



# Pandemic Plan

Updated April 30, 2020 – LIVING DOCUMENT

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## What's New in this Update?

April 30, 2020

- New Appendices
  - **New Mandatory Orders** of the Alberta CMOH:
    - 12-2020: **Operational and Outbreak Standards** (inclusive of Supportive Living Accommodations; recommended for all congregate living settings)
    - 14-2020: **Visitation Standards**
- Updated **Guidance Document**: Shelter Guidance: Preventing, Controlling and Managing COVID-19

April 28, 2020

- **S.3 Updated Signs and Symptoms of COVID-19 from Public Health Agency of Canada**
- S.7 Pandemic Phase Guideline 7 – PPE supply is centrally coordinated.
- Action 7.12 - AHS contact numbers
  - Contact AHS Coordinated COVID-19 Response 1-844-343-0971 with new cases that are suspected in a “health care facility” not already experiencing an outbreak
  - Follow up contact with AHS at 1-888-522-1919 for a facility where case(s) have already been reported
- Actions 7.2, 7.3, 7.5, 7.6, 7.9 and 7.12 have been revised to be in alignment with CMOH orders and AHS direction.
- S.7 includes new **e4c PPE Use Guidelines for Interactions with Persons Suspected of / with COVID-19**.
- S.7 Care of Persons Who are Suspected of or Confirmed with COVID-19 has been updated to be in alignment with CMOH orders and AHS direction.
- New and re-ordered Appendices
  - **Federal Mandatory Order**: Minimizing the Risk of Exposure to COVID-19 in Canada Order (Mandatory Isolation) No. 2. - For Travellers Returning to Canada: Revised Bulletins
  - **Directions**:
    - About COVID-19, *updated April 16*
    - COVID-19 Testing and Self-isolation Criteria, updated April 15
    - COVID-19 Return to Work Guide for Health Care Workers
    - COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities, updated April 15;
    - COVID-19 Cleaning and Disinfecting Public Spaces
    - How to Isolate at Home when You May Have COVID-19, *updated April 24*
    - How to Care for a Person with COVID-19: Advice for Caregivers, *updated April 15*
  - **Universal Practice**: New PHAC Wash Your Hands poster
  - **Actions**: New AHS Daily Fit for Work / Essential Visitor Screening Questionnaire

April 28, 2020 (continued)

- **Instructions:** New e4c PPE Use Guidelines poster; AHS Guidelines for Continuous Masking in Congregate Living Settings, *updated April 19*.
- **Information:** COVID-19 FAQs for Public, *updated April 14*
- Specific Guidance Documents for congregate living, shelters and Children’s Services placement providers

April 14, 2020

- Actions 7.9, 7.13 and 7.14 are now ordered by the CMOH and directed by AHS.
- New Appendices
  - **New and Updated Mandatory Order** of the Alberta CMOH: **No Visitors to “Health Care Facilities”** except essential visitors and when a resident is dying
    - A visitor must be masked and escorted by staff
  - **New and Updated Mandatory Order** of the Alberta CMOH: **Restricting staff movement among “Health Care Facilities”; Updated Operational Standards and Outbreak Standards**
    - Effective April 23, 2020, each staff member can only work in one “health care facility”
    - Effective April 15, 2020, there is a new requirement for Continuous Masking
    - Residents must be actively screened (or self-screened) once daily using the COVID-19 questionnaire; staff must conduct self-checks twice daily
    - AHS contact for masks and PPE: [AHS.ECC@albertahealthservices.ca](mailto:AHS.ECC@albertahealthservices.ca) (AHS contracted provider); [PESSECC-LOGISTICS@gov.ab.ca](mailto:PESSECC-LOGISTICS@gov.ab.ca) (non-AHS contracted provider)
    - Contact AHS Coordinated COVID-19 Response 1-844-343-0971 with new cases that are suspected in a “health care facility” not already experiencing an outbreak
  - **Directions:** COVID-19 Assessment Tool for Health Care Workers; NO VISITORS (poster for congregate living settings); Resident Daily Screening Questionnaire; Guidelines for Continuous Masking in Congregate Living Settings; Essential Visitors for Residents and Patients
  - **Information Posters and Videos:** Help Reduce the Spread of COVID-19 (pictures); Prevent the Spread of Coronavirus (fact sheet); Hand Hygiene for Health Care Workers; Physical Distancing Video;
  - **Information:** COVID-19 Testing and Self-isolation Criteria, updated April 11; COVID-19 FAQs for Public, revised April 8
  - **Instructions:** For Health Care Workers: How to Wear a Mask

April 6, 2020

- Actions 7.1, 7.2, 7.4, 7.5, 7.6 and 7.7 are now ordered by the CMOH and directed by AHS.
- Action 7.12 is related to the CMOH order 8: Outbreak Management Standards.

April 6, 2020 (continued)

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

March 26, 2020

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

March 22, 2020

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

March 16, 2020

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

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## Section 1 – Pandemic Background and Introduction

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**UPDATED** COVID-19 is a novel coronavirus that had not been detected previously in humans. It is the cause of the respiratory outbreak in mainland China that are now detected in countries around the world. COVID-19 is a serious health threat, and the situation is evolving daily. Given the increasing number of cases in Canada, the risk to Canadians is considered **high**.

COVID-19 can cause serious illness. There is an increased risk of more severe outcomes for persons aged 65 and over, with compromised immune systems and/or underlying medical conditions. In severe cases, infection can lead to death.

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

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

However, some people who are infected with COVID-19 may have little to no symptoms, or they may not know that they have symptoms of COVID-19 because the symptoms are similar to a cold or flu. Symptoms may take up to 14 days (the longest known incubation period for this disease) to appear after exposure to COVID-19. Recent evidence indicates that the virus can be transmitted to others from someone who is infected but not showing symptoms. This includes people who:

- have not yet developed symptoms (pre-symptomatic)
- never develop symptoms (asymptomatic)

Therefore, it is extremely important to follow the proven [preventative measures](#) against COVID-19 at all times. It is also important to control spread by isolating people with symptoms or who has the disease. At this time, a vaccine or therapy to treat or prevent COVID-19 has not yet been developed. However, most people with mild coronavirus illness has recovered on their own.



## Section 4 – Pandemic Planning

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

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

## Section 5 – Plan Implementation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Section 6 – Alert Phase

### Policy Statement

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

### Guidelines

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

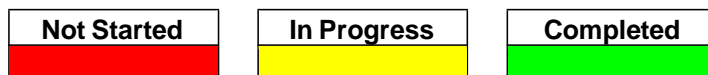
### Action Items

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

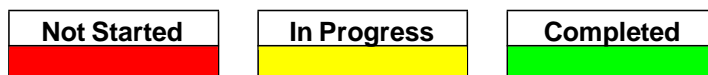
#### **Action Items for Residential Programs**

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

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



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



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

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

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

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

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

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

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

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

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

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

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

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

***Supplies/Preparation***

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

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

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

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

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

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

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

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

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

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

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

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

### ***Program Continuity***

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

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

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

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

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

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

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

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

## Action Items for Non-Residential Programs

### Education and Training

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### ***Supplies***

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

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

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

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

### ***Program Continuity***

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

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

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

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

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

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

**Action Items for Business Offices**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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## Section 7 – Pandemic Phase

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### Policy Statement

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

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

### Guidelines

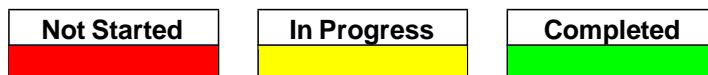
1. e4c will continue to promote and educate frequent hand washing, covering cough and sneezes, avoidance of touching faces, self-isolation in the event of illness and other measures to stop the spread of infection, as directed by Alberta Health Services, Alberta Emergency Management Agency and other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

- 10. Central services (accounting, payroll, personnel and maintenance) will be completed on a priority basis. Central services may be relocated or performed from home during the pandemic phase. In particular payroll and accounting services need to be prepared to ensure timely completion of the business cycle. This may require cross-training and the development of a business continuity plan anticipating 30% staff absenteeism
- 11. Any suspension, cancellation or reduction of e4c services and programs will require Executive Officers approval.
- 12. Written communications relating to the suspension, cancellation or reduction of e4c services and programs will be developed by the Program Manager(s) in consultation with Senior Director(s), with specific consideration to the recipient audience(s). For example, there may be specific messages for person served versus staff versus stakeholders.
- 13. During the pandemic phase, e4c may vary its Human Resources Policies to provide additional sick time or other benefits for staff who become ill, or who has family members who become ill.
- NEW** 14. PPE supply will be centrally coordinated by Executive Office or designate.

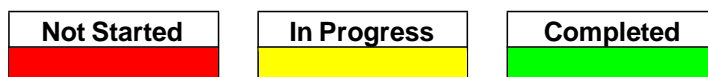
### Action Items

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

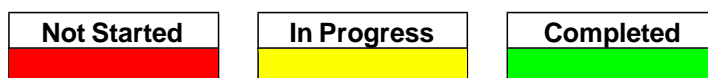
- 7.1. Observe gatherings restrictions (of large groups of people) to decrease the spread of infection, as order by the Chief Medical Officer of Health. Staff and persons served will need to curtail programming and activities to reduce the risk of infection



- NEW** 7.2. Staff should be instructed to maintain social and physical distance (2 metres) from those who display symptoms of illness and in general, as recommended by social distancing guidelines. Staff members working directly with persons will practice the use of PPE In accordance with e4c PPE Use Guidelines (in the following section)

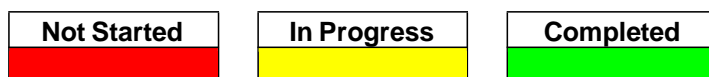


- REVISED** 7.3. In order to monitor the effects of the pandemic on e4c programs, Program Managers will report suspected and confirmed cases of COVID-19 amongst persons served and related staff absenteeism on a daily basis to the OHS Manager. A reporting format will be provided that will track the control and management of the outbreak status of each congregate living setting

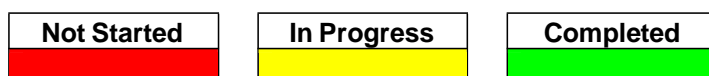


- 7.4. Persons served and staff will be requested to self-report symptoms and illness. Persons that are experiencing ILI symptoms will be directed to AHS' COVID-19 self-assessment tool to determine the best course of action to prevent disease transmission  
<https://myhealth.alberta.ca/Journey/COVID-19/Pages/COVID-Self-Assessment.aspx>

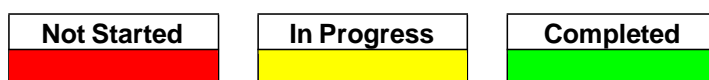
Staff in care settings will use the Health Care Worker Self-Assessment  
<https://myhealth.alberta.ca/Journey/COVID-19/Pages/HWAssessLanding.aspx>



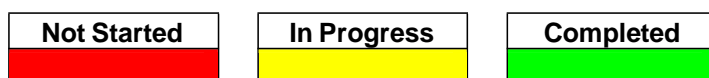
- REVISED** 7.5. **Isolate** all individuals who develop symptoms of COVID-19 in residential settings, as ordered by the Chief Medical Officer of Health (CMOH). Persons suspected of COVID-19 in residential settings (as determined by outbreak management standards, self-assessment tool or screening criteria) will be reported to AHS



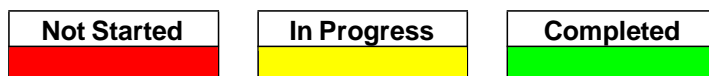
- REVISED** 7.6. Staff members experiencing COVID-19 related symptoms will be asked to go home for self-isolation, as order by CMOH. Residents will be required to move to spaces specifically designated for isolation, support and recovery.



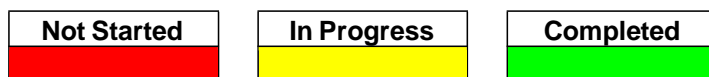
- 7.7. Conduct additional cleaning and disinfecting of facilities during the pandemic phase and as ordered by CMOH



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



- REVISED** 7.9. Put into place and implement screening criteria for entry into facilities by residents, staff and essential visitors **AND** daily health screenings for **residents and staff**, as ordered by CMOH



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

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

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

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

**NEW**

7.12. Observe outbreak management standards for suspected, probable and confirmed COVID-19 cases, as ordered by CMOH, including promptly contacting AHS Coordinated COVID-19 Response at 1-844-343-0971 with **new case** at a facility not already experiencing an outbreak. Follow up contact with AHS at 1-888-522-1919 for a facility where case(s) have already been reported

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

7.13. Continuous masking is required for staff at congregate living settings who provide direct resident care or who work in resident care areas, as ordered by CMOH

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

7.14. Staff are limited to working within one single congregate living setting or health care facility, as ordered by CMOH

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

## **NEW e4c PPE Use Guidelines for Interactions with Persons Suspected of / with COVID-19**

1. e4c staff will practice the use of personal protective equipment (PPE) in relationship to the risk of disease transmission and minimize exposure in their interactions with persons suspected or confirmed with COVID-19. PPE use is the last barrier in disease prevention and must be practiced with all other universal precautions (e.g. hand hygiene, cough etiquette, avoid face touching, physical distancing).
2. These guidelines promote a consistent approach on PPE use and for staff to assess the risk in their own work context and specific situations. e4c classifies PPE use in three status categories:

### **Yellow Status: The practice of continuous masking**

In all congregate living settings, e4c staff is expected to practice continuous masking as per [AHS Guidelines for Continuous Masking in Congregate Living Settings](#).

Non-congregate living service settings may implement Yellow Status where there are a high number of visitors.

### **Orange Status: Continuous masking plus eye protection or visor**

e4c staff is expected to practice continuous masking and to wear eye protection or a face visor in situations where it is impossible to maintain physical distancing of 2 metres within the congregate living setting where they work. Examples of such situations would include, but are not limited to:

- Teaching or modeling skills/practices that require a staff and a person served to be within 2 metres of each other
- Essential use of a common space within a facility that is too small in area to maintain physical distancing (e.g. kitchen)

When a person is suspected of or confirmed with COVID-19 in a congregate living setting, all staff interacting with this person must practice continuous masking and to wear eye protection or a face visor at all times, unless the person and staff are separated by a physical barrier (e.g. door).

- A person suspected of or confirmed with COVID-19 will be expected to practice self-isolation, and to wear a mask when they are outside of their isolation space (i.e. to meet essential needs)

**Blue Status: Continuous masking with eye protection/visor plus clean gown and gloves**

e4c staff is expected to practice continuous masking, wear eye protection or a face visor, a clean gown and gloves when providing direct care to a person suspected or confirmed with COVID-19 case within a physical distance of 2 metres of that person, OR within the person's self-isolation space. These situations would include, but are not limited to:

- Entering into the room(s) the person has been/is self-isolating, including their bathroom
- Tasks involving skin or personal contact with the person served
- Exposure or potential exposure to blood or bodily fluids of the person served (e.g. cleaning and disinfecting places where the person has been or items that the person has used)

3. e4c staff is expected to use non-sterile gloves in work situations where their hands would come into contact with a contaminated or a potentially contaminated surface.
4. e4c staff will adhere to AHS donning and doffing guidelines in the use of all PPE.

**REVISED Care of Persons Who are Suspected of or Confirmed with COVID-19**

1. An individual in a congregate living setting with symptoms of COVID-19 must be promptly isolated from other persons.
2. Designate specific rooms/spaces for individuals with symptoms or confirmed COVID-19. The rooms of people experiencing symptoms and illness should be clearly marked and only designated staff should provide care.
3. In the case of rooms being shared, the roommate not experiencing symptoms or illness should be moved to a private room and have limited contact with others for a period of time, as directed by AHS. Meals and medication should be delivered to individuals in their rooms if they are in self-isolation.
4. Staff members who are supporting individuals with symptoms or confirmed COVID-19 in residential settings will support these individuals to use/wear a procedural mask. Wearing a mask helps prevent passing illness on to other people.
5. Staff members will observe e4c PPE Use Guidelines when interacting or providing care to persons with symptoms or confirmed COVID-19.
6. Ensure sick individual receives fluids (juice, water, etc.) and are keeping dry and warm. Staff will monitor their temperature, conduct health screening and provide medication assistance as appropriate and as per Program Policies.

## List of Appendices

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

1. **CMOH Order 01-2020 & 04-2020 – COVID-19 Response: Schools, child cares, post-secondary Institutions**
2. **CMOH Order 02-2020 & 07-2020 – COVID-19 Response: Recreation/entertainment facilities, bars/nightclubs, restaurants; Gathering and Distancing Restrictions and Exemptions for Shelter and Transitional Housing**
3. **CMOH Order 05-2020 – COVID-19 Response: Isolation and Quarantine Requirements**
4. **CMOH Order 10-2020 – COVID-19 Response: Restricting Staff Movement among Health Care Facilities**
- NEW** 5. **CMOH Order 12-2020 – COVID-19 Response: Updated Operational and Outbreak Standards and Screening Questionnaires for “Health Care Facilities” (inclusive of Supportive Living Accommodations)**
- NEW** 6. **CMOH Order 14-2020 – COVID-19 Response: Visitation Standards for “Health Care Facilities” (inclusive of Supportive Living Accommodations)**
- REVISED** 7. **Minimizing the Risk of Exposure to COVID-19 in Canada Order (Mandatory Isolation) No. 2. - For Travellers Returning to Canada: Revised Bulletins**

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

- REVISED** 8. **About Coronavirus Disease (COVID-19).** Source: Public Health Agency of Canada – PHAC (April 16, 2020)
9. **e4c Guidance Document to prevent COVID-19**
- REVISED** 10. **COVID-19 Testing and Self-isolation Criteria.** Source: Alberta Health Services – AHS (April 15, 2020)
- NEW** 11. **COVID-19 Return to Work Guide for Health Care Workers.** Source: AHS (April 17, 2020)

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

12. **COVID-19 Help Prevent the Spread poster.** Source: Alberta Health Services (AHS)
13. **Prevent the Spread of Coronavirus: Fact Sheet.** Source: AHS
14. **Hand Hygiene poster.** Source: AHS
- NEW** 15. **Reduce the spread of COVID-19: Wash Your Hands.** Source: PHAC (April 20, 2020)
16. **How to Use Alcohol-based Hand Rub.** Source: AHS
17. **Cover Your Cough.** Source: AHS
18. **Physical Distancing.** Source: AHS. Video: <https://www.canada.ca/en/public-health/services/video/covid-19-physical-distancing.html> Source: PHAC

**ACTION to be taken by e4c staff who work at shelter or congregate living settings**

19. **Resident Daily Screening Questionnaire.** Source: AHS

**INSTRUCTION to e4c staff on the use of PPE**

- NEW** 20. **e4c PPE Use Guidelines – Poster**
- REVISED** 21. **Guidelines for Continuous Masking in Congregate Living Settings.** Source: AHS (April 19, 2020)
22. **For Health Care Workers: How to Wear a Mask.** Source: AHS
23. **Putting on (Donning) PPE.** Source: AHS
24. **Taking off (Doffing) PPE.** Source: AHS

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

25. **COVID-19 Poster for Congregate Living Settings: NO VISITORS.** Source: AHS
- REVISED** 26. **COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities.** Source: AHS (April 15, 2020)
- NEW** 27. **COVID-19 Cleaning and Disinfecting Public Spaces.** Source: PHAC (April 20, 2020)

**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 suspected of OR confirmed with COVID-19**

- NEW** 28. **How to Isolate at Home when You May Have COVID-19.** Source: PHAC (April 24, 2020)
29. **For Patients: When & How to Wear a Mask.** Source: AHS
30. **AHS Memo to People Who Are Under Investigation for COVID-19,** revised March 12, 2020
- REVISED** 31. **How to Care for a Person with COVID-19 at Home: Advice for Caregivers.** Source: PHAC (April 15, 2020)

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

32. **COVID-19 Guidance: Essential Visitors for Residents and Patients.** Source: AHS

**GENERAL INFORMATION regarding COVID-19**

- REVISED** 33. **COVID-19 FAQs for Public.** Source: AHS (April 14, 2020)



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**NEW** **Specific Guidance Documents for Congregate Living and Shelters**

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- A. **Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites.** Source: AHS (April 17, 2020)
- REVISED** B. **Shelter Guidance: Preventing, Controlling and Managing COVID-19.** Source: AHS (April 30, 2020)
- C. **COVID-19 Practice Guidance for Placement Providers: COVID Impacted Children and Youth.** Source: GOA (April 24, 2020)
- D. **Information for Contract Service Providers: Coronavirus (COVID-19) Child Intervention Practice Response.** Source: GOA (April 15, 2020)