ICP or ICD contact, or Public Health, as appropriate.
- place signage inside the symptomatic resident's room, near the door, alerting HCW/visitors that the resident is symptomatic and precautions are required.

- place symptomatic residents in single rooms if possible. If a single room is not available, residents with infection due to the same micro-organism may be cohorted following consultation with IPC. Maintain at least two (2) metres of physical separation between bed/stretcher spaces.
- place signage at the entrance of the facility/unit indicating the precautions required and screen visitors prior to entering the facility. Visitors are restricted. (see [Thinking of visiting a loved one in a Long-term Care or Continuing Care Facility?](#))
- **strict hand hygiene** is the most important measure in preventing spread of infections. Practice consistent hand hygiene and respiratory hygiene.
- as per Routine Practices, care equipment used with any resident should be cleaned before use in the care of another resident.
- HCW handling soiled laundry should wear gloves. Gowns should also be worn if there is a risk of contaminating clothing.

Note: Consult with IPC/ICD for assistance with IPC issues.

Sites/floors/wings experiencing a COVID-19 outbreak must implement additional IPC precautions to the extent that resources are available (e.g., private rooms with washroom facilities, physical layout of care units, housekeeping procedures and staffing patterns).

Table 4: COVID-19 - Infection Prevention and Control Practices and Additional Precautions

Follow [IPC risk assessment algorithm](#) for COVID-19. More detailed IPC recommendations are available on the AHS website (search: 'infection control') for the most current recommendation.

Implement Contact and Droplet Precautions in addition to Routine practices when caring for symptomatic residents to control the spread of respiratory viruses:

- Resident Placement and Signage
 - Single-room preferred
 - maintain a distance of two (2) metres between patients/residents sharing a room
- Mask
 - Wear procedure/surgical mask for any encounter, within two (2) metres, with a resident who has ILI, or has a suspected/confirmed case of COVID-19.
- N95 Respirator (fit-tested) - for aerosol generating medical procedures (AGMP)
- Resident undergoing an aerosol generating medical procedure (AGMP) –AGMPs are defined as any medical procedure that can induce the production of aerosols of various sizes, including droplet nuclei. See the Respiratory (ILI) Algorithm for a list of AGMP
- Eye Protection
 - When a mask or N95 respirator is worn, eye protection or face shields should also be worn for all resident care activities
 - Personal (prescription) eyewear does not provide adequate protection
- Gown
 - For direct contact of clothing or forearms with resident or resident's environment
- Gloves
 - Wear clean non-sterile gloves for direct contact with resident or resident's environment
- Hand Hygiene (4 moments from AHS Hand Hygiene Policy)
 - Before contact with a resident or resident's environment including but not limited to: putting on (donning) personal protective equipment; before entering a resident's room; and, before providing resident care.
 - Before a clean or aseptic procedure including but not limited to: wound care; handling intravenous devices; handling food; or, preparing medications.
 - After exposure (or risk of exposure) to blood and/or body fluids including but not limited to: when hands are visibly soiled; following removal of gloves.
 - After contact with a resident or resident's environment including but not limited to: removing (doffing) personal protective equipment; leaving a resident's environment and after handling resident care equipment.
- Resident Care Equipment
 - Dedicate to this resident or clean and disinfect after use
- Resident Transport
 - Transport for essential purposes only
 - Residents wear mask during transport
 - Notify receiving department

Refer to the AHS [Donning and Doffing PPE](#) posters for details on careful removal and disposal of PPE. Do not reuse or disinfect single-use PPE. Reusable PPE must be cleaned before reuse (launder gowns, disinfect eye protection).

1.7 Specimen Collection ([Attachment 2](#))

In consultation with Public Health, sites are responsible to make site-specific arrangements for specimen collection (nasopharyngeal swab) as soon as possible, and sites must arrange for specimen delivery to the laboratory.

1.8 Outbreak Control Strategies

Implement outbreak control strategies for contact and droplet precautions as soon as symptomatic staff/resident is identified:

- authorize and deploy additional resources to manage the outbreak as needed.
- restrict symptomatic staff from working in the facility, as well as any other work location.
- where possible, restrict symptomatic residents to their room (with dedicated bathroom if possible, with meal tray service in room, etc.); if not possible, restrict to own unit/wing.
 - for residents that require **urgent medical care**, ensure that appropriate IPC precautions are maintained during transit and at the receiving site AND ensure that the transport team and receiving site are advised of the possibility of COVID-19.
 - transfers/discharges between facilities are not recommended at this time during a COVID-19 outbreak investigation; consult Public Health if there are unique circumstances that require further assessment/discussion.
 - cancel all external day programs (e.g., CHOICE; day care) pending results from COVID-19 testing and maintain cancellation of day programs until advised by Public Health.
- apply site-level restrictions as recommended by Public Health (restrict admissions, cancel all group activities, cancel meetings scheduled to take place at the site, inform visitors, post outbreak signage, etc.).
 - If there are extenuating circumstances, *restrictions are ONLY modified or lifted by the MOH or MOH designate.*

1.9 Environmental Cleaning

The virus that causes COVID-19 has the potential to survive in the environment for up to several days. A person who has contact with an inanimate object such as contaminated surfaces and objects is at risk of infection. Cleaning, particularly of frequently touched surfaces, can kill the virus, making it no longer possible to infect people. AHS recommendations for cleaning can be found here [Environmental Cleaning in Public Facilities](#)

- enhance general environmental cleaning using a facility approved disinfectant. The thoroughness of cleaning is more important than the choice of disinfectant used.
 - the frequency of cleaning and disinfecting “high touch” surfaces (e.g., doorknobs, light switches, call bells, handrails) in resident rooms, care areas and common areas such as dining areas and lounges should be done three times daily. Recommendations for enhanced cleaning may be made by the Outbreak Management Team.
 - surfaces must first be cleaned prior to disinfection (2 step process). If the surface disinfectant product used has cleaning properties (detergent/disinfectant), it may be used for both steps. Follow manufacturer’s directions for use.
 - conduct a thorough, enhanced cleaning in all affected areas at the end of the outbreak as per facility protocols.
- equipment should be cleaned and disinfected only with a product listed in and following the procedures outlined in the manufacturer’s directions for that equipment.
- cleaning should be performed using the proper personal protective equipment (PPE). The correct donning and doffing of PPE should be followed. [Donning and Doffing PPE](#)
- upholstered furniture and rugs or carpets should be cleaned and disinfected when contaminated with emesis or stool, but may be difficult to clean and disinfect completely. Consult manufacturer’s recommendations for cleaning and disinfection of these surfaces. If appropriate manufacturer’s recommendations are not available, consult Public Health. Consider discarding items that cannot be appropriately cleaned/disinfected, when possible/appropriate.

1.10 Communication

Communicate promptly with staff and site administration regarding the COVID-19 outbreak investigation by Public Health, including other services (e.g., child care) that may be present at the site.

1.11 Impact On Residents

If considering implementation of outbreak control measures beyond those recommended in this document, it is important to consider the potential impact on the well-being of residents. More information about visitor restrictions is available here

[Thinking of visiting a loved one in a Long-term Care or Continuing Care Facility?](#)

1.12 Monitoring Outbreak Status

Communicate and track outbreak status by completing and submitting daily case listings to Public Health following usual Zone processes. Discuss weekend and holiday case listing reporting with Public Health.

1.13 Declaring Outbreak Over

Public Health will determine when to declare the COVID-19 outbreak over and lift any site restrictions. Following an outbreak, key program leads need to review and evaluate their role in the outbreak management and revise internal protocols for improvement where necessary. Any member of the Outbreak Management Team (OMT) can request a debrief session to address outbreak management issues.

Attachment 1: Data Collection for COVID-19 Outbreak Management

It is important for effective containment to track symptomatic residents, staff and HCW for surveillance, monitoring and reporting purposes. Accurately completed lists of cases should be reported to Public Health (by site Infection Control Professional/Designate OR as per Zone processes where variation in this responsibility exists) on a daily basis once an outbreak has been declared. Outbreak data elements that should be reported daily to Public Health include:

Outbreak Facility/Site (name, unit/floor, contact person, phone and fax)

Date of Report

Population affected at the time outbreak is declared (total resident and HCW population at risk on the outbreak unit/site, number of residents and HCW who meet the case definition)

Outbreak/EI number (as provided by Public Health)

Demographics of Cases

- Residents: name, personal health number, date of birth, gender, unit/room number
- HCW: name, gender, occupation, unit they work on

Signs and Symptoms

- Onset date
- Signs and symptoms meeting case definition
- Duration of illness

Lab tests/Results

- NP swab (date sent)
- Results

Hospitalization or Death of Cases

- Cases hospitalized (name, personal health number, date of admission, name of hospital)
- Cases who died (name, personal health number, date and cause of death)

Zones may already have established methods or tools for tracking illness during outbreaks compatible with current Information Technology (IT) systems. For Zones that do not currently have tools for collecting and reporting outbreak data or if they would like to see other tracking forms being used, they can contact Public Health offices in the other Zones.

Attachment 2: ProvLab Respiratory Specimen Collection Guidelines

Check ProvLab Bulletins for most current information on specimen collection, testing and interpretation of lab Results <http://provlab.ab.ca> or <http://www.albertahealthservices.ca/3290.asp>

ProvLab Bulletin (May 11, 2011) - New Laboratory Policy, Acceptance of Laboratory Samples and Test Requests.

ProvLab Bulletin (August 22, 2011) – Reminder Laboratory Policy, Acceptance of Laboratory Samples and Test Requests.

The Requisition must be completed to include:

- Resident's full name (first and last names)
- Resident Personal Health Number (PHN) or unique numerical assigned equivalent
- Resident demographics including: date of birth (DOB), gender, address, phone number
- Physician name (full name), address/location
- Test orders clearly indicated, including body site and sample type, date and time of collection
- Clinical history and other clinical information
- Facility name, and if applicable, unit
- EI# (assigned by the ProvLab and provided to Public Health Lead investigator)
- Fax number of outbreak facility/unit or ICP/ICD office
- Results will be faxed to the outbreak facility/unit or ICP/ICD **when it is noted on the requisition**, and reported to Zone Outbreak Response Lead

Note: EI# must be clearly recorded on the requisition.

Specimen Transport:

- Sites must collect specimens as directed by Public Health and arrange for delivery to the laboratory.
- Follow current Provincial Laboratory standards for transporting specimens at <http://www.provlab.ab.ca/guide-to-services.pdf>.

NASOPHARYNGEAL (NP) AND THROAT SWAB FOR DETECTION OF RESPIRATORY INFECTIONS

General Information:

- NP swabs are the preferred specimens for respiratory virus testing
- Use contact and droplet precautions to collect NP swabs as directed by Public Health
- Results for COVID-19 are usually available within 48-96 hrs. or sooner

If the specimens are for outbreak diagnosis, ensure specimen is transported to the lab ASAP. The EI# must be included on each requisition so that specimens receive appropriate testing. Rural facilities to transport lab specimens to ProvLab as directed by the Zone Outbreak Response Lead or by the fastest means possible.

Self-Isolation

Information Sheet

Why am I being asked to self-isolate?

Self-isolation can help prevent the spread of infections, such as novel coronavirus (2019-nCoV).

When you are exposed to an illness, there is a time between the exposure and when you start to feel sick. This is known as the incubation period (usually 2 to 10 days for 2019-nCoV, and up to a maximum of 14 days).

There is a very small chance that you can spread the germs during this time (the few days before a feeling of sickness starts).

More importantly, staying home means that if you do start to feel sick, you won't run the risk of this happening while you are in a public place. Self-isolation is a cautious action used to lower the chance that the virus could spread to others.

It is important to remember that not everyone who is exposed will get sick, and anyone who feels well for the full 14 days after an exposure of concern is not considered to be infectious.

What does self-isolation mean?

Self-isolation means avoiding situations where you could infect other people.

This means all situations where you may come in contact with others, such as social gatherings, work, school/university, child care, athletic events, faith-based gatherings, healthcare facilities, grocery stores, restaurants, shopping malls, and any public gatherings.

You should, (where possible) not use public transportation including buses, taxis, or ride sharing.

As much as possible, you should limit your contact with people and avoid having visitors to your home, but it is okay for friends, family or delivery drivers to drop off food or other things you may need.

You can also use delivery or pick up services for errands such as grocery shopping.

If you need to leave your home for an urgent errand, such as picking up essential medication, as a precaution to further reduce risk of spread, you can wear a surgical mask while you are out.

What else can I do to stop the spread of infection?

Wash your hands

Wash your hands often and thoroughly with soap and water for at least 20 seconds. You can use a hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze, or you can cough or sneeze into your sleeve. Throw used tissues in the garbage, and immediately wash your hands with soap and water for at least 20 seconds making sure you dry them thoroughly, or use alcohol based hand sanitizer.

Avoid sharing household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, pillows, or other items with other people in your home. After using these items, you should wash them thoroughly with soap and water, place in the dishwasher for cleaning, or wash in the washing machine. Regularly clean and disinfect frequently touched and shared surfaces such as doorknobs, counters.

Getting food and medicine

Where possible, contact a friend, family member, or delivery services to carry out errands like supermarket shopping on your behalf.

For more information on self-isolation call [Health Link 811](tel:811).

Patients: When & How to Wear a Mask

Use a mask if you have fever, rash or cough.

Masks are used to protect others from germs you may have. Clean your hands before putting your mask on.



How to wear a surgical mask

Before putting on a mask, clean hands with alcohol-based hand rub or soap and water.

Open mask fully to cover from **nose to below chin**.
If the mask has a nose bar, pinch around your nose.



During Use

Avoid touching the mask or your face under the mask.
If the mask becomes damp, clean your hands and replace the mask.

Keep your mask on until asked by a healthcare provider to remove it.

Removing the mask



Clean hands with alcohol-based hand rub or soap and water.

Do not touch the front of the mask. Remove using the ties or elastic loops.

Discard immediately in garbage can.

Clean hands with alcohol-based hand rub or soap and water.

Never reuse masks.

For Healthcare Workers: How to Wear a Mask

Healthcare workers providing direct patient care, working in patient care areas, or if social distancing cannot be maintained, **MUST** wear a surgical/procedure mask continuously, at all times and in all areas of their workplace.



Putting on the mask

Before putting on a mask, clean hands with alcohol-based hand rub or soap and water.

Open mask fully to cover from **nose to below chin**.

If the mask has a nose bar, pinch around your nose.



During Use

Avoid touching the mask or your face under the mask. If the mask becomes damp or soiled, clean your hands and replace the mask.

Keep your mask on while providing direct patient care, while working in patient care areas, or if you cannot maintain social distance.



Removing the mask

Clean hands with alcohol-based hand rub or soap and water.

Do not touch the front of the mask. Remove using the ties or elastic loops.

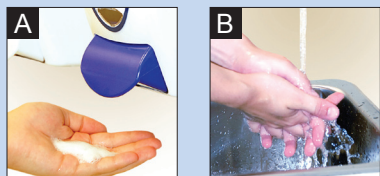
Discard immediately in garbage can.

Clean hands with alcohol-based hand rub or soap and water.

Never reuse masks.

Putting on (Donning) Personal Protective Equipment (PPE)

1 HAND HYGIENE



- A** Using an alcohol-based hand rub is the preferred way to **clean your hands**.
- B** If your hands look or feel dirty, soap and water **must** be used to wash your hands.

2 Gown



- A** Make sure the gown covers from neck to knees to wrist.
- B** Tie at the back of neck and waist.

3a Procedure/Surgical mask

- ◆ Secure the ties or elastic around your head so the mask stays in place.
- ◆ Fit the moldable band to the nose bridge. Fit snugly to your face and below chin.



3b N95 respirator

There are different styles of N95 respirators (pictured below). They include: a) molded cup, b) duckbill, c) flat-fold and d) v-fold



All styles have the same basic steps for donning; molded cup and duckbill are pictured below. Refer to the manufacturer for specific donning instructions.



- A** Pre-stretch both top and bottom straps before placing the respirator on your face.
- B** Cup the N95 respirator in your hand.
- C** Position the N95 respirator under your chin with the nose piece up. Secure the elastic band around your head so the N95 respirator stays in place.
- D** Use both hands to mold the metal band of the N95 respirator around the bridge of your nose.
- E** Fit check the N95 respirator.

4 Eye protection or face shields



- ◆ Place over the eyes (or face).
- ◆ Adjust to fit.

5 Gloves

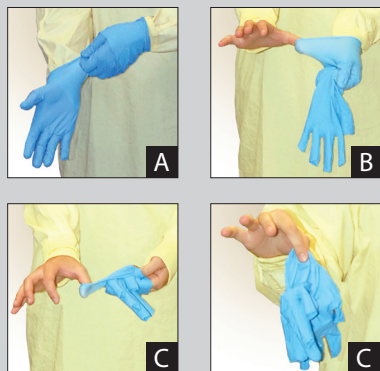


- ◆ Pull the cuffs of the gloves over the cuffs of the gown.



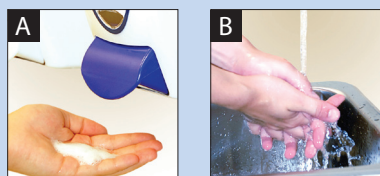
Taking off (Doffing) Personal Protective Equipment (PPE)

1 Gloves



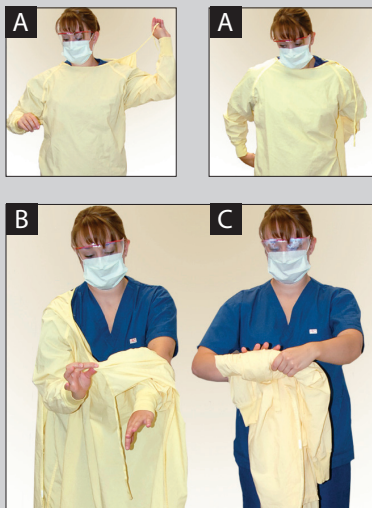
- A** Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.
- ◆ Hold the glove in the opposite gloved hand.
- B** Slide an ungloved finger or thumb under the wrist of the remaining glove.
- C** Peel the glove off and over the first glove, making a bag for both gloves.
- ◆ Put the gloves in the garbage.

2 HAND HYGIENE



- A** Using an alcohol-based hand rub is the preferred way to **clean your hands**.
- B** If your hands look or feel dirty, soap and water must be used to wash your hands.

3 Gown



- A** Carefully unfasten ties.
- B** Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.
- C** Turn the gown inside out during removal.
- ◆ Put in hamper or, if disposable, put in garbage.

4 HAND HYGIENE



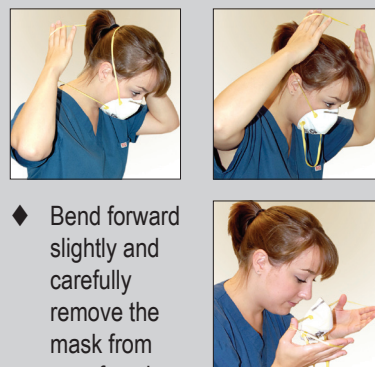
- ◆ **Clean your hands.** (See No. 2)
- ◆ Exit the patient room, close the door and **clean your hands** again.

5 Eye protection or face shield



- ◆ Handle only by headband or ear pieces.
- ◆ Carefully pull away from face.
- ◆ Put reusable items in appropriate area for cleaning.
- ◆ Put disposable items into garbage.

6 Mask or N95 respirator



- ◆ Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
- ◆ Start with the bottom tie, then remove the top tie.
- ◆ Throw the mask in the garbage.

There are different styles of N95 respirators but all styles have the same basic steps for doffing.

7 HAND HYGIENE

- ◆ **Clean your hands.** (See No. 2)

Date: March 12, 2020
To: People who are under investigation for COVID-19
From: Medical Officers of Health, Alberta Health Services
Subject: Caring for yourself at home

You have been tested because your risk of having COVID-19 is higher than most Albertans. We know it can be frightening to wait for test results and you are likely worried about your well-being and the well-being of people around you. Even though you are at higher risk, it is still very likely that your symptoms are caused by one of the many other common viruses that cause respiratory symptoms, such as the influenza virus.

Coronaviruses are a large family of viruses. They cause respiratory illnesses in people, ranging from the common cold to severe pneumonias. COVID-19 is a disease caused by a new type of coronavirus that was not previously detected in humans, and is the cause of the respiratory outbreak in China and other countries. At this time, COVID-19 does not appear to be as severe as some coronaviruses, such as SARS. Many patients have reported only mild symptoms. COVID-19 is believed to be spread by coughing, sneezing or direct contact with a sick person

It may take several days for your test results to come back. You will receive a call back when your test results are available. In the meantime, there are several **important things you can do to protect your health and prevent the spread of illness:**

- **Isolate yourself at home. You may return to your usual activities only when advised to do so by Public Health.**
 - This means that you need to stay home from work, school, daycare, and all other activities outside your home.
 - Do not have any visitors over to your home.
 - For more information on self-isolation: <https://open.alberta.ca/publications/self-isolation-information-sheet>
- Wash your hands often and well.
- Avoid close contact with people (staying at least 2 meters away) – we recognize this may be difficult to do for others in your household, but please do your best.
- Cover your cough and sneezes with a tissue, sleeve or elbow and then wash your hands.

You can lower the risk of transmission to household members and people in your community if you self-isolate, stay at least 2 meters away from others and practice the steps above to prevent spreading disease.

You do not need to change your living arrangements (e.g., have family members move to another home). If you or your household members are concerned about the possibility of spreading COVID-19, the following measures may be helpful while awaiting test results:

- Do not share sleeping arrangements.
- Clean and disinfect surfaces frequently that are often touched in shared spaces within the home such as bathroom surfaces, doorknobs, remote controls, phones, etc.
- Do not share personal items such as toothbrushes, cutlery, drinking straws, face/hand/bath towels etc.



It is not necessary for members of your household to stay home unless advised to do so by Public Health. If your test results are positive, your household members may need further assessment and follow up by Public Health.

If your symptoms become worse or you have other concerns, please contact Health Link (811). If you need urgent medical attention, call 911 for an ambulance. Immediately tell the operator that you have been identified as a person under investigation for COVID-19.

Thank you for your cooperation.

CORONAVIRUS DISEASE (COVID-19)

HOW TO ISOLATE AT HOME WHEN YOU HAVE COVID-19

Isolation means staying at home when you are sick with COVID-19 and avoiding contact with other people to help prevent the spread of disease to others in your home and your community.

If you have been diagnosed with COVID-19, it is expected that you take the following measures.



Limit contact with others

- ▶ Do not leave home unless absolutely necessary, such as to seek medical care.
- ▶ Do not go to school, work, other public areas or use public transportation (e.g. buses, taxis).
- ▶ Arrange to have groceries and supplies dropped off at your door to minimize contact.
- ▶ Stay in a separate room and use a separate bathroom from others in your home, if possible.
- ▶ If you have to be in contact with others, keep at least 2 metres between yourself and the other person. Keep interactions brief and wear a mask.
- ▶ Avoid contact with individuals with chronic conditions, compromised immune systems and older adults.
- ▶ Avoid contact with pets if you live with other people that may also be touching the pet.

Keep your hands clean

- ▶ Wash your hands **often** with soap and water for at least 20 seconds, and dry with disposable paper towels or dry reusable towel, replacing it when it becomes wet.
- ▶ You can also remove dirt with a wet wipe and then use an alcohol-based hand sanitizer.
- ▶ Avoid touching your eyes, nose and mouth.
- ▶ Cough or sneeze into the bend of your arm or into a tissue.

Avoid contaminating common items and surfaces

- ▶ At least once daily, clean and disinfect surfaces that you touch often, like toilets, bedside tables, doorknobs, phones and television remotes.
- ▶ Do not share personal items with others, such as toothbrushes, towels, bed linen, utensils or electronic devices.
- ▶ Use regular household disinfectants or diluted bleach (one part bleach and nine parts water) to disinfect.
- ▶ Place contaminated items that cannot be cleaned in a lined container, secure the contents and dispose of them with other household waste.
- ▶ Put the lid of the toilet down before flushing.

Care for yourself

- ▶ Monitor your symptoms as directed by your healthcare provider or **Public Health Authority**.
- ▶ If your symptoms get worse, immediately contact your healthcare provider or **Public Health Authority** and follow their instructions.
- ▶ Get some rest, eat a balanced diet, and stay in touch with others through 'communication devices'.



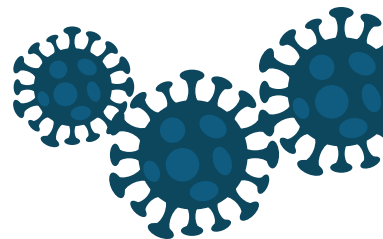
Supplies to have at home when isolating

- ❑ Surgical/procedure masks (do not re-use)
- ❑ Eye protection
- ❑ Disposable gloves (do not re-use)
- ❑ Disposable paper towels
- ❑ Tissues
- ❑ Waste container with plastic liner
- ❑ Thermometer
- ❑ Over the counter medication to reduce fever (e.g. ibuprofen or acetaminophen)
- ❑ Running water
- ❑ Hand soap
- ❑ Alcohol-based sanitizer containing at least 60% alcohol
- ❑ Dish soap
- ❑ Regular laundry soap
- ❑ Regular household cleaning products
- ❑ Bleach (5% sodium hypochlorite) and a separate container for dilution (one part bleach to nine parts water)
- ❑ Alcohol prep wipes
- ❑ Arrange to have your groceries delivered to you



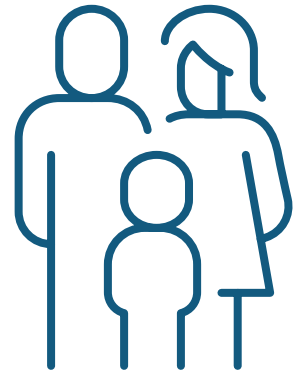
**WE CAN ALL DO OUR
PART IN PREVENTING
THE SPREAD OF
COVID-19. FOR MORE
INFORMATION, VISIT**

Canada.ca/coronavirus
or contact
1-833-784-4397



CORONAVIRUS DISEASE (COVID-19)

HOW TO CARE FOR A PERSON WITH COVID-19 AT HOME: ADVICE FOR CAREGIVERS



If you are caring for a person who has been diagnosed with COVID-19, follow this advice to protect yourself and others in the home, as well as those in your community.

Limit contact

- ▶ Only one healthy person should provide care.
- ▶ Do not share personal items with the ill person, such as toothbrushes, towels, bed linen, utensils or electronic devices.
- ▶ Use a separate bathroom from the ill person if possible. If not possible, the ill person should put the toilet lid down before flushing.

Protect yourself

- ▶ If possible, people who are at higher risk of serious illness from COVID-19 should not care for someone with COVID-19. These people include elderly persons, those with chronic medical conditions (e.g., heart disease, diabetes) or compromised immune systems
- ▶ If you need to be within 2 metres of the ill person, wear a mask, disposable gloves and **eye protection**.
- ▶ Wear disposable gloves when touching the ill person, their environment and soiled items or surfaces.
- ▶ Do not re-use masks or gloves.
- ▶ Clean your hands often for at least 20 seconds, especially after contact with the ill person and after removing gloves, masks and eye protection.
- ▶ Dry your hands with disposable paper towels. If not available, use a reusable towel and replace it when it becomes wet.
- ▶ You can also remove dirt with a wet wipe and then use an alcohol-based hand sanitizer.
- ▶ Avoid touching your eyes, nose and mouth with unwashed hands.

Keep your environment clean

- ▶ Place used masks, gloves and other contaminated items in a lined container, secure the contents and dispose of them with other household waste.
- ▶ Place possibly contaminated laundry into a container with a plastic liner and do not shake. Wash with regular laundry soap and hot water (60-90°C), and dry well. Clothing and linens belonging to the ill person can be washed with other laundry.
- ▶ At least once daily, use household disinfectants or diluted bleach (one part bleach and 9 parts water) to clean and disinfect surfaces that people touch often (e.g., toilets, laundry containers, bedside tables, doorknobs, phones and television remotes). Clean touch screens with 70% alcohol wipes.

Monitor yourself for symptoms

- ▶ If you have always used the recommended precautions, then monitor yourself for symptoms for 14 days following your last contact with the ill person.
- ▶ If you have had direct contact with body fluids of the ill person (e.g. were coughed or sneezed on when you weren't wearing a mask), contact your local **Public Health Authority** for further instructions.
- ▶ If you develop symptoms, isolate yourself as quickly as possible and contact your local **Public Health Authority** for further instructions.



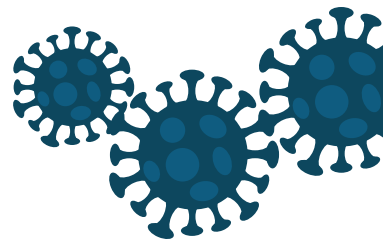
Maintain these supplies

- ☐ Surgical/procedure masks (do not re-use)
- ☐ Eye protection
- ☐ Disposable gloves (do not re-use)
- ☐ Disposable paper towels
- ☐ Tissues
- ☐ Waste container with plastic liner
- ☐ Thermometer
- ☐ Over the counter medication to reduce fever (e.g. ibuprofen or acetaminophen)
- ☐ Running water
- ☐ Hand soap
- ☐ Alcohol-based sanitizer containing at least 60% alcohol
- ☐ Dish soap
- ☐ Regular laundry soap
- ☐ Regular household cleaning products
- ☐ Bleach (5% sodium hypochlorite) and a separate container for dilution (one part bleach to nine parts water)
- ☐ Alcohol prep wipes



**WE CAN ALL DO OUR
PART IN PREVENTING
THE SPREAD OF
COVID-19. FOR MORE
INFORMATION, VISIT**

Canada.ca/coronavirus
or contact
1-833-784-4397



COVID-19 Guidance

Essential Visitors for residents and patients

Alberta Health Services (AHS) has taken steps to restrict visitors to protect patients and those at greatest risk of severe illness - including seniors. We recognize that this may be difficult for families and loved ones but we must do all we can to minimize the risk of infection to our patients, residents and staff. AHS will continue to evaluate the limitations placed on visitations throughout the pandemic.

We encourage visitors to use other methods to be in touch with your loved ones, such as a phone call, video calling or FaceTime. For more information, refer to [Involving Families During COVID-19](#).

Requirements for all Visitors regardless of setting

You will NOT be allowed to visit if you meet any of the following criteria:

- You have an illness that can be transmitted (symptoms including fever, cough, or feeling unwell);
- You are immunocompromised;
- You are on self-isolation for COVID-19;
- You are being tested for COVID-19;
- You have tested positive for COVID-19. You will not be allowed to visit until your required period of mandatory self-isolation has passed.

Visiting a patient with suspected or confirmed COVID-19:

In end-of-life, maternity/postpartum and pediatric situations when there is a critical need to be with a loved one with suspected or confirmed COVID-19, options will be explored to help support the individual's designated support system. Unit or site leadership will explore options to facilitate connection with their loved one. Staff should contact Infection Prevention and Control for further guidance.

If you have any questions or concerns, please discuss with the patient's health team, or you can contact Patient Concerns at 1-855-550-2555.

Visiting a loved one in Long Term Care, Supportive Living or Congregate Living setting

Residents of these sites are at **extreme** risk if exposed to COVID-19.

Can you visit?

- Effective immediately, all long term care, supportive living and congregate living sites have implemented a **No Visitor Policy**.
- Exceptions:
 - Sites may, in rare situations, allow one **Essential Visitor** where the resident's care needs cannot be met without their assistance.
 - Every visit by the Essential Visitor must be pre-arranged with the facility manager.
 - For end-of-life situations, the Essential Visitor may determine who among a dying resident's family/religious leader(s)/friends may visit the resident.
 - Only **one visitor at a time** can visit a dying resident.
 - A visitor who is a child may be accompanied by the Essential Visitor or the child's parent or guardian.
 - The site manager, in consultation with the patient's care team, determines if the patient condition is considered end-of-life.

A resident may have only **one Essential Visitor**. The **Essential Visitor**, designated by the resident or guardian (or other alternate decision maker), may be a family member, friend, religious care provider or paid caregiver over 18 years of age.

All visitors in long term care, supportive living or congregate living facilities must:

- Pre-arrange visits with the facility manager and be expected by the site administration or charge nurse. There may be circumstances where not all visitors are able to be accommodated, even if otherwise permitted in this guidance.
- Be feeling well on the date/time of visit.
- Complete health screening prior to entering the facility, including a temperature check for fever over 38 degrees Celsius (where available) and a [questionnaire](#).
- Wear a mask or face covering while inside the facility.
- Sign in and out of all visits.
- Be escorted by site staff to the resident's room and remain in the resident's room for the duration of the visit. Visitation with other residents is not permitted.
- Perform hand hygiene (hand washing and/or use of hand sanitizer) when entering and leaving the facility and when entering and leaving the resident's room.
- Pets cannot be brought in by any visitor.

Visiting a loved one in Acute Care/Outpatient settings

Can you visit?

Effective immediately, all acute care and outpatient settings have implemented a **No Visitor Policy**.

Exceptions are permitted in the following circumstances:

Maternity/postpartum

- Allow **one visitor at a time**.
- The unit manager/charge nurse may approve two visitors at one time (e.g. both a partner and doula; or both surrogate support and an intended parent).

Pediatrics

- Allow **one visitor at a time**.
- The unit manager/charge nurse may, in rare situations, approve two visitors at one time on a case-by-case basis (e.g. both parents in a pediatric end of life situation).

End of Life Situations

- Allow **one visitor at a time**.
- The attending physician, in consultation with unit manager/charge nurse, determines if the patient condition is considered end-of-life.

Outpatient and Emergency Department/Urgent Care

- Allow **one visitor at a time** for patients with specific challenges such as mobility, hearing, visual or memory impairment, otherwise patients will be required to attend by themselves.
- Police and peace officers accompanying a patient for security reasons are not considered visitors.

Further exceptions to this restriction need to be reviewed and approved by the unit manager/charge nurse/nursing staff on a case-by-case basis.

All Visitors in acute care or outpatient facilities must:

- Be feeling well on the date/time of visit.
- Complete health screening prior to entering the facility, including a temperature check for fever over 38 degrees Celsius and a [questionnaire](#).
- Wear a mask or face covering while inside the facility.
- Be escorted at all times, by the staff of the health care facility, except when with the patient in their room.
- Perform hand hygiene (hand washing and/or use of hand sanitizer) when entering and leaving the facility and when entering and leaving the patient's room.

Facilities will have a screener greet each visitor to conduct the health screening and verify any visitor is authorized to attend as per the above.