

## List of Appendices

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

1. [CMOH Order 05-2020](#) – COVID-19 Response: Isolation and Quarantine Requirements
2. [CMOH Order 10-2020](#) – COVID-19 Response: Restricting Staff Movement among Health Care Facilities
3. [CMOH Order 14-2020](#) – COVID-19 Response: Visitation Standards for “Health Care Facilities” (inclusive of Supportive Living Accommodations)
- NEW 4. [CMOH Order 23-2020](#) – COVID-19 Response: Updated Operational and Outbreak Standards and Screening Questionnaires for “Health Care Facilities” (inclusive of Supportive Living Accommodations)
- NEW 5. [CMOH Order 25-2020](#) – COVID-19 Response: Phase 2 Relaunch directing compliance with Alberta Health guidance found at: [alberta.ca/biz-connect](http://alberta.ca/biz-connect) (rescinding orders 1, 2, 7, 15, 16, 17, 18, 19, 20, 21, 22, 24 regarding business, entities, schools, gatherings, health professionals) **Schools, child cares, post-secondary Institutions**
- REVISED 6. **Minimizing the Risk of Exposure to COVID-19 in Canada Order (Mandatory Isolation) No. 2.** - For Travellers Returning to Canada: Revised Bulletin [1](#), [2](#) and [video](#)

### GENERAL DIRECTION for all persons regarding COVID-19

- REVISED 7. [About Coronavirus Disease \(COVID-19\)](#). Source: Public Health Agency of Canada (April 28, 2020)
8. [Prevent the Spread of Coronavirus: Fact Sheet](#). Source: Alberta Health Services
- NEW 9. [COVID-19 Testing Available for all Albertans](#). Source: AHS (June 5, 2020)
- REVISED 10. [COVID-19 Return to Work Guide for Health Care Workers](#). Source: AHS (June 9, 2020)

### POSTERS on Universal Practice and Prevention for all persons or e4c staff

- NEW 11. [COVID-19 Help Relaunch, Safely](#). Source: Government of Alberta (May 15, 2020)
12. [Reduce the spread of COVID-19: Wash Your Hands](#). Source: PHAC (April 20, 2020)
13. [Hand Hygiene \(For Staff\)](#). Source: AHS
14. [How to Use Alcohol-based Hand Rub](#). Source: AHS
15. [Cover Your Cough](#). Source: AHS
16. [Physical Distancing](#). Source: AHS, adapted. [Video](#). Source: PHAC (May 11, 2020)
- NEW 17. [How to Safely Use a Non-medical Mask or Face Covering](#). Source: PHAC (June 6, 2020)
18. [For Patients: When & How to Wear a Surgical Mask](#). Source: AHS
19. **e4c PPE Use Guidelines**
20. [For Healthcare Workers: How to Wear a Mask](#). Source: AHS

**POSTERS on Universal Practice and Prevention for all persons or e4c staff** (continued)

- 21. [Putting on \(Donning\) PPE](#). Source: AHS
- 22. [Taking off \(Doffing\) PPE](#). Source: AHS
- NEW 23. [PPE Checklist for Contact and Droplet Precautions](#). Source: AHS (May 20, 2020)
- NEW 24. [Visiting Restrictions Have Changed](#). Source: AHS (May 7, 2020)

**GUIDANCE to be followed by e4c staff at work sites**

- NEW 25. [Fit for Work/Visitor Screening Questionnaire](#). Source: AHS (June 10, 2020)
- NEW 26. [Fit for Work/Visitor Screening Questionnaire for Congregate Living Settings](#). Source: AHS (June 10, 2020)
- NEW 27. [Resident Daily Screening Questionnaire at Congregate Living Facility](#). Source: AHS (June 5, 2020)
- NEW 28. [Self-care and Communication Strategies for COVID-19 Screening Stations](#). Source: AHS (May 26, 2020), adapted.
- NEW 29. [Guidelines for Continuous Masking in Congregate Living Settings](#). Source: AHS (May 10, 2020)
- NEW 30. [FAQs on Operational and Outbreak Standards for Licensed Supportive Living](#). Source: AHS (May 29, 2020)
- NEW 31. [FAQs for Visitors to Licensed Supportive Living](#). Source: AHS (June 11, 2020)
- NEW 32. [AHS PPE Donning and Doffing Video](#). Source: AHS

**GUIDANCE for persons under investigation or tested positive for COVID-19**

- 33. [People Under Investigation Letter: Caring for Yourself at Home](#) from AHS (March 12, 2020)
- REVISED 34. [How to isolate at home when you may have COVID-19](#). Source: PHAC (May 22, 2020)
- REVISED 35. [How to Care for a Person with COVID-19 at Home: Advice for Caregivers](#). Source: PHAC (May 22, 2020)

**GENERAL INFORMATION regarding COVID-19**

- 36. [COVID-19 FAQs for Public](#). Source: AHS (April 14, 2020)
- REVISED 37. [COVID-19 Resources: A Guide for Albertans](#). Source: AHS (May 20, 2020)

## 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.

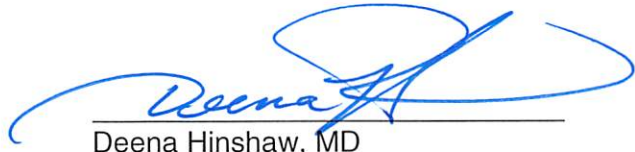
Therefore, having determined that certain activities could transmit COVID-19 as an infectious agent and that certain other steps are necessary to lessen the impact of the public health emergency, I hereby make the following Order, effective immediately:

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 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:

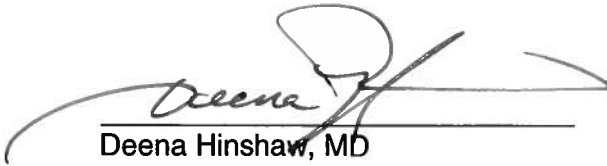
- (a) an auxiliary hospital under the *Hospitals Act*;
  - (b) a nursing home under the *Nursing Homes Act*; and
  - (c) a designated supportive living accommodation under the *Supportive Living Accommodation Licensing Act*.
3. For the purposes of Part 1 of this Order, a “contractor” is defined as an 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

## **RECORD OF DECISION – CMOH Order 14-2020 which rescinds CMOH Order 09-2020**

### **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 09-2020 on April 7, 2020.

Whereas having determined that it is necessary to balance the need to restrict the ability of persons to visit residents in health care facilities located in Alberta while ensuring residents' quality of life can be maintained to the greatest extent possible, I hereby make the following Order which rescinds Record of Decision - CMOH Order 09-2020:

1. Effective immediately, all operators of a health care facility, located in the Province of Alberta must comply with the visitation standards attached as Appendix A to this Order.
2. For the purposes of this order, a "health care facility" is defined as:
  - (a) an auxiliary hospital under the *Hospitals Act*;
  - (b) a nursing home under the *Nursing Homes Act*;
  - (c) a designated supportive living accommodation or a licensed supportive living accommodation under the *Supportive Living Accommodation Licensing Act*; and
  - (d) a lodge accommodation under the *Alberta Housing Act*.
3. Despite section 1 of this Order, an operator of a health care facility may be exempted from the application of this Order, by me, on a case-by-case basis.

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

Signed on this 28 day of April, 2020.



Deena Hinshaw, MD  
Chief Medical Officer of Health





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**Document:** Appendix A to Record of Decision – CMOH Order 14-2020

**Subject:** Guideline regarding visitation in licensed supportive living and long-term care.

**Date Issued:** April 28, 2020

**Scope of Application:** As per Record of Decision – CMOH Order 14-2020

**Distribution:** All licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals).

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**\*Amendments to previous orders are noted by highlighting.**

**Purpose:**

This guidance supplements the application of CMOH Order 14-2020 (the Order), outlining the requirements for all operators<sup>1</sup>, staff<sup>2</sup>, residents<sup>3</sup>, 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), 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 and a questionnaire.
- Facilities must have security staff or a greeter to conduct this screening and verify the visitor as the designate.
- As of this Order<sup>4</sup>, **no visitors**, including those designated as essential, are allowed entry into these facilities, **except for visits**:
  - Where the resident's **quality of life** and/or care needs cannot be met without their assistance, or
  - When a resident is dying (see below).
- **Outdoor visits** with the designated essential visitor and one other person (maximum group of 3, including the resident) should be supported, when desired.

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

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

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

<sup>4</sup> This order rescinds and updates CMOH Order 09-2020.

- As per Order 12, residents who are not required to isolate may spend time outdoors while observing physical/social distancing requirements.
- It is important for mental health to spend time outdoors. It is encouraged that residents be given an opportunity to spend time outdoors, where feasible and appropriate and have safe outdoor visits when desired.

### 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).
  - A resident may identify a temporary replacement designated essential visitor for approval if the designated essential visitor is unable to perform their role for a period of time (e.g. self-isolation, other caregiving duties, or otherwise unable).
    - To clarify, the intent is not for this designate to change regularly or multiple times, but to enable a replacement, when required.
- Visits from the designated essential visitor are **permitted in the facility** within the following parameters:
  1. Visits where the resident's **quality of life and/or** care needs cannot be met without the designated essential visitor's assistance.
    - Designated essential visitors may carry out **quality of life and/or** care related activities, as appropriate, where **staff are unable to provide** those due to emergent pandemic impacts, and where the designated essential visitors have been provided appropriate guidance, if needed.
    - Operators are encouraged to be responsive to resident unmet needs (which may be identified in care plans, where relevant) and utilize this option when it is in the best interest of the resident (e.g., for someone who has a cognitive impairment or dementia who is **unable** to understand the restrictions currently imposed **and** where the person's quality of care and life are directly supported by the involvement of the known and supportive visitor).
  2. Visits in circumstances where a resident is at the end of their life.
    - Residents who are dying should have the opportunity to have their family/visitors at their side, while following the guidelines in place to ensure everyone's safety.
    - While it is difficult to be precise around when a resident is at the end of their end of life, in the context of COVID-19, visitation at end of life refers to the **last two weeks of life**.
      - The site contact (e.g. director of care, case manager, facility administrator) is expected to be reasonable and use their best judgement in making determinations about residents who are dying with consideration given to providing a quality end of life for the resident and their visitors.
    - 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 exceptions to the requirement that "only one visitor enters the facility at a time," are:
        - 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; and
    - if the room is of a sufficient size to accommodate two visitors who can be two metres distant from each other, two visitors may attend at the same time.
  - 3. Residents and visitors who meet the above parameters will not be restricted unnecessarily; however, resident and site circumstance may mean that not all desired visits are able to be accommodated.
  - 4. When there is disagreement on permitted visitors, the designated essential visitor should first discuss the situation with the operator. If the situation cannot be resolved, and the visit is allowed as per this document, please contact Alberta Health Services Patient Relations (in the case of designated supportive living and long term care) or Alberta Health's Accommodation Licensing Inspector ([asal@gov.ab.ca](mailto:asal@gov.ab.ca), in the case of non-AHS contracted sites) for direction.
- If several designated essential visitors meet this criteria in any one facility, it is acceptable for an operator to create a reasonable approach that responds to requests in a way that ensures both resident care needs and safe visitor presence (including consideration of operational feasibility and the availability of staff to facilitate the visits, as per requirements) to balance the needs of all. Operators must be transparent about their approach with residents and designated essential visitors.
  - This may include staggering visits, phasing visitors in on a unit-by-unit basis, or other creative approaches that ensure residents are receiving the essential quality of life and/or care they require in response to unmet needs.
- Designated essential visitors must:
  1. **Pre-arrange** visits with the operator (e.g., facility administrator or identified designate) and be expected.
  2. Be escorted by site staff to the resident's room and remain in the resident's room for the duration of the visit other than when assisting with required quality of life or care activities (e.g. meal time) or supporting an outdoor visit.
  3. Not visit with any other residents.
  4. Must wear a mask continuously throughout their time in the facility and shall be instructed how to put on and take off that mask and any other personal protective equipment (PPE) that might be required (by staff/operator).
  5. Perform hand hygiene (including hand washing and/or use of hand sanitizer) on entry and exit from rooms, when leaving and returning to the facility and as directed.
- Operators must:
  1. Ensure that only the designated essential visitor is allowed into the site at any time.
  2. Ensure that the Health Assessment Screening (see below) is conducted on every visit.
  3. 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).
  4. Prior to caring for, or entering the room of, a symptomatic resident, ensure that any designated essential visitors or family members are provided with the required PPE, are trained, and have practiced the appropriate use of PPE.
    - 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).
  5. Provide any other visitor (permitted only in circumstances when the resident is at the end of their life) with the appropriate PPE, including a mask that covers the visitor's mouth and nose, and

instruct the visitor on how to safely put on and take off the mask as well any additional PPE (if it is required).

6. Ensure that all visitors wear the mask continuously while in the facility.

- Any individual who has had direct contact with a person who has a confirmed case of COVID-19, without wearing recommended PPE (i.e., before they are aware that the person has a confirmed case of COVID-19), is required to self-isolate as per direction from Public Health.

**Operators who determine that they need to further restrict the above guidelines must consult with AHS Continuing Care Zone Executive Director, or relevant designate (e.g. Alberta Health Accommodation Licensing Inspector, Seniors and Housing, or Community and Social Services).**

### **Outdoor Visitors**

- As per **Order 12**, residents who are not required to isolate may spend time outdoors while observing physical/social distancing requirements.
- It is important for mental health to spend time outdoors. It is encouraged that residents be given an opportunity to spend time outdoors, where feasible and appropriate and have safe outdoor visits when desired.
- Outdoor visits with the **designated essential visitor plus one other person** (total group size of 3, including the resident) should be supported, when desired. There is no age restriction for the other person (e.g. minors should be permitted) and the visit may include, as appropriate for the resident, going beyond the property (e.g. community walks).
  - Arrangements for the outside visit (including scheduling, frequency, feasibility, etc.) should be made by the designated essential visitor, or the resident, directly with the operator.
    - Operators must not unreasonably deny requests for an outdoor visit, however resident and site circumstance (and the requirements for physical distancing and other protective measures ordered) may mean that not all desired visits are able to be accommodated.
  - All outdoor visitors must continuously mask during the visit and follow appropriate physical distancing requirements, as appropriate (e.g. considerations for pushing wheelchair, being hard of hearing). Any type of mask (e.g. non-medical) should be permitted.
  - Up to three or fewer people (including the resident) may be permitted at an outdoor visit. The maximum number of visitors will be determined by the operator, based on the amount of space, the number of visit groupings happening, and the ability to maintain physical distance.
  - Visitors, other than the designated essential visitor, will be asked to remain outdoors at all times (i.e. entry to the facility will not be permitted).
    - If the only suitable outdoor space is solely accessible through access to the facility, and an outdoor visit is considered essential to quality of life, only a designated essential visitor is permitted and must follow all requirements for entering visitors. Staff must escort the visitor using the most direct path through the facility.
  - All Chief Medical Officer of Health [Guidance](#) must be followed.
  - Residents must, with staff assistance where necessary, wash their hands or use hand sanitizer immediately upon re-entry to the building and be screened per **Order 12**.

### **Health Assessment Screening for Visitors**

Any visitor who intends to enter a facility, and/or who cannot maintain physical distancing during an outdoor visit must be screened. This screening must be completed every time the designated essential visitor enters the site.



Visitors who do not enter (i.e. outdoor visits) and follow all physical distancing during the outdoor visit are not required to be screened. Screening shall involve the following:

1. Temperature screening
2. COVID-19 Questionnaire (see **below**)
3. Confirmation of identity and “designated essential visitor” status (only if entering the building)
4. Documentation of arrival and exit times (only if entering the building)

## COVID-19 Visitor Screening<sup>5</sup>

1.	Do you have any of the below symptoms:		
	• Fever ( <b>38.0°C</b> or higher)	<b>YES</b>	<b>NO</b>
	• Any <b>new</b> or <b>worsening</b> symptoms:		
	o Cough	<b>YES</b>	<b>NO</b>
	o Shortness of Breath / Difficulty Breathing	<b>YES</b>	<b>NO</b>
	o Sore throat	<b>YES</b>	<b>NO</b>
	o Runny Nose	<b>YES</b>	<b>NO</b>
	o Feeling unwell/Fatigued	<b>YES</b>	<b>NO</b>
	o Nausea/Vomiting/Diarrhea	<b>YES</b>	<b>NO</b>
2.	Have you, or anyone in your household travelled outside of Canada in <b>the last 14 days</b> ?	<b>YES</b>	<b>NO</b>
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 <b>in the last 14 days</b> <b>without</b> the use of appropriate PPE?	<b>YES</b>	<b>NO</b>
4.	Have you had close contact (face-to-face contact within 2 meters/6 feet) <b>in the last 14 days</b> with someone who is being investigated or confirmed to be a case of COVID-19 <b>without</b> the use of appropriate PPE?	<b>YES</b>	<b>NO</b>

- If any visitor answers **YES** to any of the screening questions, they will not be permitted to enter the facility.
- Visitors must be directed to self-isolate and complete the [AHS online assessment tool](#) to arrange for testing.

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

<sup>5</sup> 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).

## **RECORD OF DECISION – CMOH Order 23-2020 which amends CMOH Order 10-2020**

### **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 10-2020 on April 10, 2020 which was subsequently amended by Record of Decision – CMOH Order 12-2020 on April 28, 2020.

Whereas having determined that it is necessary to revise Record of Decision - CMOH Order 10-2020 to:

- (a) revise the operational and outbreak standards attached as Appendix A to Record of Decision - CMOH Order 10-2020; and
- (b) revise the COVID-19 questionnaires attached as Appendix B to Record of Decision - CMOH Order 10-2020.

I hereby make the following Order, which modifies my previous Record of Decision - CMOH Order 10-2020:

Part 2 of Record of Decision – CMOH Order 10-2020 is rescinded and the following is substituted in its place:

### **Part 2 – Updated operational and outbreak standards and screening questionnaires**

9. Effective immediately all operators of a health care facility, located in the Province of Alberta, must
  - (a) comply with the operational and outbreak standards attached as Appendix A to this Order; and



- (b) use the applicable COVID-19 questionnaires for licensed supportive living and long-term care, attached as Appendix B to this Order, in accordance with the operational and outbreak standards.
10. For the purposes of Part 2 of this Order, a “health care facility” is defined as:
- (a) an auxiliary hospital under the *Hospitals Act*;
  - (b) a nursing home under the *Nursing Homes Act*;
  - (c) a designated supportive living accommodation or a licensed supportive living accommodation under the *Supportive Living Accommodation Licensing Act*; and
  - (d) a lodge accommodation under the *Alberta Housing Act*.
11. Despite section 9 of this Order, an operator of a health care facility may be exempted from the application of Part 2 of this Order, by me, on a case-by-case basis.
12. In the event of a confirmed outbreak as described in the operational and outbreak standards, an individual who is employed or contracted to provide services within more than one health care facility, and who is not authorized to be absent from work under Part 1 of Record of Decision – CMOH Order 10-2020, 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 duration of the outbreak.

### **Part 3 – General**

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

Signed on this 25 day of May, 2020.

  
Deena Hinshaw, MD  
Chief Medical Officer of Health

**Document:** Appendix A to Record of Decision – CMOH Order 23-2020

**Subject:** Updated Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care under Record of Decision – CMOH Order 23-2020.

**Date Issued:** May 25, 2020

**Scope of Application:** As per Record of Decision – CMOH Order 23-2020.

**Distribution:** All licensed supportive living (including group homes and lodges) and long-term care (nursing homes and auxiliary hospitals).

New Content
Resident Access to Health Professionals (page 16) <ul style="list-style-type: none"> <li>Expectations for on-site and off-site access to health professionals</li> </ul>
Student Placement (page 17) <ul style="list-style-type: none"> <li>Guidance to support safe student placements</li> </ul>
Guidance for Hair Salons (page 28) <ul style="list-style-type: none"> <li>Guidance for hair salons operating in these settings (in shared spaces or resident rooms; outlines a number of operator and additional service provider requirements, above and beyond industry guidance)</li> </ul>
Staff Wellbeing (page 35) <ul style="list-style-type: none"> <li>Guidance for operators to support staff wellness</li> </ul>
Clarifying Content
Symptoms Table (page 7) <ul style="list-style-type: none"> <li>Updated Symptoms (as per May 8 letter from Dr. Hinshaw)</li> </ul>
Testing and Isolation (page 11) <ul style="list-style-type: none"> <li>Guidelines for testing, swab collection, consent, repeat swabs, and isolation</li> <li>Clarification of isolation on return for current residents from other settings</li> </ul>
Admissions (page 15) <ul style="list-style-type: none"> <li>Clarification on accepting admissions while site is under investigation, if only staff are symptomatic, admissions may proceed.</li> </ul>
Room Cleaning (page 21) <ul style="list-style-type: none"> <li>Responsibility for resident room cleaning</li> </ul>
Group/Recreational Activities (page 23) <ul style="list-style-type: none"> <li>Updated to promote resident satisfaction on site (incremental reintroduction of activity; group sizes not to exceed 17)</li> </ul>
Resident Outings (page 24) <ul style="list-style-type: none"> <li>Considerations for resident outings (not recommended), safe transportation</li> </ul>
Operator Communication (page 31) <ul style="list-style-type: none"> <li>Reformatted to require operators to communicate with residents/families about expectations, set additional house rules, etc.</li> </ul>

## Table of Contents

Table of Contents .....	4
Purpose.....	5
Key Messages .....	5
Table 1: Outbreak Phases and Response .....	6
Table 2: Symptoms of COVID-19 .....	7
Site Specific Guidelines .....	8
Symptom Screening .....	9
Health Assessment Screening .....	9
Resident Active Health Screening .....	9
Staff Health Screening .....	10
Testing and Isolation .....	11
Table 3: Testing and Isolation Overview .....	12
Expectations of Staff & Operators .....	13
Staff and Operator Disclosure .....	13
Staff Working at Single Facility .....	13
Table 4: Single Site Overview: Example guidance of where staff can work .....	14
Admissions.....	15
Resident Access to Health Professionals .....	16
Student Placements .....	17
Routine Practices and Additional Precautions .....	18
Access to PPE/Supplies .....	19
Deployment of Staff and Resources .....	19
Enhanced Environmental Cleaning and Disinfection .....	20
Shared Spaces .....	21
Group/Recreational Activities .....	23
Resident Outings .....	24
Safe Transportation .....	25
Temporary Resident Relocation .....	26
Guidance for Hair Salons .....	28
Table 5: Location specific requirements .....	29
Table 6: Requirements of operators and service providers .....	30
Operator Communication .....	31
Table 7: Revision History .....	32
References .....	33
Additional guidelines for consideration .....	34
Quality of Life .....	34
Residents Living with Cognitive Impairments .....	34
Staff Wellbeing .....	35
Appendix B .....	38
COVID-19 Resident Screening .....	38
COVID-19 Staff Screening .....	39
COVID-19 Visitor Screening .....	40

## Purpose

The operational expectations outlined here are required under the Record of Decision – CMOH Order 23-2020 (the Order) and are applicable to all licensed supportive living (including group homes and lodges) and long-term care (LTC) facilities, unless otherwise indicated. They set requirements for all operators<sup>1</sup>, residents<sup>2</sup>, staff<sup>3</sup>, students<sup>4</sup> as well as any designated essential visitors<sup>5</sup>.

- These expectations outline the operational and outbreak standards that apply to support early recognition and swift action for effective management of COVID-19 amongst vulnerable populations.
- These expectations may change existing requirements (e.g., in the Supportive Living and Long Term Care Accommodation Standards, the Continuing Care Health Service standards), but are required for the duration of this Order. Otherwise, those expectations are unchanged.
- These expectations apply to all staff including any person employed by or contracted by the site, or an Alberta Health Services (AHS) employee working within or visiting the site (e.g., home care), or another essential worker.

## Key Messages

- As other parts of Alberta begin to relaunch, it continues to be important to maintain strong protections in place within these settings to minimize the introduction of and risk of virus transmission and spread.
- It is imperative that residents remain vigilant in their actions to protect themselves and others around them from COVID-19. Residents remain at extremely high risk of severe outcomes if they contract COVID-19.
- Individuals over 60 years of age and those with pre-existing health conditions are the most at risk of severe symptoms from COVID-19, especially when they live in close proximity as occurs within congregate settings.
- Tests for COVID-19 can only detect the virus at the time of the swab collection and provides only a point in time result. Someone with a negative test result may still go on to develop COVID-19 during the incubation period of 14 days after exposure.
- To prevent the spread of respiratory viruses, including COVID-19, among seniors and vulnerable groups, we are setting a number of expectations that apply to operators, staff, residents and designated essential visitors.

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

<sup>2</sup> A resident is any person who lives within one of these sites (sometimes called clients).

<sup>3</sup> Any person employed by or contracted by the site (including hairstylists and barbers), or an Alberta Health Services employee or other essential worker.

<sup>4</sup> Any person who is participating in a student placement or practicum allowed by the operator and the post-secondary institution.

<sup>5</sup> As per Order 14-2020

- 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.
- These expectations are intended to safeguard people for the duration of the pandemic. However, there is also the recognition that socialization and activity are an important part of quality of life in these congregate settings. This order includes both guidance to be considered to also support broader quality of life for residents as well as to support staff quality of work life and wellbeing.

## Table 1: Outbreak Phases and Response

Table 1: Site Outbreak Phases

Outbreak Prevention	Under Investigation	Confirmed COVID-19 outbreak
No residents or staff showing any symptoms of COVID-19 as listed in Table 1.	At least one resident or staff member who exhibit <b>any</b> of the symptoms of COVID-19 as listed in Table 2.	Any one individual (resident or staff) laboratory confirmed to have COVID-19.

- Anyone with symptoms listed in **Table 2** must be isolated and should be asked to consent to testing for COVID-19.
- AHS Coordinated COVID-19 Response is available to all congregate settings. They must be contacted, as soon as there is a person showing symptoms listed in **Table 2**, for additional guidance and decision- making support at a site that does not already have an outbreak of COVID-19.
  - The AHS Coordinated COVID-19 Response team should be contacted with the **first symptomatic person** in a congregate setting. Sites that do not already have a confirmed COVID-19 outbreak should promptly report newly symptomatic persons.
  - The site must ensure the symptomatic resident is swabbed through on-site capacity, if available. If not, AHS will arrange for the resident to be tested.
  - Swabs for staff should be arranged using the [AHS online assessment tool](#). They will not be completed on site for privacy reasons.
  - Once the AHS Coordinated COVID-19 Response team has been informed and a COVID-19 outbreak has been declared the AHS Zone Medical Officers of Health (or designate) will be the contact going forward.
  - Note that if test results are negative for COVID-19, usual influenza like-illness (ILI) or gastrointestinal illness (GI) outbreak protocols should be followed, as appropriate to the identified organism causing the outbreak.
- If there is a new **confirmed** outbreak of COVID-19, **all residents and staff** in the affected site/unit should be asked to consent to testing for COVID-19.
  - Testing of residents should ideally occur within 3 days of a COVID-19 case being confirmed, however if it takes longer than 3 days to obtain consent, this testing may still occur after that time.
  - Testing asymptomatic individuals within licensed group homes is at the discretion of the Zone MOH/designate, based on individual medical complexity and site circumstances.
- Sites with two or more individuals with confirmed COVID-19 will be included in [public reporting](#).

**Table 2: Symptoms of COVID-19<sup>6</sup>**

Symptoms of COVID-19 (Residents <sup>7</sup> )*	Symptoms of COVID-19 (All Albertans including staff, students and visitors)
<ul style="list-style-type: none"> <li>• Fever (37.8°C or higher<sup>8</sup>)</li> </ul> <p>Any <b>new</b> or <b>worsening</b> respiratory symptoms:</p> <ul style="list-style-type: none"> <li>• Cough</li> <li>• Shortness of Breath/Difficulty Breathing</li> <li>• Runny Nose</li> <li>• Sneezing</li> <li>• Nasal Congestion/Stuffiness</li> <li>• Hoarse Voice</li> <li>• Sore Throat/Painful Swallowing</li> <li>• Difficulty Swallowing</li> </ul> <p>Any <b>new</b> symptoms including but not limited to:</p> <ul style="list-style-type: none"> <li>• Chills</li> <li>• Muscle/Joint Ache</li> <li>• Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite</li> <li>• Feeling Unwell/Fatigue/Severe Exhaustion</li> <li>• Headache</li> <li>• Loss of Sense of Smell or Taste</li> <li>• Conjunctivitis</li> <li>• Altered Mental Status</li> </ul>	<ul style="list-style-type: none"> <li>• Fever</li> <li>• Cough</li> <li>• Shortness of Breath/Difficulty Breathing</li> <li>• Sore Throat</li> <li>• Runny Nose</li> <li>• Chills</li> <li>• Painful Swallowing</li> <li>• Stuffy nose</li> <li>• Headache</li> <li>• Muscle/Joint Ache</li> <li>• Feeling Unwell/Fatigue/Severe Exhaustion</li> <li>• Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite</li> <li>• Loss of Sense of Smell or Taste</li> <li>• Conjunctivitis</li> </ul>

\* Note that the list of symptoms for residents is expanded (from the list for all Albertans) as residents may experience milder initial symptoms or be unable to report certain symptoms.

<sup>6</sup> Reflective of the May 8, 2020 update letter from Dr. Hinshaw

<sup>7</sup> See [COVID-19 Recognizing Early Symptoms in Seniors](#)

<sup>8</sup> Thermometer confirmed temperature is not required. If a resident feels they have a fever, offer testing.



## Site Specific Guidelines

Licensed group homes for persons with developmental disabilities or others (i.e., those with four or more residents)	Other licensed supportive living (SL), including designated supportive living (DSL)	Long-Term Care (LTC)
<p>Operators <b>must review and implement</b> the <a href="#">AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites</a>.</p>	<p>Operators <b>must review and implement</b> the <a href="#">AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites</a>. In addition, the following guidelines <b>must be applied as well</b>:</p> <p><a href="#">AHS Guidelines for Outbreak Prevention, Management and Control in Supportive Living and Home Living Sites</a>,</p>	<p>Operators <b>must review and implement</b> the <a href="#">AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites</a>. In addition, the following guidelines <b>must be applied as well</b>:</p> <p><a href="#">AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites</a></p>

- Note that if there is conflicting information between the documents linked above and the standards on this order, these standards supersede.

## Symptom Screening

### Health Assessment Screening

- Everyone entering the site **must** be screened *each* time they enter.
  - The only exception is in the case of an emergency where stopping to be screened would negatively affect the reason for their entry (fire, police, medical emergency).
- Screening shall involve both of the following:
  1. Temperature screening
    - The temperature of all residents, staff, students and visitors must be taken by a non-invasive infrared or similar device (oral thermometers must not be used).
  2. COVID-19 Questionnaire (See [Appendix B](#) for forms)
    - If a resident answers **YES** to any of the screening questions, the individual must immediately be given a procedure/surgical mask and isolated in their room, or an available isolation room. The resident should be asked to consent to testing for COVID-19.
    - If any staff answers **YES** to any of the screening questions, they will not be permitted to enter the facility. If the staff member has any symptoms of COVID-19 (as per **Table 2**) they should be asked to consent to testing. Testing can be facilitated by completing the [AHS online assessment tool for staff](#).
    - If any visitor or other approved person answers **YES** to any of the screening questions, they will not be permitted to enter the facility. They must be directed to isolate and complete the [AHS online assessment tool](#) to arrange for testing.

### Resident Active Health Screening

- For residents who have daily or more frequent interactions with health staff (e.g. personal care, etc.), health staff must actively screen the resident for symptoms of COVID-19 **daily**.
  - It is the operator's responsibility to ensure this happens, where they employ health staff (e.g., designated supportive living and long-term care).
  - Where the operator does **not** employ health staff (e.g. lodges, group homes, etc.), it is the responsibility of the health staff who have interaction, regardless of employer (e.g., home care staff)
  - The [Resident Screening Questionnaire](#) should be used and a record of screening be kept on the resident's chart.
  - If the resident shows any signs of COVID-19, the resident must be **immediately isolated** and should be asked to consent to **testing** for COVID-19.
    - [AHS Coordinated COVID-19 Response](#) is available to all congregate settings. They should be contacted with the first symptomatic person in a congregate setting. Sites that do not already have a confirmed COVID-19 outbreak should promptly report newly symptomatic persons.
  - In a **confirmed** COVID-19 outbreak, health staff must increase the active screening to **twice** daily (e.g., day shift and evening shift).
    - If there is not interaction with health staff twice daily, the resident should be advised to complete the second self-check.

- For residents who do not have daily or more frequent interactions with health staff, operators must advise each resident that they are required to conduct daily self-checks for symptoms of COVID-19.
  - Resident Screening Questionnaire should be provided to the resident for their reference.
  - Residents must immediately notify their primary site contact (preferably by phone), if they are feeling unwell.
    - Resident must be informed to immediately isolate and should be asked to consent to testing for COVID-19.
  - In a **confirmed** COVID-19 outbreak, the operator will advise residents to increase their self-checks to twice daily.

### Staff Health Screening

- Operators must advise **staff** that they are required to conduct twice daily self-checks for signs of COVID-19, - as well as a self-check immediately 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 should be tested. Testing can be facilitated by completing the [AHS online assessment tool for staff](#).
  - Any staff member who develops symptoms while at work must continue to wear a mask and be sent home immediately by private transportation (i.e. not public transit).

## Testing and Isolation

- Tests for COVID-19 can only detect the virus at the time of the swab collection and provide only a point in time result. Someone with a negative test result may still go on to develop COVID-19 during the incubation period of 14 days after an exposure.
  - **A negative test result does not take away the isolation requirements.**
- See [Table 3](#) for an overview of testing and isolation requirements.
- Operators retain the ability to take a risk-based approach in requesting residents isolate above the requirements indicated in [Table 3](#), in consultation with Zone MOH/designate.
  - Consideration of risks include attending a facility/location with known COVID-19 outbreak, not being able to maintain physical distance when out, etc.
  - It is not reasonable or necessary to have all residents who leave the building isolate upon their return.
- Each Zone has unique operational circumstances and requirements and continues to have the responsibility to determine how to best operationalize the testing guidelines, as long as the intent of the guidelines is met.

### Testing of Previous Cases

- Residents who have previously tested positive for COVID-19, have recovered, and who then have new symptoms should only be tested if it is more than 30 days after their previous positive result or if, in the opinion of the local MOH, a case-specific assessment warrants re-testing. For further details, please refer to [Alberta Public Health Disease Management Guidelines](#).

### Swab Collection

- For residents:
  - Swabs for residents will be collected through on-site capacity, if available (e.g. DSL/LTC).
    - If healthcare staff aren't available on site (e.g. lodges), AHS staff will be deployed to complete the swabbing. Please contact your usual zone level AHS contact for direction.
- For staff:
  - Swabs for staff should be arranged using the [AHS online assessment tool](#). Swabs will not be completed on site for privacy reasons.

### Resident Consent for Swab Collection

- Consent must be obtained from the resident (if able), or from their alternate decision maker prior to collecting the swab for testing.
- If a resident (or alternate decision maker on their behalf) declines the test for COVID-19, isolation requirements will still apply based on Table 3.

**Table 3: Testing and Isolation Overview**

Scenario	Isolation Required* <sup>9</sup>	Days Isolated	Offer Testing <sup>10</sup>
Symptomatic resident	Yes	10 from symptom onset <u>OR</u> until symptoms resolve <i>Whichever is longer</i>	Yes
Positive COVID-19 test	Yes	10 from symptom onset <u>OR</u> until symptoms resolve <i>Whichever is longer</i>	-
Close contact with someone who has COVID-19	Yes	14	Yes
New admission to facility (regardless of where they moved in from)	Yes	14	Yes
Current resident who returns from hospital admission <i>related</i> to confirmed COVID-19	Yes	14 from symptom onset <u>OR</u> until symptoms resolve <i>Whichever is longer</i>	No
Current resident who returns from hospital admission <i>unrelated</i> to COVID-19	Yes	14	Yes
Return from emergency department	No	-	No
Return from essential activity <sup>11</sup>	No	-	No
Return from non-essential activity	No	-	No
Return from Temporary Relocation (return from move out to stay with a family member or other for a period of time longer than 24 hours)	Yes	14	Yes
Routine asymptomatic testing	No	-	Yes
Situation Specific as per Chief Medical Officer of Health/designate	As per CMOH/designate	As per CMOH/designate	As per CMOH/designate

<sup>9</sup> Operators retain the ability to take a risk-based approach in requesting residents isolate in consultation with Zone MOH/designate.

<sup>10</sup> Residents should only be tested if they have not tested positive in the past 30 days

<sup>11</sup> Including medical appointment, groceries, pharmacy, outdoor time, employment, etc. If operator believes there was an

## Expectations of Staff & Operators

### Staff and Operator Disclosure

- Staff must **immediately** tell their supervisor if they have worked in the last 14 days or are currently working at a site (including but not limited to the sites to which this Order applies), where there is a **confirmed** COVID-19 outbreak.
- This disclosure is **mandatory**, for the purposes of protecting the health and safety of the disclosing staff member, other staff as well as the health and safety of the residents.
- Mandated disclosure **cannot** be used by an operator as the sole reason to dismiss a staff (e.g., lay off or fire); however, staff may be subject to work restrictions, depending on exposure and a risk assessment.
- Operators must **immediately** inform staff that disclosing exposure to COVID-19 (e.g. close contact to a confirmed case of COVID-19) to the facility is required and will not result in dismissal.
- Operators will notify all residents, staff and families if there is a **confirmed** COVID-19 outbreak. Operators should communicate transparently with residents and families when their site is **under investigation** for COVID-19.

### Staff Working at Single Facility

- To protect the most vulnerable Albertans, **designated supportive living** and **long-term care** staff employed or contracted by the operator are limited to working within one single **designated supportive living** or **long-term care** facility. This will help to prevent the spread of illness between facilities.
  - The intent of this order is to limit the risk of transmitting **COVID-19** to our most vulnerable by reducing the number of different people who interact with residents.
- As per [Ministerial Order 625/2020](#), operators are required to submit relevant staffing information to Alberta Health, as directed.
- [Ministerial Order 2020-26](#), directs the process and employment protections for staff and operators.
- This order is inclusive of **all facility staff** (e.g. health care workers, food service workers, housekeeping, administrative, etc.).
  - Essential Services persons permitted to enter the site include:
    - Emergency response personnel (police, fire, ambulance, etc.),
    - Urgent/emergent contracted building maintenance services (e.g. elevators, heating/cooling, fire alarms, etc.),
    - Essential pick-ups and deliveries (e.g. oxygen, laundry, food, supplies, etc.),
    - Other similar essential services.



- Essential Services persons who should provide virtual services, where feasible and possible:
  - Physicians,
  - Nurse practitioners,
  - Allied health,
  - Home care,
  - Specialty consultants,
  - Educators,
  - Pharmacy,
  - Laboratory staff,
  - Public health,
  - Infection control,
  - Dialysis,
  - Authorized inspectors, officers and investigators for care, compliance or safety,
  - MAiD coordination,
  - Funeral home staff, and
  - Religious leaders.
  - Should it be necessary to attend the facility, they should limit the number of different facilities they enter and provide in-person care to only one facility per day to the greatest extent possible.

**Table 4: Single Site Overview: Example guidance of where staff can work**

Outbreak Phase(s)	Worksite 1	Worksite 2	Guidance
Outbreak Prevention or Site Under Investigation	DSL/LTC	DSL/LTC	Not allowed to work at more than one DSL/LTC.
	DSL/LTC	Acute Care	Allowed but it is recommended that staff limit the number of worksites to prevent the spread of COVID-19.  Note that the designated Auxiliary Hospital units of acute care sites are included in the single site designation (so workers can work in the Auxiliary unit and other units in acute care, but not on the Auxiliary unit and a separate LTC/DSL facility)
	DSL/LTC	Lodge	
	DSL/LTC	Home Care	
	DSL/LTC	Retail Store	
Confirmed Outbreak	Any licensed supportive living or LTC	Any licensed supportive living or LTC	Once in a confirmed outbreak, for the duration of that outbreak, all sites must restrict staff to working only at the outbreak site.

- 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.
- Staff will be granted a leave of absence from their non-primary employers. Non-primary employers will not penalize staff.
- It is strongly recommended that all other congregate living settings (i.e. non-designated licensed supportive living, lodges, and group homes), though not mandated, also implement this directive.
- In the case of a **confirmed** COVID-19 outbreak, all other congregate settings (i.e. non-designated licensed supportive living, lodges, and group homes) must require staff to work only at one congregate living setting for the duration of the outbreak.

## Admissions

- People will continue to move into these settings (e.g. from the community, acute care and other licensed supportive living and long-term care facilities), according to existing processes and will continue to move between settings in the usual way (e.g., return from hospital admissions, emergency department visits, etc.).
  - New admissions to the facility (from any location, including another licensed supportive living or long-term care facility) must be placed on isolation for 14 days and should be asked to consent to testing for COVID-19. (See [Testing and Isolation](#))
    - **A negative test result does not take away the isolation requirements.**
  - Acute Care/Transition Services staff, when they are involved (e.g., for DSL and LTC) should advise residents of isolation requirements prior to arranging the admission/transfer. Otherwise, operators will do so in advance of move-in.
- If the site is **under investigation** for COVID-19 due to resident(s) only having symptoms (not staff), the operator should consult with AHS Zone Medical Officer of Health (or designate) before accepting new admissions into the site.
  - Having symptomatic staff member(s) only (i.e. no residents) should not restrict admissions to the site. Once a staff member has identified symptoms of COVID-19, they should no longer be working at the site until their isolation period is complete.
- If the site has a **confirmed** COVID-19 outbreak, the operator **must stop admissions** into the site, unless at the explicit direction of the AHS Zone Medical Officer of Health.
- Decisions should be made on a case-by-case basis while using consistent decision-making methods.
  - Considerations may include: Number of people affected, type of symptoms, location of infected residents within the facility, number of shared staff between units, acute care capacity, etc.

## Resident Access to Health Professionals

As per [Order 16-2020](#), the college of each [regulated health profession](#) will be responsible for providing guidelines to their members. Refer to [Order 18-2020](#) and [19-2020](#) for a list of businesses and entities that must remain closed, including a business or entity offering or providing a non-essential health service, as defined in section 8 of [Order 07-2020](#), which is provided by a person other than a regulated member of a college established under the *Health Professions Act*.

- Wherever possible, these services should be provided virtually to limit the spread of COVID-19.
- Where these services cannot be provided virtually, services may be provided in person within the site, if the resident is not isolated.
- When a resident is isolated, decisions about accessing services will be made with the health care provider, resident (or alternate decision maker) and operator on a case-by-case basis depending on circumstances at the site, reasons for isolation, capacity to offer the service safely, etc.
- When a resident is accessing services off-site (i.e. in the practitioner's office, not within the licensed supportive living or long-term care site):
  - Resident should ensure that the health provider they are seeing is aware of *any* symptoms the resident is currently experiencing, in advance of arriving for the appointment.
  - Arrangements should be made by the resident (or alternate decision maker) with the practitioner's office to book an appointment time where the resident's potential contact with others is reduced.
  - Ensure transportation arrangements are as safe as possible ([See Safe Transportation](#)).
  - Operators will provide masks for the resident to use while they are at the off-site appointment.
  - It is recommended that the resident bring hand sanitizer and use after each touchpoint (e.g. after getting out of vehicle, upon arrival to office, after interaction with reception, etc.).
  - Resident must be screened ([Health Assessment](#)) upon re-entry into the facility where they live.
  - If the resident is absent from the facility for less than 24 hours, or is absent only for a non-COVID-19 related emergency department visit, they do not need to undergo a precautionary 14 day isolation period.
- When accessing services on-site (i.e. the practitioner comes to the facility):
  - The appointment time must be pre-arranged with the resident and operator to ensure it does not conflict with other operations or practitioner visits.
  - The practitioner must complete the [Health Assessment Screening](#) (Staff) and use appropriate PPE as directed by their regulatory college and CMOH Orders (e.g. continuous masking, eye protection, etc.).
  - All efforts must be made to ensure minimal contact with residents who are not receiving services.
    - If services are provided within a shared resident room, the other resident may be asked to vacate for the duration of the service provision.
    - If the other resident is on isolation, services are encouraged to be provided in an alternate space wherever possible.
  - If the operator is able to make a separate space available, that fits the needs of the practitioner (e.g., is private, has the required infection, prevention and control/IPC infrastructure like sinks, etc.), it is ideal that such a space be made available to minimize entry into the living spaces, where resident rooms are (i.e. to avoid going to resident rooms).

- Practitioners are expected not to attend multiple designated supportive living or long-term care settings in the same day, where feasible.
- If the practitioner is seeing multiple residents in the facility in one day, they must follow strict IPC measures as directed by their regulatory college, operator and this order (e.g. handwashing, PPE, enhanced cleaning of supplies/equipment, etc.) and where possible, provide services to those residents who are not isolated first.

## Student Placements

Students in healthcare fields who graduate build capacity in the workforce. Student placements should continue where safe and feasible to enable graduation and entry into the workforce. The following guidelines are required to ensure students have safe access to healthcare settings to finalize their training:

- Post-secondary institutions are permitted to make their own decisions about proceeding with student placements based on their institution's unique circumstances, but placements are allowed, following all existing CMOH orders and any additional guidance provided by Alberta Health and the receiving operator.
- Operators are permitted to make their own decisions about accepting student placements based on the unique circumstances at the site. Considerations include:
  - Ability to maintain the operator's operational activities.
  - Ability to meet the student's educational objectives and ability to achieve the learning outcomes.
  - Availability of staff and/or post-secondary instructors to offer appropriate supervision to students.
  - Type (which healthcare program) and number of students.
  - The extent to which normal operations are disrupted by the COVID-19 response.
  - Availability of required PPE.
  - Usual processes will remain in place for agreements, contracts, liability, etc.
- When a site is in outbreak, operators should work in consultation with the post-secondary institution to determine ability to proceed with student placements.
- Students who are already working within a licensed supportive living or long-term care setting that is different from their proposed student placement location may need to meet additional precautions in advance of the practicum, depending on their unique situation (e.g., may need to isolate after their last shift at their original work site prior to initiating the student placement at the student placement location, etc.). This determination would be made by the receiving operator, considering the site circumstances and all available CMOH orders).
- As with all staff in **designated supportive living** and **long-term care facilities** and any other site under this order with **confirmed outbreak**, students in these settings can only work<sup>12</sup> at one facility for the duration of their student placement.
- Instructors (from the educational institution) are encouraged to provide in-person support within one facility per day to the greatest extent possible.

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<sup>12</sup> Student placements are considered "work" for purposes of this order.

## Routine Practices and Additional Precautions

- All staff 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 metres) 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 to residents and other workers, which may occur even when symptoms of illness are not present or recognized.
  - Staff must perform hand hygiene before putting on the mask and before and after removing the mask.
  - Where there is evidence of continued transmission (defined as at least 2 confirmed COVID-19 cases), continuous use of eye protection (e.g. goggles, visor, face shield) is recommended for all staff and designated essential visitors providing **direct resident care** or **working in resident care areas**.
- Any staff who do not work in resident care areas or have direct resident contact are required to mask if physical distancing (2 metres) cannot be maintained **at all times** in the workplace or if entry into resident care areas is required.
- Judicious use of all Personal Protective Equipment (PPE) supplies remains critical to conserve supplies and ensure availability.
- Additional PPE will be needed for those staff providing care to all isolated residents. This includes gowns, facial protection (mask, visor, eye protection), and gloves.
- 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 indoor designated essential visitors are provided with the required PPE, are trained, and have practiced the appropriate use (i.e. putting on and taking off) of PPE prior to caring for, or entering the room of, an isolated 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 hand hygiene guidelines, using appropriate PPE and applying it correctly while caring for residents with confirmed COVID-19, are not considered “exposed” and may safely enter public spaces within the facility or other rooms.
- Any individual who has had direct contact with a person who is a confirmed case of COVID-19, without wearing recommended PPE (i.e., before they are aware that the person has a confirmed case of COVID-19), is required to isolate as per direction from Public Health.

## Access to PPE/Supplies

- Surgical/procedure masks required for staff and indoor designated 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.
  - 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](mailto:AHS.ECC@albertahealthservices.ca).
  - For a provider that is not a contracted AHS provider, supplies can requested at <https://xnet.gov.ab.ca/ppe>.
- Operators must provide surgical/procedure masks to indoor designated essential visitors and to residents who are leaving the site (as per [Resident Outings](#))
- Operators are not required to supply masks for outdoor visitors.
- Health professionals, those providing hair dressing or barbering services, and others not identified above, are responsible to provide their own PPE (as per Alberta Biz Connect Personal Protective Equipment).

## Deployment of Staff and Resources

- In the case of a **confirmed** COVID-19 outbreak, operators must:
  - Identify essential care and services and postpone non-urgent care and services, if required, depending on the scope of the confirmed COVID-19 outbreak.
  - Authorize and deploy additional resources to manage the outbreak, as needed, to provide safe resident care and services as well as a safe workplace for staff.
  - Assign 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.
  - All staff are required to work to their full scope of practice to support residents.
  - Continue to provide care and support for the symptomatic resident within the facility (“care and treat in place”), when possible given the seriousness of the presenting symptoms and in alignment with the resident’s care plan and [Goals of Care](#) designation.
  - 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 designation, advanced care plan, or personal directive.

## Enhanced Environmental Cleaning and Disinfection

- Cleaning and disinfection is a very important measure to help disrupt disease transmission. This is especially important in settings where residents are typically at higher risk of more severe outcomes from COVID-19.
- As Alberta enters into staged relaunch, it is more important than ever to protect our most vulnerable Albertans. As more residents are out interacting with their community, enhanced cleaning and disinfection is an essential practice to help minimize the spread.

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).
- **Common/Public areas:**
  - Cleaning and disinfection should be performed at least **once per day** on all **low touch** surfaces (e.g., shelves, benches, windowsills, message or white boards, etc.).
  - In addition, increase the frequency of cleaning and disinfecting of any **high touch** surfaces (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote), care/treatment areas, dining areas and lounges, as appropriate to the facility to a **minimum of three times daily**.
  - Immediately clean and disinfect any visibly dirty surfaces.
- **Resident Rooms:**
  - Residents who do not have staff or designated essential visitors entering their room on a regular basis **do not** require an increase to their regular scheduled weekly cleaning by the operator.
  - Residents who have staff and/or designated essential visitors entering their room on a regular basis, require:
    - **Low touch** (e.g., shelves, benches, windowsills, message or white boards, etc.) area cleaning **daily**, and
    - **High touch** (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote) area cleaning **three times per day**.
  - Staff, including home care workers, are expected to observe any infection prevention requirements set out by the facility (e.g., cleaning and disinfection of surfaces, frequent hand hygiene, wearing surgical/procedure masks or face coverings, etc.) prior to leaving the resident room.
  - Depending on the frequency of visits, home care workers are responsible for contributing to high touch cleaning, by cleaning any of the areas that they have come in contact with at the end of their visit.
  - Operators may create a reasonable approach, including the role of staff, service providers (e.g. home care) and visitors that meets the requirements to ensure both cleanliness and feasibility of operations.

- Designated essential visitors are expected to observe any infection prevention requirements set out by the facility including those set out in [Order 14-2020](#) (e.g., frequent hand hygiene, wearing surgical/procedure masks or face coverings).
- There may be instances where residents express a personal preference not to have the additional cleaning occurring in their rooms multiple times a day.
  - Operators are encouraged to take a balanced approach in these situations and offer information that explains the purpose and benefit of the cleaning/disinfection, but that also respects the wishes of the resident.
  - The resident should also be encouraged to ensure good hand hygiene each time they leave their room and enter any building common area, especially if they decline the extra cleaning/disinfection.
- Immediately clean and disinfect any visibly dirty surfaces.
- Staff should ensure that they perform **hand hygiene before** touching any equipment, and clean and disinfect:
  - Any health care equipment (e.g., wheelchairs, walkers, lifts), in accordance with the manufacturer's instructions.
  - Any shared resident care equipment (e.g., commodes, blood pressure cuffs, thermometers) prior to use by a different resident.
  - All staff equipment (e.g., computer carts and/or screens, medication carts, charting desks or tables, computer screens, telephones, touch screens, chair arms) **at least daily and when visibly soiled.**
- Follow the manufacturer's instructions for difficult to clean items, or consult with Alberta Health Services (AHS) Infection Prevention and Control (IPC).
- All IPC concerns, for all settings, are being addressed through the central intake email [continuingcare@albertahealthservices.ca](mailto: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 [physical distancing](#), [hand hygiene \(hand washing and hand sanitizer use\)](#), [safe relaunch](#) and [limiting the spread of infection](#) in areas where they are likely to be seen. At a minimum, this includes placing them at entrances, in all public/shared washrooms, treatment and dining areas. Consider placing signs at outdoor spaces where there is shared use (e.g. benches, tables, etc.).
  - Post the physical distancing poster in a place that is available to all residents designated essential visitors and staff.
- No resident who is feeling unwell or under isolation should be in any of the building's shared spaces except to directly come and go to essential appointments or other activities as set out in this document.

### Shared Rooms

- Maintain a distance of two (2) metres 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.
- Residents within shared rooms, who are required to isolate (for any reason) should be moved to a private space, where possible.
  - Where this is not possible, the residents should not be within 2 metres of each other and use of physical barriers (e.g. curtains) be implemented at all times. Any shared spaces (e.g. bathrooms) must be cleaned and disinfected after each use.
  - The non-isolated resident should not be placed on isolation unless they also have a reason (beyond the shared room) to do so.

### Shared Dining

- Group dining should continue for **non-isolated** residents while maintaining following standards:
  - 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, 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

- Operators, staff and residents and families should continue to work together to find innovative, accessible and feasible solutions to tackle any negative consequences of restrictions due to the pandemic, such as inactivity (physical and cognitive) and social isolation and loneliness.
- Meaningful interactions **must** continue to be supported while respecting physical distancing requirements and visitor restrictions.
- Recreational and group activities for **non-isolated** residents are **permitted** and **encouraged** while meeting these expectations:
  - Both indoor and outdoor group sizes may be increased to no more than fifteen (15) people, including residents, staff members (and any permitted others e.g., designated essential visitor), while ensuring the space is able to accommodate all physical distancing requirements.
    - It is ideal to keep group sizes as small as possible.
    - For clarity, outdoor visits as per [Order 14-2020](#) are not considered group/recreational activities and those standards are not impacted by this group size increase.
  - Meet all existing physical distancing requirements at all times.
  - If residents are participating who are unable to maintain these requirements, a staff member or designated essential visitor must be available to assist (i.e., if this is an essential need for the resident that the staff are not able to meet).
  - It is recommended that previously cancelled activities are reintroduced incrementally (based on needs of the residents and operator), following all guidance and expectations to maintain safe and supported interaction.
    - Low risk activities should be introduced first (e.g. activities that do not use shared equipment and are suitable to physical distancing requirements).
    - Higher risk activities (such as group singing, preparing food, etc.) should be avoided.
  - All resident group recreational/special events are to be cancelled/ postponed if a site is in a **confirmed** COVID-19 outbreak or if they cannot occur while meeting the above standards.
    - At the discretion of the operator, a site **under investigation** may have to cancel activities based on the extent of affected residents, interruption of daily operations, type of symptoms, etc.
  - Follow [Safe Transportation](#) expectations when using facility-operated vehicles for group activities (e.g. sight-seeing excursion).
    - Refer to [Resident Outings](#) for additional recommendations.
  - Moveable recreational supplies (e.g. books, art supplies, fitness equipment, etc.) may be reintroduced (rather than locked up in an area that only staff can access) as long as the operator is able to ensure cleaning and disinfection before and after each use.
    - Otherwise, continue to 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 distancing and other group/recreational expectations), ensure they are cleaned and disinfected before and after any use and re-secure.
- Continue to encourage and facilitate access to phone calls and other technology to
  - Maintain the link between residents, family and friends, and

- Enable recreational activities in new ways.

## Resident Outings

- Alberta has released the [Relaunch Strategy](#). A key pillar of the strategy is ‘strong protections for the most vulnerable Albertans’. Services that may be of interest to residents are beginning to open in the communities.
- This re-opening is going to proceed at a much slower and more cautious pace within these settings.
- It is **imperative** that residents remain vigilant in their actions to protect themselves and others around them from COVID-19. Residents remain at extremely high risk of severe outcomes if they contract COVID-19.
- **Residents who are not required to isolate are still encouraged (but not required) to stay on the facility’s property, except in the case of necessity<sup>13</sup> (e.g., medical appointments, groceries, pharmacy, spend time outdoors, employment, etc.) while observing physical distancing requirements.**
  - Residents are **not** required to isolate after return from the above necessary appointments and outings, unless they meet the criteria for isolation (e.g., fail the Health Screening). See [Testing and Isolation](#).
  - Residents returning must wash their hands or use hand sanitizer immediately upon return to the facility and are subject to Health Screening Assessments (See [Health Assessment Screening](#)).
  - Resident and site circumstance (e.g. site outbreak status, resident in isolation, etc.) and other protective measures ordered may mean that not all permitted resident outings can be supported. Operators should be transparent with residents and staff regarding circumstances where resident outings are not recommended due to resident or site circumstance.
- When a site is **under investigation** or in a **confirmed** COVID-19 outbreak, and for residents who are isolated, arrangements should be made, if possible, to support residents in obtaining necessities without them leaving the site. 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 (even if asymptomatic) are required to make alternate arrangements for their necessities (e.g. groceries, medication refills, etc.) if they are not provided by the facility staff.
  - At the discretion of the operator, some items coming into the building may be required to be cleaned and disinfected by the person dropping off the items (or possibly quarantined for a time). All appropriate precautions must be taken when staff deliver to a resident’s room (e.g. items should be disinfected by the staff before touching it and bringing it to a resident’s room).
- It is recommended that residents not participate in unnecessary outings however, they may choose to do so as activities open up in the community. Should a resident choose to leave for reasons other than necessity, the operator must advise the resident of their responsibility to :
  - Maintain physical distancing;
  - Wear a mask at all times and ask anyone you may be with to also wear a mask;

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<sup>13</sup> Residents’ perception of necessity will vary. However, when an outing is solely for the purposes of maintaining physical or psychological health, safety/security, or wellbeing, it is considered a necessity.

- Ensure safe transportation ([See Safe Transportation](#));
- Maintain good hand hygiene; and
- Inform the resident that they are subject to [Health Assessment Screening](#) upon re-entry.

### Safe Transportation

Any transportation must be done as safely as possible. Operators must communicate the following Safe Transportation expectations to residents and families as appropriate. Residents, families and visitors are responsible for contributing both to their own safety and to the safety of the other residents and staff at the site to which the resident will return.

- Transportation within private vehicles (e.g., if resident drives self or when a visitor or family member picks up a resident)
  - The resident or visitor/family member will ensure that the vehicle has been cleaned and disinfected prior to the resident entering, with focus on high touch surfaces (e.g. handles, steering wheel, window controls, armrests, seat belts, etc.)
  - Driver and all passengers must be masked
  - The driver and resident/passengers will sit as far apart as possible, minimizing the number of passengers in the vehicle (e.g. one driver with resident sitting as far away as possible)
- Public Transit (including city busses, LRT, handi-bus, etc.)
  - Follow guidelines set out by municipal transit operators to maintain safety
  - Maintain safe physical distancing
  - Wear a mask
  - Frequently use hand sanitizer and especially after having contact with high touch surfaces (e.g. armrests, doors and railings, handles, etc.)
  - Refer to [physical distancing tips for public transportation](#)
- Transportation within facility operated vehicles (shuttle buses, vans, etc.)
  - Ensure vehicle has been cleaned and disinfected prior to residents entering, with a focus on high touch surfaces (e.g. handles, steering wheel, window controls, armrests, seat belts, etc.)
  - The driver and passengers must be masked (residents, staff, driver)
  - Sit as far apart as possible, minimizing the number of passengers in the vehicle
  - Frequently use hand sanitizer and especially after having contact with high touch surfaces (e.g. armrests, vehicle doors and handles, etc.)

## Temporary Resident Relocation

- Should a resident or client wish to temporarily relocate, they must (with operator/service provider support, as relevant):
  - Involve their care team, physician, at-home supports, Alberta Health Services (AHS) Home Care (as applicable) and any alternate decision maker (as applicable) to make a decision.
  - Have a detailed plan of care and service, applicable for an **indeterminate** length of time (up to or over one year), which takes into account **available** supports (based on current state of limited availability of home care services).
    - This plan should consider back-up arrangements for contingencies that may arise in the event of illness.
  - Provide **written consent** (and a waiver of liability, if required) to the possibility of their facility room being used by someone else while they relocate, if necessary, and understand their responsibilities and the risks of temporary relocation, including but not limited to:
    - Responsibility for:
      - Indicating who will be the responsible receiving party (who they will be staying with).
      - Accommodation charge (as long as the room remains unoccupied by another resident).
      - Managing resident property.
      - Resident care and service requirements and needed equipment/supplies (including medication supply).
        - Acknowledgement that the family (resident and receiving party) will be responsible for the care of the resident (and any additional costs incurred, relating to relocation) until the facility is able to re-admit the client.
      - Acknowledgement that 14 day isolation upon relocation out of the facility **under investigation** or in a **confirmed outbreak** of COVID-19 is required for the safety of themselves and those around them. It may also be required at the future point when they return to the facility, based on current CMOH orders at the time of return (or additional requirements as set by the CMOH).
      - As per [Testing and Isolation](#) regardless of the outbreak status of the facility, a resident who is returning from a temporary relocation will be required to isolate for 14 days upon return to the facility. Additional requirement may also exist, based on current CMOH orders at the time of return.
    - Risks of:
      - Limited capacity of Alberta Health Services Home Care to provide services.
        - In addition, other parts of the system (e.g., primary care, emergency rooms, emergency services, hospitals) may also be less easily accessed, or limited in the services they provide, for the duration of the public health emergency.
        - If the resident is moving to another jurisdiction (e.g. another province or territory), the potential limited capacity of that other jurisdiction to provide services.
      - Residents may be re-admitted while the facility is in **outbreak prevention**. Residents **will not** be re-admitted while the facility is **under investigation** or in a **confirmed** outbreak of COVID-19.
      - Residents may not be guaranteed to get their own room back.

- Residents may not be admitted for several months after the pandemic is declared over, depending on availability of their room.
- Any other risks that arise, that the operator and AHS cannot predict, which are the responsibility of the resident and receiving party.

To support resident relocation, operators are responsible to:

- Share a copy of, or key information from, the resident's care plan.
- Support the residents (or their alternate decision makers and the receiving party) to understand their rights and responsibilities, as well as the potential risks, should they choose to temporarily relocate.
- Ensure residents (or their alternate decision makers and the receiving party) have current general information respecting relevant community, municipal, provincial and federal programs, if required (as per Accommodation Standard 22).
- Ensure that any required documentation is completed, in advance of the temporary relocation, confirming resident (or their alternate decision makers and the receiving party) understanding of their responsibilities and the identified associated risks and retain that record.
- Ensure the resident is screened before the relocation and that the resident is provided with the appropriate PPE for relocation, if applicable based on the results of the screening.
- Enable a return to the site as quickly as possible once the residents (or their alternate decision makers and the receiving party) indicate a desire to return. As per considerations above, this return may not be immediate, but the operator (and other involved parties) will communicate any considerations and timelines, as soon as they are known.

## Guidance for Hair Salons

- Where an operator determines there is a reasonable resident need for **hairdressing or barbering service** per [SL/LTC Accommodation Standard](#) 9: Personal Choice Services, it is acceptable for operators to provide or offer this service.
  - Site circumstance (e.g. outbreak status) may disrupt the service offerings or cancel them entirely for a period of time.
  - In the case of a **confirmed** COVID-19 outbreak, hairdressing or barbering services are not permitted.
  - Hairdressing or barbering services must not be provided to symptomatic or isolated residents.
- Hair styling and barbering services are permitted to open in these settings, following [industry guidance](#) as well as additional requirements outlined below.
  - Recognizing that hair salons in these settings are different than other locations of service provision (e.g. hair stylists/barbers are coming into facilities), these four items from the industry guidance are interpreted as follows:

Industry Guidance (for a complete listing, click above hyperlink)	Hair salons in Licensed Supportive Living and Long-Term Care
<ul style="list-style-type: none"> <li>• Workplace cleaning expectations (numerous).</li> </ul>	<ul style="list-style-type: none"> <li>• Service provision is subject to the enhanced environmental cleaning expectations of the facility (see below).</li> </ul>
<ul style="list-style-type: none"> <li>• Consider adjusting or waiving cancellation fees for clients who cancel due to quarantine, isolation or illness.</li> </ul>	<ul style="list-style-type: none"> <li>• Clients <u>will not</u> be charged a cancellation fee if they cancel due to isolation or illness.</li> </ul>
<ul style="list-style-type: none"> <li>• Ask clients to attend appointments unaccompanied, unless accompaniment is necessary (e.g. a parent or guardian).</li> </ul>	<ul style="list-style-type: none"> <li>• Clients may be accompanied to the appointment, if necessary.</li> </ul>
<ul style="list-style-type: none"> <li>• Ask clients not to arrive more than 5 minutes before their appointment.</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate to clients about appropriate arrival time and additional requirements/protocols in place for safe resident movement (see below).</li> </ul>

- Any provider of hair styling and barbering services in these settings must follow the additional requirements as set out below in **Tables 5 and 6**.

**Table 5: Location specific requirements**

Shared Space	Resident Room
<ul style="list-style-type: none"> <li>• Limit the number of residents and service providers at one time, depending on space size. <ul style="list-style-type: none"> <li>◦ Consider that some residents may require a designated essential visitor's (or staff) assistance/presence.</li> </ul> </li> <li>• Set up the space to ensure appropriate physical distancing between residents and permitted designated essential visitors or others.</li> <li>• Reduce service offerings, depending on resident need, following industry guidance (e.g. blow drying is not recommended unless both service provider and resident wear a mask).</li> <li>• Develop a process for recording each resident appointment (resident name, time, name of any person who accompanied them).</li> <li>• Allow sufficient time between services for safe resident movement (e.g. ensure maximum capacity for the space size is not exceeded and no line-ups).</li> <li>• Implement enhanced cleaning requirements, following any applicable CMOH public health orders, industry guidance and facility policy.</li> <li>• Residents must come and leave independently or with the support of staff or designated essential visitor (e.g. the service provider cannot escort the resident through the building).</li> <li>• All people must wash their hands or use hand sanitizer before entering and upon leaving the space.</li> <li>• All efforts must be made to accommodate safe payment methods to prevent the spread of germs.</li> </ul>	<ul style="list-style-type: none"> <li>• Sufficient time must be scheduled between services to implement enhanced cleaning requirements, following industry guidance and facility policy.</li> <li>• Perform hand hygiene (including hand washing and/or use of hand sanitizer) on entry and exit from rooms and as directed.</li> <li>• Appropriate physical distancing requirements..</li> <li>• All efforts must be made to ensure minimized contact with residents who are not receiving services. <ul style="list-style-type: none"> <li>◦ If service is provided in a shared room, the other resident should agree to vacate for the duration of the service provision.</li> </ul> </li> </ul>



**Table 6. Requirements of operators and service providers**

Operators must:	Service providers must:
<ul style="list-style-type: none"> <li>• Ensure that the Health Assessment Screening is conducted prior to the service provider entering the facility and communicate that provider must self-assess throughout the time at the facility.</li> <li>• Provide all relevant IPC facility policies and protocols to the service provider, including enhanced environmental cleaning and use of shared equipment requirements. <ul style="list-style-type: none"> <li>○ This includes providing posters on physical distancing, hand hygiene and limiting the spread of infection.</li> </ul> </li> <li>• Ensure, and validate, that all IPC policies and protocols are being followed. <ul style="list-style-type: none"> <li>○ This may include checklists that are completed by the service provider and submitted to the operator to maintain records for follow up.</li> </ul> </li> <li>• Instruct service providers on how to safely put on and take off required PPE and advise them on the frequency with which to discard old and replace with new while on site.</li> <li>• Ensure that all service providers wear a mask continuously while in the facility.</li> </ul>	<ul style="list-style-type: none"> <li>• Be screened at each time of entering the facility and self-assess throughout the time at the facility.</li> <li>• Not provide a service to symptomatic or isolated residents.</li> <li>• Provide appropriate PPE, including a mask that covers their mouth and nose, as well any additional PPE (if they determine necessary per Industry Guidance) and wear the mask continuously while in the facility including when providing service.</li> <li>• For shared spaces, direct residents to wash their hands or use hand sanitizer before entering the service space.</li> <li>• Complete any required documentation to confirm compliance with CMOH orders, industry guidance and operator requirements.</li> <li>• Understand and follow all requirements and guidance with respect to their service, including but not limited to frequent hand washing, continuous use of masks, enhanced cleaning and use of shared equipment requirements, and other IPC guidance provided by the facility and/or Public Health. <ul style="list-style-type: none"> <li>○ This includes hanging posters and signage provided by the operator.</li> </ul> </li> <li>• Remain in the service setting for the duration of the service provision other than to move between resident rooms, if relevant to the service.</li> <li>• Not visit with any staff (e.g., staff room) and not visit with any other residents other than those receiving the service.</li> <li>• Not work in more than one facility in any given day, as feasible.</li> <li>• Remain off site and off work, abiding by all required timelines, should they experience COVID-19 symptoms or any other illness.</li> </ul>

## Operator Communication

The operator shall review [Alberta Health's](#) and [Alberta Health Services'](#) websites regularly for updated information, and:

- Communicate transparently at all times with residents, families and staff and other allowed service providers.
- Communicate updated information relevant to their staff, residents, designated essential visitors, families and any allowed service providers 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, other visitors (see [Order 14-2020](#)), and allowed service providers understand what they must do while on site (and what they cannot do) and who they can contact with questions.
- Communicate to residents any relevant changes in operation at their site.
  - This may include any adjustments made to house rules (i.e. site specific rules or guidelines in place), resident – operator agreements, handbooks etc.

Operators who would like consideration to further restrict Order guidelines due to site configuration, specialized populations, etc., must consult with relevant designate before doing so. 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](mailto:continuingcare@albertahealthservices.ca)
- Alberta Health's Accommodation Licensing Inspector ([asal@gov.ab.ca](mailto:asal@gov.ab.ca))
- Ministry of Community and Social Services (e.g., for persons with developmental disabilities group homes)
- Ministry of Seniors and Housing (e.g., for lodge programs that are not contracted to AHS)

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

**Table 7: Revision History**

Document	Overview	Description
Order 06 March 25, 2020	<p>Pre-outbreak operational standards for licensed supportive living and long-term care and licensed residential addiction treatment service providers.</p> <p>These expectations applied in addition to Order 03 (visitor policy)</p>	<p>Pro-active expectations for sites not already in a COVID-19, or other, outbreak.</p> <p>Appendix A (7 pages) included requirements associated with: symptom notification and response, enhanced environmental cleaning, shared spaces, entry and re-entry to building, routine practices and additional precautions, communication, access to supplies.</p>
Order 08 April 2, 2020	<p>Suspected, probable and confirmed COVID-19 outbreak standards for licensed supportive living and long-term care and licensed residential addiction treatment service providers.</p> <p>These expectations applied in addition to Order 03 (visitor policy) and order 06 (pre-outbreak standards).</p>	<p>Appendix A (12 pages) included requirements associated with: staff and operator disclosure, routine practices and additional precautions, shared dining, resident movement around site and community, resident move-in and transfer, group/recreational activities, designated essential visitors, and deployment of staff and resources. Definitions of suspected, probably and confirmed outbreaks were included as was information for contacting the AHS Coordinated COVID-19 response group.</p>
Order 10 April 10, 2020	<p>This order rescinded Orders 06 and 08.</p> <p>Applies to licensed supportive living and long-term care and licensed residential addiction treatment service providers.</p> <p>These expectations applied in addition to Order 09 (updated visitor policy).</p>	<p>The standards in Orders 06 and 08 were combined into one order and updated as appropriate.</p> <p>Key changes included: restricting staff movement among health care facilities and the requirement of staff to continuously mask (came into effect April 15, 2020).</p> <p>Updated pre-outbreak standards attached in Appendix A (9 pages) and updated outbreak standards attached in Appendix B (11 pages).</p>
Order 12 April 28, 2020	<p>This order revises Part 2 (two sets of standards) as found in the Record of Decision –CMOH Order 10.</p> <p>The Appendix A (17 pages) are the updated and integrated standards.</p> <p>Applies to licensed supportive living and long-term care.</p> <p>These expectations applied in addition to Order 14 (updated visitor policy).</p>	<p>Main updates included:</p> <ul style="list-style-type: none"> <li>- Removed licensed residential addiction treatment facilities from scope (separate order established)</li> <li>- Updated symptom information</li> <li>- Testing of all residents and staff when COVID-19 identified</li> <li>- Updated definitions of phases referenced</li> <li>- Clarification of essential staff</li> <li>- Recommendations for use of eye protection</li> <li>- Additional information guiding temporary resident relocation</li> <li>- Guidelines promoting quality of life</li> <li>- Updated COVID-19 Questionnaires</li> </ul>

## References

1. Alberta's Relaunch Strategy, Government of Alberta.
  - <https://www.alberta.ca/alberta-relaunch-strategy.aspx>
2. Community-Based Measures to Mitigate the Spread of Coronavirus Disease (COVID-19) in Canada, Government of Canada.
  - <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html>
3. COVID-19 Orders and Legislation, Government of Alberta.
  - <https://www.alberta.ca/covid-19-orders-and-legislation.aspx>
4. COVID-19: Help prevent the spread information posters, Alberta Health.
  - <https://open.alberta.ca/publications/covid-19-information-help-prevent-the-spread-poster>
5. Disease Management Guidelines: Coronavirus COVID-19, Alberta Public Health.
  - <https://open.alberta.ca/publications/coronavirus-covid-19>
6. Infection Prevention and Control for COVID-19: Interim Guidance for Long Term Care Homes, Public Health Agency of Canada.
  - <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html>
7. Information for AHS Staff & Health Professionals, Alberta Health Services.
  - <https://albertahealthservices.ca/topics/Page16947.aspx>
8. Recognizing Early Symptoms in Seniors (COVID-19), Alberta Health Services.
  - <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-recognizing-early-symptoms-in-seniors.pdf>
9. Workplace Guidance and Supports, Alberta Biz Connect.
  - <https://www.alberta.ca/biz-connect.aspx>

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## Additional guidelines for consideration

### Quality of Life

- Because of the various orders that restrict life for all Albertans and specifically life and activities within this setting, changes to how life and activities happen within these congregate settings remain critical at this time.
- Socialization is an important part of quality of life. The separation resulting from restricting visitors and physical distancing should be recognized, acknowledged and respected for all individuals impacted; wherever possible, alternative means to connect should be supported by all staff and the operator.
- In this new reality, residents minimally need information, necessities and connection.
  - **Information** that is timely, accurate and relevant (e.g. delivery of paper information flyers, updates as things change).
  - **Necessities** related to unmet care or quality of life (e.g. psycho/social) needs that staff are unable to address and/or manage otherwise (e.g. virtual support by family and friends) should be identified by the operator, but may also be identified by the resident and families. Refer to [Order 14-2020](#) for the role of designated essential visitors in these instances.
  - **Connections** with family and friends, through video-chats, mail and mutual activity (such as both watching a movie or virtually visiting a place of interest and then discussing over the phone).
- Operators and staff should work together with the residents and their families (to the greatest extent possible), to find innovative, accessible and safe solutions to accommodate visitors and/or socialization for residents. This may include leveraging available technology to assist residents to keep in touch with their friends, families and loved ones.
- As an added challenge, virtual and distance mechanisms are not always well used by those who live in these settings, so accessibility of technology (e.g., iPads or computers), may be challenging and will typically require the support of staff in the site to facilitate. Additional considerations must be given to support people with cognitive impairment, including the role of designated essential visitors, to maintain continuity of routine.

### Residents Living with Cognitive Impairments

- Residents living with cognitive impairments need additional considerations to maintain their safety and quality of life.
  - Residents may need frequent reminders about hand hygiene, physical distancing, and other public health measures.
    - Keep information and instructions simple and repeatable.
  - Residents may not be able to volunteer or articulate symptoms of COVID-19 or other illness, staff should monitor the residents for any signs of illness, including any changes to the residents' routines, reactions and abilities (change itself may be an early sign, possibly indicative of symptoms of COVID-19 or another illness).
  - Attempts should be made to provide routine activities to help minimize emotional and behavioural distress, including increased anxiety, and confusion.
  - Ensuring access to, and relaying information through, a trusted and familiar source (family or friends) can help minimize anxiety and confusion. Residents may need help

(similar to those with physical disabilities) to access phone calls and other technology to maintain communication with family and friends.

- Recognize that residents' ability to interpret the environment, as well as their own histories, may mean that they have different reactions than others without cognitive impairments. For example, residents may become worried or confused by, or be afraid, when they see staff wearing masks and/or full PPE. They may also resist wearing surgical/procedure masks, even if required. Staff must make every effort to appropriately ensure the safety of themselves and the resident in these scenarios and respond in an acceptable and supportive manner.

### Staff Wellbeing

- Workers in licensed supportive living and long-term care settings are facing unique and additional challenges during the COVID-19 pandemic, including having to:
  - Quickly learn and implement new guidelines and expectations arising from a new disease where expectations change as new learning occurs
  - Deal with death of residents with increasing frequency, in some locations;
  - Be the front-line face of restrictions to resident movement and activity, as well as family and other visitors;
  - Even more than normal, compensate for changes in workforce demands and make difficult decisions; and
  - Manage competing demands with personal caring responsibilities.
- Operators should regularly reinforce directly to their staff that staff wellbeing is a priority and implement positive work environment organizational policies and processes to address wellbeing at work. Minimally, this may include:
  - Ensure all staff are aware of any new or updated policies, procedures, regulations or guidelines.
  - Regular one-on-one and team check-ins (virtually wherever possible) to maintain connections and share resources and support, which may include organizational resources and additional resources (see below).
    - Continue to talk to and listen to employees concerns and fears and collaborate with them to identify and implement (or connect them to) individual or group supports.
    - Highlight any counselling or mental health supports that may exist in employee benefits or group health plans.
    - Create tip sheets for employees highlighting new processes in place, host webinars, or place videos on websites to help staff.
    - Recognize the need for changes to adapt to ever-changing situations and encourage staff and leaders to be innovative in creating ways to help staff engage, discuss feelings and needs and develop strategies for managing these in the new workplace.
    - If they do not already exist, create opportunities for staff to individually or anonymously express concerns or needs.
    - Check with governing bodies (e.g. College and Association of Licensed Practical Nurses) or relevant associations (e.g. Allied Beauty Association) for particular industry guidelines and resources in addition to provincial guidance.

- Encourage employees to safely connect with their friends, family and supports to stay connected.
  - Ensure staff have a path to give feedback and make suggestions.
  - Ensure staff have opportunities to participate in formal meetings about resident care or site operations as relevant.
  - Ensure communication lines are open amongst and between teams and from organizational and site leadership to management and front-line staff.
    - Staff should be provided with weekly, or biweekly as relevant, updates with accurate information and know who to contact with questions.
  - All stress is valid. Efforts must be taken by both staff members and the operator to address workplace stress the moment it is identified.
- Resources:
  - Check [Workplace Guidelines for Business Owners](#) on the Government of Alberta website
  - Visit [Alberta Biz-Connect](#) for businesses preparing to reopen as part of Alberta's relaunch strategies for resources to help keep you, your staff and your customers safe
  - The [Canadian Mental Health Association](#) offers tips for employers to consider and [staying well in uncertain times](#)
  - The [Conference Board of Canada](#) offers videos on reducing mental fatigue and mentally preparing to return to work
  - The [Public Health Agency of Canada](#) offers tips and resources for taking care of your mental health during COVID
  - The [Centre for Addiction and Mental Health](#) offers information, coping strategies and assessment tools
  - Consider offering training and educational opportunities such as:
    - [Canadian Red Cross' Psychological First Aid](#)
    - [Mental Health Commission of Canada's Mental Health First Aid](#)
    - [Mental Health Commission of Canada Crisis Response Virtual Training](#)
    - [Canadian Mental Health Association](#)
  - Alberta Health Services [Help in Tough Times](#) webpage offers links to supports and resources
  - 24-hour help lines:
    - Mental Health Help Line at [1-877-303-2642](#)
    - Addiction Help Line at [1-866-332-2322](#)
    - Suicide Prevention Service at [1-833-456-4566](#)
    - [Crisis Text Line Alberta](#)



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**Document:** Appendix B to Record of Decision – CMOH Order 23-2020

**Subject:** COVID-19 Questionnaires for Licensed Supportive Living and Long-Term Care under Record of Decision – CMOH Order 23-2020.

**Date Issued:** May 25, 2020

**Scope of Application:** As per Record of Decision – CMOH Order 23-2020

**Distribution:** All licensed supportive living (including group homes and lodges and long-term care (nursing homes and auxiliary hospitals)).

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New Content
COVID-19 Resident Screening (page 38) <ul style="list-style-type: none"><li>Added additional screening questions 2, 3 and 4.</li></ul>
Clarifying Content
COVID-19 Staff Screening (page 39) <ul style="list-style-type: none"><li>Revision made to screening question 2 to add that traveler must be symptomatic</li></ul>
COVID-19 Visitor Screening (page 40) <ul style="list-style-type: none"><li>Revision made to screening question 2 to add that traveler must be symptomatic</li></ul>



## Appendix B

### COVID-19 Resident Screening<sup>14</sup>

1.	Do you have any of the below symptoms:		
	• Fever (37.8°C or higher)	YES	NO
	• Any <b>new</b> or <b>worsening</b> respiratory symptoms:		
	○ Cough	YES	NO
	○ Shortness of breath/difficulty breathing	YES	NO
	○ Runny nose or sneezing	YES	NO
	○ Nasal congestion/ Stuffy Nose	YES	NO
	○ Hoarse voice	YES	NO
	○ Sore Throat/Painful Swallowing	YES	NO
	○ Difficulty Swallowing	YES	NO
	• Any <b>new</b> symptoms including but not limited to:		
	○ Chills	YES	NO
	○ Muscle/Joint Aches	YES	NO
	○ Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite	YES	NO
	○ Feeling Unwell/Fatigue/Severe Exhaustion	YES	NO
	○ Headache	YES	NO
	○ Loss of Sense of Smell or Taste	YES	NO
	○ Conjunctivitis (commonly known as pink eye)	YES	NO
	○ Altered Mental Status	YES	NO
2.	Have you travelled outside of Canada in the last 14 days OR have you had close contact with anyone showing symptoms who has travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact (face-to-face contact within 2 metres/6 feet) with someone who is ill with cough and/or fever <b>in the last 14 days</b> <b>without</b> the use of appropriate PPE?	YES	NO
4.	Have you had close contact (face-to-face contact within 2 metres/6 feet) <b>in the last 14 days</b> with someone who is being investigated or confirmed to be a case of COVID-19 <b>without</b> the use of appropriate PPE?	YES	NO

If a **resident** answers YES to any of the screening questions, the individual must immediately be given a procedure/surgical mask, isolated in their room, or an available isolation room and should be asked to consent to **testing** for COVID-19. **Note:** If you have a **fever, cough, shortness of breath, runny nose or sore throat**, you are legally required to isolate for at least 10 days from the start of your symptoms or until they resolve, whichever is longer.

<sup>14</sup> 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).

## COVID-19 Staff Screening<sup>15</sup>

1.	Do you have any of the below symptoms:		
	• Fever ( <b>38.0°C</b> or higher) or chills	<b>YES</b>	<b>NO</b>
	• Any <b>new</b> or <b>worsening</b> symptoms :		
	○ Cough	<b>YES</b>	<b>NO</b>
	○ Shortness of Breath/Difficulty breathing	<b>YES</b>	<b>NO</b>
	○ Sore throat/Painful Swallowing	<b>YES</b>	<b>NO</b>
	○ Stuffy/Runny nose	<b>YES</b>	<b>NO</b>
	○ Headache	<b>YES</b>	<b>NO</b>
	○ Muscle/Joint Ache	<b>YES</b>	<b>NO</b>
	○ Feeling Unwell /Fatigue/Severe Exhaustion	<b>YES</b>	<b>NO</b>
	○ Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite	<b>YES</b>	<b>NO</b>
	○ Loss of Sense of Smell or Taste	<b>YES</b>	<b>NO</b>
	○ Conjunctivitis (commonly known as pink eye)	<b>YES</b>	<b>NO</b>
2.	Have you travelled outside of Canada in the last 14 days OR have you had close contact with anyone showing symptoms who has travelled outside of Canada in the last 14 days?	<b>YES</b>	<b>NO</b>
3.	Have you had close contact (face-to-face contact within 2 metres/6 feet) with someone who is ill with cough and/or fever <b>in the last 14 days without</b> the use of appropriate PPE?	<b>YES</b>	<b>NO</b>
4.	Have you had close contact (face-to-face contact within 2 metres/6 feet) <b>in the last 14 days</b> with someone who is being investigated or confirmed to be a case of COVID-19 <b>without</b> the use of appropriate PPE?	<b>YES</b>	<b>NO</b>
5.	Have you had lab exposure to biological material known to contain COVID-19?	<b>YES</b>	<b>NO</b>

If any **staff** answers **YES** to any of the screening questions, they will not be permitted to enter the facility and should be directed to complete the [AHS online assessment tool for staff](#) to determine if they require testing.

Note: If you have a **fever, cough, shortness of breath, runny nose** or **sore throat**, you are [legally required to isolate for at least 10 days](#) from the start of your symptoms or until they resolve, whichever is longer.

The only exception to staff being screened is in the case of an emergency where the stopping to be screened would negatively affect the reason for their entry (fire, police, medical emergency).

<sup>15</sup> 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).

## COVID-19 Visitor Screening<sup>16</sup>

1.	Do you have any of the below symptoms:		
	• Fever ( <b>38.0°C</b> or higher) or chills	<b>YES</b>	<b>NO</b>
	• Any <b>new</b> or <b>worsening</b> symptoms:		
	○ Cough	<b>YES</b>	<b>NO</b>
	○ Shortness of Breath/Difficulty breathing	<b>YES</b>	<b>NO</b>
	○ Sore throat/Painful Swallowing	<b>YES</b>	<b>NO</b>
	○ Stuffy/Runny nose	<b>YES</b>	<b>NO</b>
	○ Headache	<b>YES</b>	<b>NO</b>
	○ Muscle/Joint Ache	<b>YES</b>	<b>NO</b>
	○ Feeling Unwell /Fatigue/Severe Exhaustion	<b>YES</b>	<b>NO</b>
	○ Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite	<b>YES</b>	<b>NO</b>
	○ Loss of Sense of Smell or Taste	<b>YES</b>	<b>NO</b>
	○ Conjunctivitis (commonly known as pink eye)	<b>YES</b>	<b>NO</b>
2.	Have you travelled outside of Canada in the last 14 days OR have you had close contact with anyone showing symptoms who has travelled outside of Canada in the last 14 days?	<b>YES</b>	<b>NO</b>
3.	Have you had close contact (face-to-face contact within 2 metres/6 feet) with someone who is ill with cough and/or fever <b>in the last 14 days without</b> the use of appropriate PPE?	<b>YES</b>	<b>NO</b>
4.	Have you had close contact (face-to-face contact within 2 metres/6 feet) <b>in the last 14 days</b> with someone who is being investigated or confirmed to be a case of COVID-19 <b>without</b> the use of appropriate PPE?	<b>YES</b>	<b>NO</b>

If any visitor answers **YES** to any of the screening questions, they will not be permitted to enter the facility.

Visitors must be directed to self-isolate and complete the [AHS online assessment tool](#) to arrange for testing

Note: If you have a **fever, cough, shortness of breath, runny nose** or **sore throat**, you are [legally required to isolate for at least 10 days](#) from the start of your symptoms or until they resolve, whichever is longer.

<sup>16</sup> 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).

**RECORD OF DECISION – CMOH Order 25-2020 which rescinds CMOH Orders 01-2020, 02-2020, 07-2020, 15-2020, 16-2020, 17-2020, 18-2020, 19-2020, 20-2020 and 24-2020**

**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:


- (a) Record of Decision – CMOH Order 01-2020 on March 16, 2020;
- (b) Record of Decision – CMOH Order 02-2020 on March 17, 2020;
- (c) Record of Decision – CMOH Order 07-2020 on March 27, 2020;
- (d) Record of Decision – CMOH Order 15-2020 on May 1, 2020;
- (e) Record of Decision – CMOH Order 16-2020 on May 3, 2020;
- (f) Record of Decision – CMOH Order 17-2020 on May 5, 2020;
- (g) Record of Decision – CMOH Order 18-2020 on May 14, 2020;
- (h) Record of Decision – CMOH Order 19-2020 on May 14, 2020;
- (i) Record of Decision – CMOH Order 20-2020 on May 15, 2020; and
- (j) Record of Decision – CMOH Order 24-2020 on May 27, 2020.

Whereas having determined that it is possible to permit Albertans to attend certain locations or places and engage in certain activities where the risk of COVID-19 transmission can be mitigated if persons adhere to public health measures and guidelines, I hereby make the following Order which rescinds Record of Decision – CMOH Order 01-2020, 02-2020, 07-2020, 15-2020, 16-2020, 17-2020, 18-2020, 19-2020, 20-2020 and 24-2020:

1. This Order is effective June 12, 2020 and applies throughout the Province of Alberta.
2. A person may attend a location where any business or entity is operating, except a business or entity that is listed or described in section 3 of this Order.
3. An operator of an indoor children's play centre, an amusement park or a nightclub must ensure that their place of business or entity is closed to the public.

4. An operator of a place of worship, an operator of a school and an operator of a business or entity other than a business or entity listed or described in section 3 of this Order must:
  - (a) implement practices to minimize the risk of transmission of infection among persons working at or attending the place of worship, business, entity or school;
  - (b) provide procedures for rapid response if a person develops symptoms of illness while working at or attending the place of worship, business, entity or school;
  - (c) ensure that persons working at or attending the place of worship, business, entity or school maintain high levels of sanitation and personal hygiene;
  - (d) comply, to the extent possible, with any applicable Alberta Health guidance found at: <https://www.alberta.ca/biz-connect.aspx>.
5. Notwithstanding anything in this Order, the Chief Medical Officer of Health may exempt a person or a class of persons from the application of this Order.
6. This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 12 day of June, 2020.

  
Deena Hinshaw, MD  
Chief Medical Officer of Health

# CORONAVIRUS DISEASE (COVID-19)

You may have come in contact with the virus that causes COVID-19

## MANDATORY QUARANTINE

The Government of Canada has put in place emergency measures to slow the introduction and spread of COVID-19 in Canada. You **MUST QUARANTINE for 14 days and monitor yourself for symptoms** subject to the *Minimizing the Risk of Exposure to COVID-19 in Canada Order (Mandatory Isolation) No. 2*.

Your compliance with this Order is subject to monitoring, verification and enforcement. Those in violation may face detention in a quarantine facility as well as fines and/or imprisonment.

## YOU MUST QUARANTINE WITHOUT DELAY

- ▶ **Go directly to your place of quarantine** without delay and stay there for 14 days from the date you arrived in Canada, or longer if you develop signs and symptoms of COVID-19, or have been exposed to another person subject to the Order who has signs and symptoms of COVID-19.
- ▶ **Do not quarantine** in a place where you have contact **with vulnerable individuals**, including those who have an underlying medical condition, compromised immune system from a medical condition or treatment, or are 65 years of age or older.
- ▶ Ensure you have a **suitable place of quarantine** that has the necessities of life.
- ▶ Ensure you **wear an appropriate mask or face covering**, especially while in transit.
- ▶ **Practise physical distancing** at all times.
- ▶ **Use private transportation** such as a private vehicle if possible.
- ▶ **Do not make any unnecessary stops** on your way to your place of quarantine.
- ▶ **Avoid contact with others** while in transit:
  - Remain in the vehicle as much as possible;
  - Avoid staying at a hotel;
  - If you need gas, pay at the pump;
  - If you need food, use a drive through;
  - If you need to use a rest area, put on your mask and be mindful of physical distancing and good hygiene practices.

## SOME PROVINCES AND TERRITORIES HAVE ADDITIONAL TRAVEL RESTRICTIONS

(For example no non-essential travel into the province, limited access to certain regions within the province, etc.).

Please refer to provincial or territorial websites on the back of this handout for more information.

## YOU MUST MONITOR YOUR HEALTH FOR 14 DAYS

FEVER



COUGH



DIFFICULTY  
BREATHING



If you start having symptoms of COVID-19 (cough, shortness of breath, or fever equal to or greater than 38°C, or signs of fever e.g. shivering, flushed skin, excessive sweating):

- ▶ Isolate yourself from others.
- ▶ Immediately call the public health authority and describe your symptoms and travel history, and follow their instructions.



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

Canada

## WHILE IN QUARANTINE

### It is important that you:

- ▶ **Wash your hands often** with soap and warm water for at least 20 seconds, or if not available, use an alcohol-based hand sanitizer containing at least 60% alcohol.
- ▶ **Avoid touching your face.**
- ▶ **Cover your mouth and nose** with your arm when coughing or sneezing.
- ▶ **Limit contact with others** within the place of quarantine, including children and those who have not travelled nor been exposed to the virus.

### You MUST:

- ▶ **Stay at** your place of quarantine.
- ▶ **Not leave** your place of quarantine unless it is to seek medical attention.
- ▶ **Not use public transportation** (e.g. buses, taxis).
- ▶ **Not have visitors.**
- ▶ **Not go to school, work or any other public areas.**
- ▶ **Arrange for the necessities of life** (e.g. food, medications, cleaning supplies) to be delivered to your place of quarantine.

Follow the instructions provided and online:

[www.canada.ca/en/public-health/services/publications/diseases-conditions/coronavirus-disease-covid-19-how-to-self-isolate-home-exposed-no-symptoms.html](http://www.canada.ca/en/public-health/services/publications/diseases-conditions/coronavirus-disease-covid-19-how-to-self-isolate-home-exposed-no-symptoms.html)

## PUBLIC HEALTH AUTHORITIES

PROVINCES AND TERRITORIES	TELEPHONE NUMBER	WEBSITE
British Columbia	811	<a href="http://www.bccdc.ca/covid19">www.bccdc.ca/covid19</a>
Alberta	811	<a href="http://www.myhealth.alberta.ca">www.myhealth.alberta.ca</a>
Saskatchewan	811	<a href="http://www.saskhealthauthority.ca">www.saskhealthauthority.ca</a>
Manitoba	1-888-315-9257	<a href="http://www.manitoba.ca/covid19">www.manitoba.ca/covid19</a>
Ontario	1-866-797-0000	<a href="http://www.ontario.ca/coronavirus">www.ontario.ca/coronavirus</a>
Quebec	1-877-644-4545	<a href="http://www.quebec.ca/en/coronavirus">www.quebec.ca/en/coronavirus</a>
New Brunswick	811	<a href="http://www.gnb.ca/publichealth">www.gnb.ca/publichealth</a>
Nova Scotia	811	<a href="http://www.nshealth.ca/public-health">www.nshealth.ca/public-health</a>
Prince Edward Island	811	<a href="http://www.princeedwardisland.ca/covid19">www.princeedwardisland.ca/covid19</a>
Newfoundland and Labrador	811 or 1-888-709-2929	<a href="http://www.gov.nl.ca/covid-19">www.gov.nl.ca/covid-19</a>
Nunavut	1-867-975-5772	<a href="http://www.gov.nu.ca/health">www.gov.nu.ca/health</a>
Northwest Territories	811	<a href="http://www.hss.gov.nt.ca">www.hss.gov.nt.ca</a>
Yukon	811	<a href="http://www.yukon.ca/covid-19">www.yukon.ca/covid-19</a>

## FOR MORE INFORMATION:



1-833-784-4397



[canada.ca/coronavirus](http://canada.ca/coronavirus)



# CORONAVIRUS DISEASE (COVID-19)

You have symptoms that may be due to COVID-19

## MANDATORY ISOLATION

The Government of Canada has put in place emergency measures to slow the introduction and spread of COVID-19 in Canada. You **MUST ISOLATE for 14 days and monitor yourself for symptoms** subject to the *Minimizing the Risk of Exposure to COVID-19 in Canada Order (Mandatory Isolation) No. 2*.

Your compliance with this Order is subject to monitoring, verification and enforcement. Those in violation may face detention in a quarantine facility as well as fines and/or imprisonment.

## YOU MUST ISOLATE WITHOUT DELAY

- ▶ **Go directly to the place where you will isolate** without delay, and stay there for 14 days from the date you arrive in Canada.
- ▶ **Do not isolate** in a place where you have contact with **vulnerable individuals**, including those who have an underlying medical condition, compromised immune system from a medical condition or treatment, or are 65 years of age or older.
- ▶ **Ensure** you have a suitable place of isolation that has the **necessities** of life.
- ▶ Ensure you **wear an appropriate mask or face covering**, especially while in transit.
- ▶ **Practise physical distancing** at all times.
- ▶ **Do not take public transport.** Use private transportation only, such as your private vehicle.
- ▶ **Avoid contact with others** while in transit and do not make any unnecessary stops:
  - Remain in the vehicle as much as possible;
  - Do not stay at a hotel;
  - If you need gas, pay at the pump;
  - If you need food, use a drive through;
  - If you need to use a rest area, put on your mask and be mindful of physical distancing and good hygiene practices.

## SOME PROVINCES AND TERRITORIES HAVE ADDITIONAL TRAVEL RESTRICTIONS

(For example no non-essential travel into the province, limited access to certain regions within the province, etc.).

Please refer to provincial or territorial websites on the back of this handout for more information.

## YOU MUST CONTINUE TO MONITOR YOUR HEALTH FOR:



FEVER



COUGH



DIFFICULTY BREATHING

If your symptoms get worse (cough, shortness of breath, or fever equal to or greater than 38°C, or signs of fever e.g. shivering, flushed skin, excessive sweating), immediately call the public health authority and describe your symptoms and travel history, and follow their instructions.



## WHILE IN ISOLATION

### It is important that you:

- ▶ **Wash your hands often** with soap and warm water for at least 20 seconds, or if not available, use an alcohol-based hand sanitizer containing at least 60% alcohol.
- ▶ **Avoid touching your face.**
- ▶ **Cover your mouth and nose** with your arm when coughing or sneezing.
- ▶ **Limit contact with others** within the place of isolation, including children and those who have not travelled nor been exposed to the virus.

### You MUST:

- ▶ **Stay inside** of your place of isolation.
- ▶ **Not leave** your place of isolation unless it is to seek medical attention.
- ▶ **Not use public transportation** (e.g. buses, taxis).
- ▶ **Not have visitors.**
- ▶ **Not go to school, work or any other public areas.**
- ▶ **Arrange for the necessities of life** (e.g. food, medications, cleaning supplies) to be delivered to your place of isolation.

Follow the instructions provided and online:

[www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-how-to-isolate-at-home.html](http://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-how-to-isolate-at-home.html)

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Nunavut	1-867-975-5772	<a href="http://www.gov.nu.ca/health">www.gov.nu.ca/health</a>
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Yukon	811	<a href="http://www.yukon.ca/covid-19">www.yukon.ca/covid-19</a>

## FOR MORE INFORMATION:



1-833-784-4397



[canada.ca/coronavirus](https://canada.ca/coronavirus)

# 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.

## 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:

- ▶ stay home (**isolate**) 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 your **local public health authority**
  - tell them your symptoms and follow their instructions
- ▶ if you need immediate medical attention, call 911 and tell them your symptoms

## SYMPTOMS

**Symptoms** may be very mild or more serious.

Symptoms may take up to 14 days to appear after exposure to the virus. The most common symptoms include:



FEVER



COUGH



DIFFICULTY BREATHING

## PREVENTION

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

- ▶ practice **physical distancing** at all times
- ▶ stay home if you are sick to avoid spreading illness to others
- ▶ 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 toys, electronic devices and doorknobs
- ▶ wear a **non-medical mask or face covering** (i.e. **constructed** to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) to protect the people and surfaces around you

**FOR MORE INFORMATION ON CORONAVIRUS:**

 1-833-784-4397

 [@canada.ca/coronavirus](https://canada.ca/coronavirus)



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# PREVENT THE SPREAD OF CORONAVIRUS

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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.

Whether you have symptoms or not...

# You are eligible for COVID-19 testing.

Free of charge, and available via  
appointment easily booked online.

Visit [www.ahs.ca/covid](http://www.ahs.ca/covid) today, to  
do your online assessment and  
book in for testing.

Testing is an important part of  
the effort to contain COVID-19 in  
Alberta, and will provide a clearer picture of how well public health  
measures are working to contain COVID-19. This information is  
important to help guide further progress in Alberta's relaunch.

If internet is not available to you, you can instead call 811 and  
staff will book a test appointment for you.



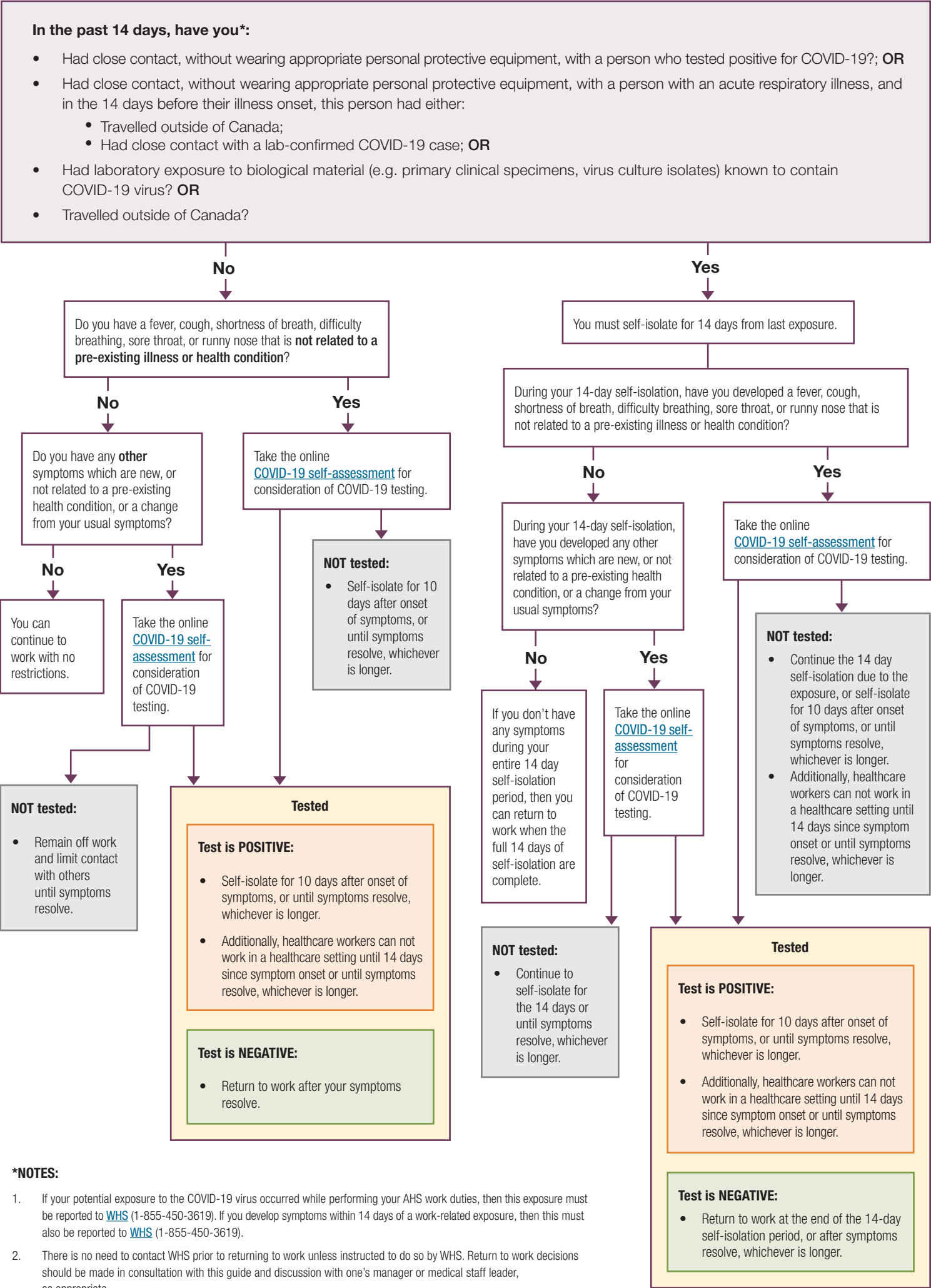
Learn more and book your testing today at [www.ahs.ca/covid](http://www.ahs.ca/covid).



# COVID-19 Return to Work Guide For Healthcare Workers

## Decision Chart

For more information, see the [COVID-19 Return to Work Guide for Healthcare Workers](#) ▶



**COVID-19 INFORMATION**

# **HELP RELAUNCH, SAFELY**

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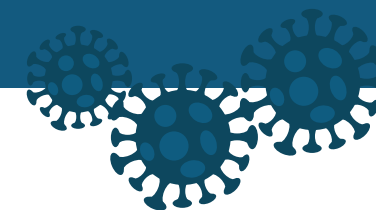
**Prevention starts with awareness.  
Be informed on how you can protect  
yourself and others from COVID-19:**

- Isolate if you're feeling sick
- When out, maintain physical distancing of 2 metres
- Wash your hands frequently for at least 20 seconds with warm water and soap
- Cover coughs and sneezes and stay home if you are sick
- Avoid touching your face
- Wear a mask in public places where keeping a distance of 2 metres is difficult

**[alberta.ca/covid19](https://alberta.ca/covid19)**

*Alberta* 





# REDUCE THE SPREAD OF COVID-19.

## WASH YOUR HANDS.



1

Wet hands with  
warm water



2

Apply soap



3

For at least 20  
seconds, make  
sure to wash:



4

Rinse well



5

Dry hands well  
with paper towel



6

Turn off tap using  
paper towel



palm and back  
of each hand



between fingers



under nails



thumbs

 1-833-784-4397

 [@canada.ca/coronavirus](https://canada.ca/coronavirus)

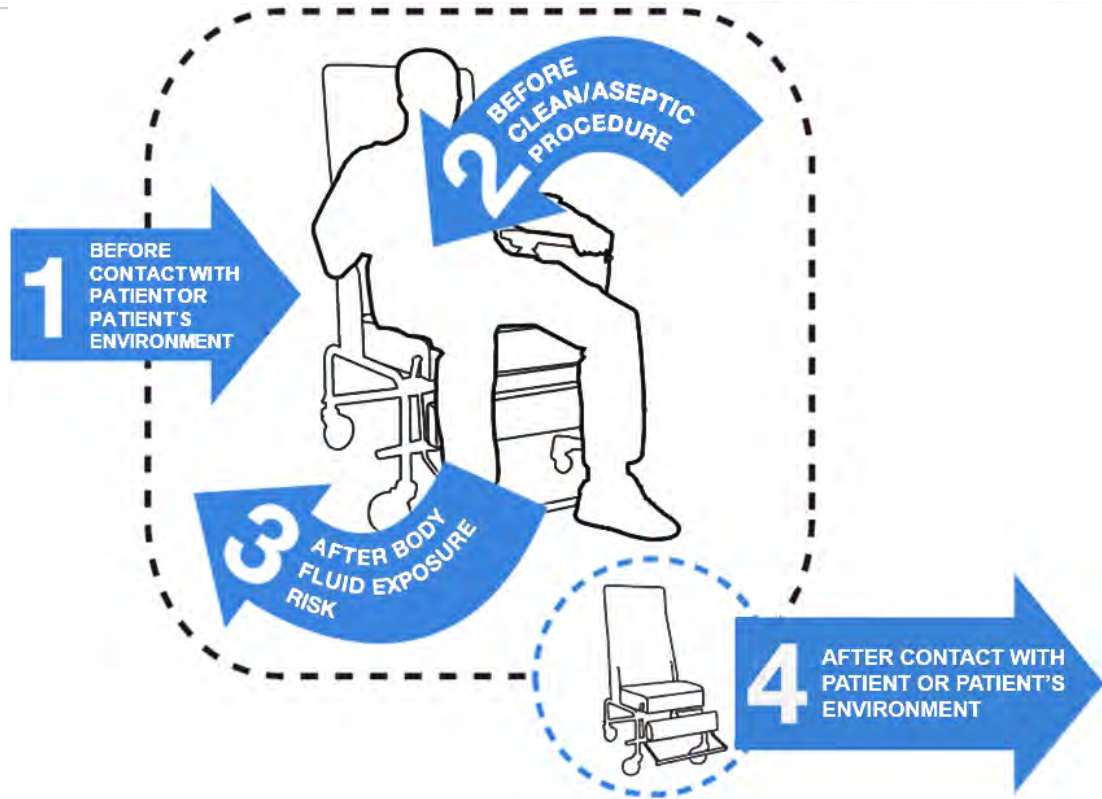


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# Your 4 Moments for Hand Hygiene

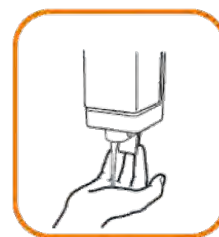


1	<b>BEFORE</b> contact with patient/patient's environment	<b>Why?</b> To protect the patient against harmful germs carried on your hands <b>Example:</b> Before providing patient care
2	<b>BEFORE</b> clean/aseptic procedure	<b>Why?</b> To protect the patient against harmful germs from entering their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

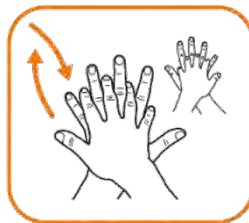
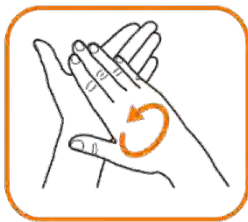
# How to Use Alcohol-based Hand Rub

© 2019 Alberta Health Services

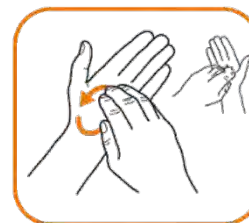
If you have any questions or comments regarding this information please contact the Infection Prevention & Control Hand Hygiene Program at: [Hand.Hygiene@ahs.ca](mailto:Hand.Hygiene@ahs.ca)



- 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.

# HOW TO SAFELY USE A NON-MEDICAL MASK OR FACE COVERING

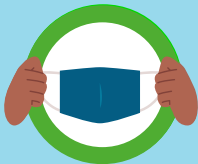
## DO'S



**DO** wear a non-medical mask or face covering to protect others.



**DO** ensure the mask is made of at least two layers of tightly woven fabric.



**DO** inspect the mask for tears or holes.



**DO** ensure the mask or face covering is clean and dry.



**DO** wash your hands or use alcohol-based hand sanitizer before and after touching the mask or face covering.



**DO** use the ear loops or ties to put on and remove the mask.



**DO** ensure your nose and mouth are fully covered.



**DO** replace and launder your mask whenever it becomes damp or dirty.



**DO** wash your mask with hot, soapy water and let it dry completely before wearing it again.



**DO** store reusable masks in a clean paper bag until you wear it again.



**DO** discard masks that cannot be washed in a plastic-lined garbage bin after use.

## DO YOUR PART.

Wear a non-medical mask or face covering to protect others when you can't maintain a 2-metre distance.

### NON-MEDICAL MASKS ARE NOT RECOMMENDED FOR:

- People who suffer from an illness or disabilities that make it difficult to put on or take off a mask
- Those who have difficulty breathing
- Children under the age of 2

## DON'T JUDGE OTHERS FOR NOT WEARING A MASK.

Kindness is important as some people may not be able to wear a mask or face covering.

## DON'TS



**DON'T** reuse masks that are moist, dirty or damaged.



**DON'T** wear a loose mask.



**DON'T** touch the mask while wearing it.



**DON'T** remove the mask to talk to someone.



**DON'T** hang the mask from your neck or ears.



**DON'T** share your mask.



**DON'T** leave your used mask within the reach of others.

**REMEMBER**, wearing a non-medical mask or face covering alone will not prevent the spread of COVID-19. You must also wash your hands often, practise physical distancing and stay home if you are sick.





# 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.





# PPE Use Guidelines



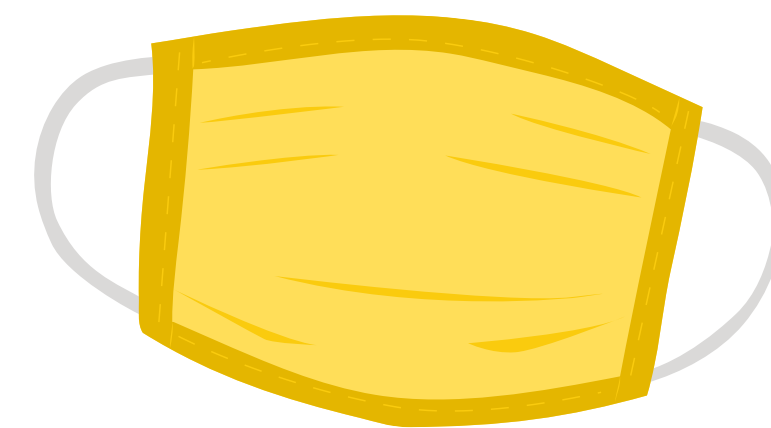
Gloves: Wear as needed when contact is expected with a contaminated surface.

Don and doff PPE in sequence as per AHS instruction.

## Yellow Level: Continuous Masking

All congregate living sites.

- Non-congregate sites with many visitors
- Persons who are self-isolating when outside of their isolation space



## Orange Level: Continuous Masking & Eye Pro/Visor



When physical distancing is impossible.

When interacting with a person with suspected or confirmed COVID-19, unless separated by a physical barrier (ie: a door).

## Blue Level: Full PPE Mask, Eye Pro/Visor, Gown, Gloves

When providing direct care to a person with suspected or confirmed COVID-19, within 6 feet.

- Entering into a self-isolation room/space
- Exposure to blood or bodily fluids
- Cleaning/disinfecting places or items used by that person



# 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.

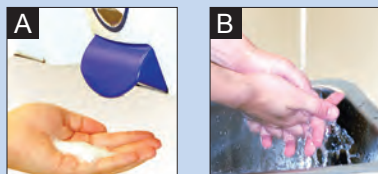
**Clean** hands with alcohol-based hand rub or soap and water.

**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.

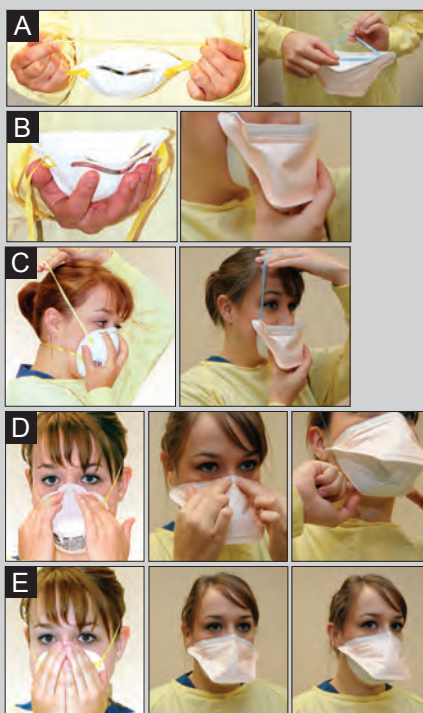


## 3b N95 respirator

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



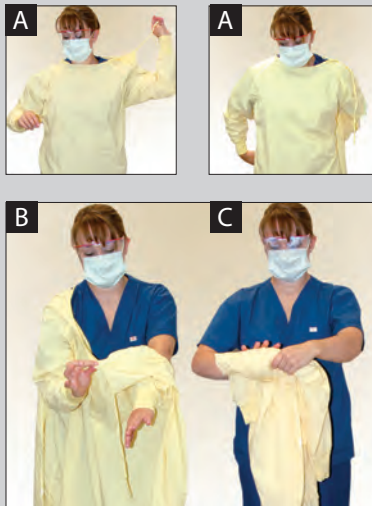
- A** Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.
- ◆ Hold the glove in the opposite gloved hand.
- B** Slide an ungloved finger or thumb under the wrist of the remaining glove.
- C** Peel the glove off and over the first glove, making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



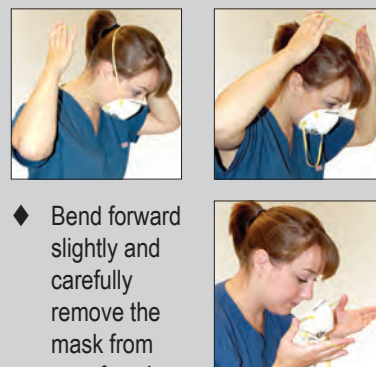
- ◆ **Clean your hands.** (See No. 2)
- ◆ Exit the patient room, close the door and **clean your hands** again.

## 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)

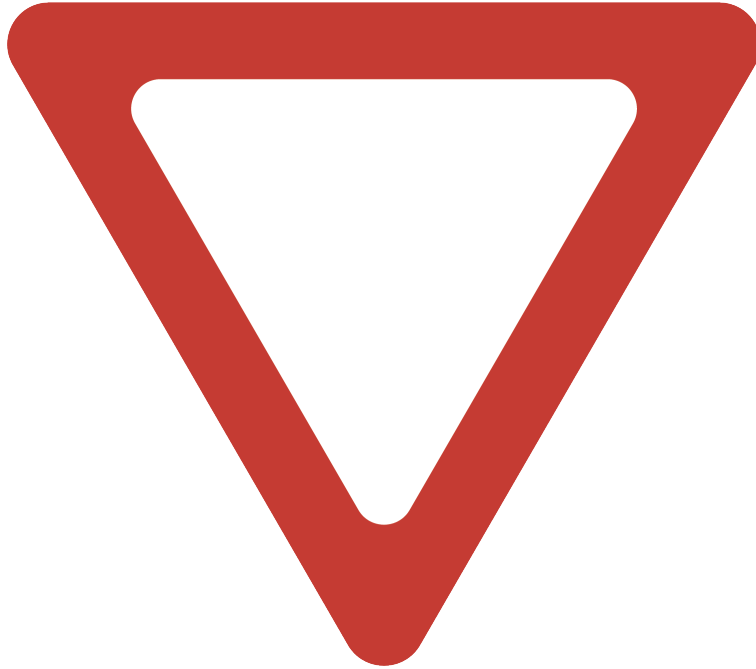
# PPE Checklist

## Contact and Droplet Precautions

Steps for putting on PPE			Steps for taking off PPE		
<b>1</b>		Clean hands	<b>1</b>		Gloves
<b>2</b>		Gown	<b>2</b>		Clean hands
<b>3</b>		Mask with visor or mask* and eye protection	<b>3</b>		Gown
<b>4</b>		Gloves	<b>4</b>		Clean hands
			<b>5</b>		Mask with visor or mask and eye protection
			<b>6</b>		Hand sanitizer or soap and water

\*For [Aerosol-generating medical procedures](#) use fit-tested N95 respirator instead of surgical/procedure mask

# COVID-19



**VISITING RULES HAVE CHANGED  
ALL VISITS MUST BE BOOKED  
IN ADVANCE**

Please call

@

to arrange & learn details

## Daily Fit for Work or Visitor Screening Questionnaire

We require you to fill out the below questionnaire to assist in determining your fitness to work or visitation during the COVID-19 pandemic to provide a safe environment for staff, physicians, contractors, patients and families.

The information in this questionnaire is collected under the authority of FOIP section 33 (c) and will be used and disclosed solely for the purposes of determining fitness for work or visitation during the COVID-19 pandemic.

You must follow hand hygiene protocols and remember to clean your keys, phone, computers and other personal items.

The questionnaire only relates to **new** symptoms or a **worsening** of symptoms related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies can still go to work or visit.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Risk Assessment: Screening Questions

1.	Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever, cough, shortness of breath, difficulty breathing, sore throat, and/or runny nose?	Yes	No
2.	Have you returned to Canada from outside the country (including USA) in the past 14 days?	Yes	No
<b>In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:</b>			
3.	Did you have close contact* with a person who has a probable** or confirmed case of COVID-19?	Yes	No
4.	Did you have close contact* with a person who had an acute respiratory illness that started within 14 days of their close contact* to someone with a probable** or confirmed case of COVID-19?	Yes	No
5.	Did you have close contact* with a person who had an acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick?	Yes	No
6.	Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?	Yes	No

**If you answer “YES” to any of the above, you are not permitted to attend work or visit at this time and you must self-isolate.** Complete the [Self-Assessment Tool](#) at [ahs.ca/covid](https://ahs.ca/covid) to determine your need for COVID-19 testing. Healthcare workers, please inform **ALL** managers/leads you report to.

**If you answer “NO” to all of the above, you can proceed to work or with your visit.** If you develop any of the above symptoms, please complete a new questionnaire. **Note:** If you have any other symptoms which are new or a change from your usual symptoms, then you should stay home and minimize contact with others until you are feeling better. Complete the [Self-Assessment Tool](#) to determine your need for COVID-19 testing.

\*Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended [personal protective equipment](#).

\*\*Probable case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate [personal protective equipment](#), OR a person with clinical illness who meets the COVID-19 exposure criteria, AND in whom laboratory diagnosis of COVID-19 is inconclusive. *Clinical illness* of a probable case is new onset/exacerbation of following symptoms: fever (over 38 degrees Celsius), cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose. *Exposure criteria* for a probable case is a person who, in the 14 days before onset of illness: had any history of travel outside of Canada; OR had close contact with a confirmed or probable case of COVID-19; OR is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days; OR had a laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

This screening questionnaire must be kept at the site for 14 days at which time it can be destroyed in a confidential manner.

Please note there is a separate [questionnaire](#) for staff and visitors of continuing care facilities.

An online questionnaire tool for staff and physicians is available - visit [ahs.ca/fitforwork](https://ahs.ca/fitforwork).



## Daily Fit for Work or Essential Visitor Screening Questionnaire for Continuing Care

We require you to fill out the below questionnaire to assist in determining your fitness to work or visitation during the COVID-19 pandemic to provide a safe environment for staff, physicians, contractors, patients and families.

As per Chief Medical Officer of Health [Orders](#) and AHS Visitor Policy, staff and designated essential visitors must complete a temperature check and questionnaire prior to entering a long term care, designated supportive living or congregate living facility.

You must follow hand hygiene protocols and remember to clean your keys, phone, computers and other personal items.

All visitors must:

- Be expected by the site by prearranging visits with the facility manager.
- Sign in and out. Document arrival and exit times (if entering the building).
- Complete hand hygiene (wash for 30 sec and/or use hand sanitizer) and wear a mask provided by the site.
- Be escorted by site staff to the Resident's room or to the outdoor space (if not accessible without entry to the building) and remain in the Resident's room or outdoor space. Visitation with other residents is not permitted.

The information in this questionnaire is collected under the authority of FOIP section 33 (c) and will be used and disclosed solely for the purposes of determining fitness for work or visitation during the COVID-19 pandemic.

The questionnaire only relates to **new** symptoms or a **worsening** of symptoms related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies can still go to work or visit.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Risk Assessment: Screening Questions

1.	Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever (over 38° Celsius), chills, cough, shortness of breath/difficulty breathing, sore throat/painful swallowing, stuffy/runny nose, headache, muscle/joint aches, feeling unwell/fatigued/severe exhaustion, nausea/vomiting/diarrhea/unexplained loss of appetite, loss of sense of smell or taste, and/or conjunctivitis (pink eye)?	Yes	No
2.	Have you returned to Canada from outside the country (including USA) in the past 14 days?	Yes	No
<b>In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:</b>			
3.	Did you have close contact* with a person who is being investigated for or has a probable** or confirmed case of COVID-19?	Yes	No
4.	Did you have close contact* with a person who is ill with cough and/or fever?	Yes	No
5.	Did you have close contact* with a person showing symptoms above who returned from travel outside of Canada in the 14 days before they became sick?	Yes	No
6.	Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?	Yes	No

**Please share your completed questionnaire with the screener.**

**If you answer "YES" to any of the above, you are not permitted to attend work or visit at this time and you must complete** the [Self-Assessment Tool](#) at [ahs.ca/covid](https://ahs.ca/covid) to determine your need for self-isolation and COVID-19 testing. Healthcare workers, please inform **ALL** managers/leads you report to.

**If you answer "NO" to all of the above, you can proceed to work or with your visit.** If you develop any of the above symptoms, please complete a new questionnaire. **Note:** If you have any other symptoms which are new or a change from your usual symptoms, then you should stay home and minimize contact with others until you are feeling better. Complete the [Self-Assessment Tool](#) determine your need for COVID-19 testing.

An online questionnaire tool for staff and physicians is now available - visit [ahs.ca/fitforwork](https://ahs.ca/fitforwork).

\*Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended [personal protective equipment](#).

\*\*Probable case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate [personal protective equipment](#), OR a person with clinical illness who meets the COVID-19 exposure criteria, AND in whom laboratory diagnosis of COVID-19 is inconclusive. *Clinical illness* of a probable case is new onset/exacerbation of following symptoms: fever (over 38 degrees Celsius), cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose. *Exposure criteria* for a probable case is a person who, in the 14 days before onset of illness: had any history of travel outside of Canada; OR had close contact with a confirmed or probable case of COVID-19; OR is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days; OR had a laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

This screening questionnaire must be kept at the site for 14 days at which time it can be destroyed in a confidential manner.

## 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:**

		CIRCLE ONE	
1.	Do you/Does the resident have any of the following symptoms:		
	Fever (37.8 degrees Celsius or higher)	YES	NO
	Any <b>new</b> or <b>worsening</b> respiratory symptoms:		
	o Cough	YES	NO
	o Shortness of Breath / Difficulty Breathing	YES	NO
	o Runny Nose or sneezing	YES	NO
	o Nasal congestion/Stuffy Nose	YES	NO
	o Hoarse voice	YES	NO
	o Sore throat/Painful Swallowing	YES	NO
	o Difficulty swallowing	YES	NO
	Any <b>new</b> symptoms including but not limited to:		
	Chills	YES	NO
	Muscle/Joint Aches	YES	NO
	Nausea / Vomiting / Diarrhea / Unexplained Loss of Appetite	YES	NO
	Feeling unwell / Fatigued / Severe Exhaustion	YES	NO
	Headache	YES	NO
	Loss of Sense of Smell or Taste	YES	NO
	Conjunctivitis (commonly known as pink eye)	YES	NO
Altered Mental Status	YES	NO	
2.	Have you travelled outside of Canada in the last 14 days OR have you had close contact with anyone showing symptoms who has travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact (face to face contact within 2 metres/6 feet) with someone who is ill with cough and/or fever <b>in the last 14 days without</b> the use of appropriate PPE?	YES	NO
4.	Have you had close contact (face to face contact within 2 metres/6 feet) <b>in the last 14 days</b> with someone who is being investigated or confirmed to be a case of COVID-19 <b>without</b> the use of appropriate PPE?	YES	NO

If a **resident** answers YES to any of the screening questions, the individual must immediately be given a procedure/surgical mask, isolated in their room, or an available isolation room and should be asked to consent to testing for COVID-19. Note: If you have a fever, cough, shortness of breath, runny nose or sore throat, you are legally required to isolate for at least 10 days from the start of your symptoms or until they resolve, whichever is longer.

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

# Self-care and communication strategies for COVID-19 screening stations

## COVID-19 worker supports

Many things impact our mental health and resiliency. Self-care helps us to recognize our emotions better, show kindness to others, and communicate effectively in difficult times. The strategies in this document can help you communicate safely with people.

**Empathy is communicating the message, “You’re not alone. We are in this together.”**

## Self-care

Self-care is having compassion for yourself and taking actions to reduce stress and improve your wellness. Self-care is important for building resiliency. Consider these self-care strategies:

- **Take a few minutes** to take care of you.
- When you start to feel overwhelmed, take a break.
- Share your feelings with co-workers or your leader after stressful situations.

## Communication strategies

Clients, families and visitors may feel stressed or scared when they arrive at your screening table/area. Unfortunately, you may be required to give them other disappointing information. While we can’t control how people feel, how we speak to them can make a difference.

### Tips for a better encounter

- Be aware of the physical space around you. Know where your exits are. Notice any potential safety hazards.
- Be aware of your body language. Make eye contact with each person. Smile—even if you are wearing a mask.
- Be friendly. Introduce yourself warmly and with confidence.
- Be sensitive. As the first point of contact share information in a kind and compassionate way.
- If there is a concern, ask open-ended questions. (e.g., Can you tell me more about why you are here?)
- Show empathy. Use the scripts below when explaining the COVID safety protocols.



### 3 steps for staying safe:

#### 1. Communicate effectively:

- **Validate** how they are feeling
- **Relate** to what they are experiencing
- **Collaborate** for safety

Review the scripts on the following page.

#### 2. Use a team approach:

- **Know** your role as the screener or a team member.

Review roles in the table on the following page.

#### 3. Call for help if you feel unsafe

## Communication scripts

### Step 1: Validate

"It can be hard not being able to be physically together."  
"This is a challenging time."  
"I understand that the changes can be upsetting."  
"This is really hard. It is okay to feel frustrated."

### Step 2: Relate

"That sounds really difficult. I can see why you're feeling that way."  
"I hear you are feeling \_\_\_\_\_ because \_\_\_\_\_. I'd like to see what we can do to make this easier for you."  
"The [yelling/swearing/etc.] is making it hard for me to assist you, and makes me and others feel unsafe."

### Step 3: Collaborate

"I hear your concerns. Tell me more so I can see if I can assist."  
"When you have stopped [yelling/swearing] and I feel safe to do so, I will continue to assist you with this."  
"Our discussion will go better if we both feel safe and speak calmly, with respect."

## Roles for a team approach

The screener and the team both play important roles in resolving conflict with an upset person.

### If you are the Screener

#### Know what is happening

Notice your emotions. Take breaths to stay calm.  
Be aware of your position and posture.  
Notice changes in the other person's body language, facial expression, words and tone.

#### Take safe action

Act confidently and build rapport.  
Speak calmly with a pleasant tone.  
Maintain eye contact and listen actively.

#### Use the scripts above to show empathy.

Reinforce safety protocols in a respectful way.  
Be aware of and share other visitation options.  
Seek answers to questions in a timely manner.  
If the other person is upset, move to a safe area.  
Trust your instincts. Ask for help if you feel unsafe.

### If you are a Team Member

#### Know what is happening

What do you notice about the person's physical and emotional state?  
What do you notice about the safety of the environment? (e.g., tripping hazards, easy access to remove yourself and others)  
Wait for instruction from the screener, being mindful you may be required to take action.

#### Take safe action

Address immediate safety concerns and reduce stimulation by removing chairs, people or objects.  
Stand nearby, within eyesight of your co-worker and the other person, so the speaker knows they are not alone.  
Do not interrupt or try to take over.  
If the other person is upset, help the screener move the conversation to a quiet area or remove others to create space.  
Be familiar with your local emergency response protocol.

**If you need guidance or have any additional concerns, follow up with your leadership.**

## Post-incident self-care strategy:

It is normal to feel some stress and anxiety during and after difficult conversations. It is important to acknowledge these reactions and practice self-care to help cope. Seek support if necessary.

Before going home have a conversation with your fellow team members.

- **Take the time to check in** with each other.
- **Ask:** "How are you after that? Are you doing okay?"
- **Remind** them of the many Resilience, Wellness, and Mental Health Resources available.
- **Remember** you are helping to keep everyone safe. What you do is important. You matter!

## **Guidelines for Continuous Masking and Use of Face Shields 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, 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 12-2020](#) 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 who is 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 for a client on contact and droplet precautions.
  - 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 congregate living units with a COVID-19 outbreak where there is evidence of continued transmission (defined as at least 2 confirmed COVID-19 cases), continuous use of eye protection (e.g. face shields) is recommended for all staff providing direct resident care or working in resident care areas.
  - a. Consult with the Medical Officer of Health or designate, or infection prevention and control (IPC) for facility specific advice:
    - i. if you have suspect or confirmed COVID-19 clients in your facility and there is evidence of transmission despite IPC measures already in place;
    - ii. if you have specific questions about continuous eye protection in relation to outbreak measures already in place; or
    - iii. if you want to confirm the recommended approach for use of continuous eye protection in your setting.

Note: Every scenario is unique and guidance cannot be provided for every possible scenario.



For sites/units not experiencing a COVID-19 outbreak:

Note: For sites/units on outbreak, follow the guidance being provided by IPC/MOH.

3. 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.
  - e. For dementia units and other settings where it is difficult to monitor residents for respiratory symptoms:
    - i. where there is close contact (i.e. within 2 metres) and a likely risk of contamination with, or exposure to, splashes, droplets of blood, or body fluids, eye protection (e.g. face shields) should also be worn.
4. 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.

#### Home Care Staff

5. For Home Care staff in a non-Supportive Living environment (e.g. private home, seniors apartment, condo complex, etc.):
  - a. When able to call ahead prior to providing care, have the client complete the [self-assessment online](#) or ask them the questions over the phone. When the staff member arrives at a client's home or clinic, always do a [point of care risk assessment](#), and ask the self-assessment questions again. All household members must complete the self-assessment prior to providing client care.
    - i. If any individuals are experiencing symptoms, initiate contact and droplet precautions. [Don appropriate PPE](#) for entry to the residence.



- b. For clients not requiring contact and droplet precautions, home care staff should wear a surgical/procedure mask at all times if they are involved in direct client contact and cannot maintain adequate social/physical distancing from residents and co-workers.
  - i. 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 contact and droplet precautions (i.e. suspected or confirmed influenza-like illness or COVID-19).
  - ii. Masks need to be disposed of upon leaving the client's home. Follow procedures to [doff appropriate PPE](#).
- c. Where there is close contact (i.e. within 2 metres) and a likely risk of contamination with, or exposure to, splashes, droplets of blood, or body fluids, eye protection (e.g. face shields) should also be worn. Unless both conditions are being met, face shields are not recommended.
- d. To dispose of appropriate PPE, surgical/procedural masks when completing a home visit:
  - i. When you're calling clients to complete the Pre-Screening, ask them to place a small garbage can by the front door so you can doff and dispose of your PPE safely. Let the client know they'll need to dispose of your PPE/mask.
  - ii. Before you doff your PPE, make sure to ask clients and anyone else in the home to remain 6 feet/2 metres back.
  - ii. Put mask in black garbage bag and dispose of in client's garbage can.
  - iii. If either of these cannot be done, remove PPE once you're outside of the client's home. Dispose of the PPE/masks by double bagging black garbage bags (available in PPE kits or from the supply carts). Further information is available in the [Provincial Guide: Community Based Services Waste Disposal](#).

## QUESTIONS & ANSWERS:

# Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care

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### What are the changes in order 23?

- Amendments to Order 10 include:
  - Updated symptom listing;
  - Additional clarity with respect to resident room cleaning, isolation and testing and admissions;
  - New guidelines for:
    - permitting hair salons to open within these settings,
    - resident access to health professionals; and
    - supporting safe student placements.
  - Updates to resident outings and group/recreational activities increasing the permitted group size up to 15 people from 5; and,
  - Information for operators to support staff wellbeing.

### What happened to order 12?

- Order 12 was not a new order. The amendments as set out in order 12-2020 were consolidated into order 10-2020.
- Order 23-2020 is doing the same thing – repealing and replacing Part 2 of order 10-2020 (as amended by 12-2020) and substituting it with the contents of order 23-2020.
- Order 23-2020 is not a new order, but an amendment to order 10-2020.

### What facilities does this amended order apply to?

- All licensed supportive living (including group homes and lodges) and long-term care (nursing homes and auxiliary hospitals).

### When will these amendments take effect?

- The amendments are effective on date of signing.

### When will the restrictions implemented due to COVID-19 be rescinded entirely?

- This is not something that can be answered right now.
- While the province is moving to implement a relaunch strategy, we recognize residents in long-term care and licensed supportive living are more vulnerable to COVID-19 than the general public.
- Preventative measures will remain in place for some time; it could be 18 months or longer.
- As things change and if it is reasonable and safe to lift some of the remaining restrictions, the CMOH orders will be adjusted.

# Q&A: Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care

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## Why is the COVID-19 symptom list longer for residents?

- The list of symptoms is reflective of the May 8, 2020 update letter from Dr. Hinshaw. Residents may experience milder initial symptoms or be unable to report certain symptoms if cognitively impaired.

## What are the COVID-19 testing guidelines for new and existing residents?

- New admissions from any settings should be offered testing for COVID-19 upon arrival at the facility.
- All existing residents who return to their facility from:
  - A hospital admission should be offered testing for COVID-19
    - Note: Residents who are admitted to the hospital are offered testing for COVID-19 upon admission to the hospital
  - An emergency department (with no hospital admission) can be offered testing for COVID-19
  - Medical appointments do not require testing for COVID-19 to be offered.
- If there is a new confirmed outbreak of COVID-19, all residents and staff in the affected site/unit should be offered testing for COVID-19.
  - Testing asymptomatic individuals within licensed group homes is at the discretion of the Zone MOH/designate, based on individual medical complexity and site circumstances.

## If a resident has tested positive for COVID-19, should they be tested again?

- Residents who have previously tested positive for COVID-19, have recovered, and who then have new symptoms should only be tested if it is more than 30 days after their previous positive result or if, in the opinion of the local MOH, a case-specific assessment warrants re-testing.

## Why are you now requiring all staff and residents in an affected site/unit be tested for COVID-19 once there is a confirmed outbreak in licensed supportive living or long-term care?

- We want to quickly identify anyone who may be asymptomatic or pre-symptomatic in order to further limit the spread of COVID-19 within these congregate settings.

## Why is expanded COVID-19 testing only available to residents and staff working in designated supportive living 4 and 4-dementia and long-term care?

- Residents in these settings are at an especially high risk of severe outcomes if they contract COVID-19.
- More testing for this population group will improve our ability to detect cases early, prevent possible outbreaks and keep people safe.

## Who is responsible for COVID-19 testing (swabbing) for residents?

- If on-site capacity is not available, AHS will be deployed to complete swabbing of residents.

## Who is responsible for COVID-19 testing (swabbing) for staff?

- Swabbing for staff will not be completed on site to ensure privacy and confidentiality. Staff must arrange for swabbing using the [AHS online assessment tool](#)

# Q&A: Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care

## When do residents (new or existing) need to be isolated?

A number of possible scenarios are listed on the next page. If a specific situation is not listed, operators should consult with Zone Medical Officer of Health/designate.

Scenario	Isolation Required*
Symptomatic resident	Yes
Positive COVID-19 test	Yes
Close contact with someone who has COVID-19	Yes
New admission to facility (regardless of where they moved in from)	Yes
Current resident who returns from hospital admission <u>related</u> to confirmed COVID-19	Yes
Current resident who returns from hospital admission <u>unrelated</u> to COVID-19	Yes
Return from emergency department	No
Return from essential activity <sup>1</sup>	No
Return from non-essential activity	No
Return from Temporary Relocation (return from move out to stay with a family member or other for a period of time longer than 24 hours)	Yes
Routine asymptomatic testing	No
Situation Specific as per Chief Medical Officer of Health/designate	As per CMOH/designate

<sup>1</sup> Including medical appointment, groceries, pharmacy, outdoor time, employment, etc. If operator believes there was an increased exposure risk while out of the facility, isolation and testing *may* be indicated.

# Q&A: Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care

## When must staff work only at one worksite?

- This order continues requirements that have been put in place since order 10-2020 and have been implemented since then. It only restricts staff of designated supportive living and long-term care from working at another designated supportive living or long-term care facility.
- In addition, in the case of a confirmed COVID-19 outbreak, all staff in other licensed supportive living (including lodges and group homes) facilities will not be permitted to work in any other licensed supportive living or long term care facility.
- Staff are **not required** to quit or take leaves of absences for jobs outside of licensed supportive living or LTC. This includes jobs in other healthcare settings (e.g. acute care, home care, etc.) or non-healthcare settings (e.g. retail stores, restaurants, etc.)

## In which settings is it acceptable for staff to work at more than one worksite?

- Order 23-2020 does not extend to staff working in acute care units in hospitals, which have been legislatively designated as auxiliary hospitals.
- This order does not restrict other employment these staff may have outside of licensed supportive living or long term care, though it is strongly recommended that workers try to limit the number of different work places to help prevent the spread of COVID-19.
- Refer to the table below for latest guidance:

Outbreak Phase(s)	Worksite 1	Worksite 2	Guidance
Outbreak Prevention or Site Under Investigation	DSL/LTC	DSL/LTC	Not allowed to work at more than one DSL/LTC.
	DSL/LTC	Acute Care	Allowed but it is recommended that staff limit the number of worksites to prevent the spread of COVID-19 Note that the designated Auxiliary Hospital units of acute care sites are included in the single site designation (so workers can work in the Auxiliary unit and other units in acute care, but not on the Auxiliary unit and a separate LTC/DSL facility)
	DSL/LTC	Auxiliary Hospital-Acute Care	
	DSL/LTC	Lodge	
	DSL/LTC	Home Care	
	DSL/LTC	Retail Store	
Confirmed Outbreak	Any licensed supportive living or LTC	Any licensed supportive living or LTC	Once in a confirmed outbreak, for the duration of that outbreak, all sites must restrict staff to working only at the outbreak site.

## Is the single site staffing requirement on hold or rescinded?

- No. Implementation is substantively complete across the province. More than 95% of staff are now working at a single DSL or LTC site.
- AHS is working with the remaining few sites/communities where issues remain (e.g. staff cannot be moved to their single site preference during an outbreak at the site they were working at).

## Q&A: Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care

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### Who is considered an essential services person permitted to enter the facility?

- Essential is a functional description solely linked to operations in the pandemic, it is not a label that identifies which staff are “more important” than others.
- We consider someone an essential services person if they are required to enter the building to do their work in order to maintain health and safety of the residents and the building. Examples are: EMS, police, contracted building maintenance (elevator repairperson, fire alarm maintenance, etc.).
- We ask that other essential service persons who are able to provide services virtually to do so, when it is appropriate.
- We ask that as much as possible, essential service persons limit their in-person attendance to only one facility per day. Examples include physicians, physiotherapists, public health, etc.
- A full list of essential services, from the perspective of what businesses and services are still allowed to operate (which may intersect with this), is available online at [www.alberta.ca/covid19](http://www.alberta.ca/covid19).

### Are residents permitted to access health professionals who are not employed or contracted staff?

- Yes. These services should be provided virtually wherever possible and are permitted to be provided in person only if the resident is not isolated (if the resident is isolated, decisions are on a case-by-case basis) while following all requirements in Order 23-2020 for off-site and on-site service provision.

### What about volunteers? Can they come back in yet?

- No. Only staff (employed or contracted by the facility), students, health professionals, residents, and permitted visitors are allowed to enter the facility.

### What about paid companions? Can they come back in yet?

- No. Only staff (employed or contracted by the facility), students, health professionals, residents, permitted visitors and permitted hairdressers or barbers, are allowed to enter the facility.

### Why are students permitted to have placements in these settings?

- Students in healthcare fields who graduate build capacity in the workforce. Student placements should continue where safe and feasible to enable graduation and entry into the workforce, following all guidelines to ensure safe access to healthcare settings to finalize their training.
- Student funding for operators is through Alberta Health to help enable this.

### When are resident rooms required to be cleaned and disinfected at an increased frequency?

- Residents who do not have staff or designated essential visitors entering their room do not require an increase to their regular scheduled weekly cleaning by the operator.
- Residents who have staff and/or designated essential visitors entering their room, require
  - Low touch (e.g., shelves, benches, windowsills, message or white boards, etc.) area cleaning daily, and
  - High touch (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote) area cleaning three times per day.

## Q&A: Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care

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### What role do staff, including AHS home care workers, and designated essential visitors have in resident room cleaning?

- Operators may create a reasonable approach, including the role of staff, service providers (e.g. home care) and visitors that meets the requirements to ensure both cleanliness and feasibility of operations.
- Staff, including Alberta Health Services (AHS) home care workers, are expected to observe any infection prevention requirements set out by the facility, including those set out in Order 23-2020 (e.g., cleaning and disinfection of surfaces, frequent hand hygiene, wearing surgical/procedure masks or face coverings, etc.) prior to leaving the resident room.
- Depending on the frequency of visits, AHS home care workers are responsible for contributing to high touch cleaning of areas that they have come in contact with at the end of their visit.
- Operators may create a reasonable approach, including the role of staff, service providers (e.g. home care) and visitors that meets the requirements to ensure both cleanliness and feasibility of operations.
- Designated essential visitors are expected to observe any infection prevention requirements set out by the facility including those set out in [Order 14-2020](#) (e.g., frequent hand hygiene, wearing surgical/procedure masks or face coverings).

### What if a resident does not want increased room cleaning and disinfection?

- Frequent cleaning and disinfection is one of the greatest preventative measures against infection, which is why it is a requirement.
- Resident wishes must be respected and a balanced approach must be taken. Residents should be encouraged to ensure good hand hygiene each time they leave their room and enter any building common area, especially if they decline the extra cleaning/disinfection.

### When can larger group/recreational activities start up again?

- Recreational and group activities for non-isolated residents are permitted and encouraged following expectations, including groups not exceeding 15 people following all physical distancing requirements.
- Previously cancelled activities can be incrementally reintroduced based on the needs of the residents and operator, following all guidance and expectations (e.g. cleaning/disinfecting frequency) in the Order to maintain safe and supported interaction.
- Scheduled resident group recreational/special events are to be cancelled/ postponed if a site is in a confirmed COVID-19 outbreak or if they cannot occur while meeting expectations.
  - At the discretion of the operator, a site under investigation may have to cancel activities based on the extent of affected residents, interruption of daily operations, type of symptoms, etc.

### Are there some group/recreational activities still not recommended?

- Higher risk activities (such as group singing, preparing food, etc.) should be avoided.
- Low risk activities (e.g. activities that do not use shared equipment and are suitable to physical distancing requirements) may start to resume slowly.



## Q&A: Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care

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**Are operators able to use facility operated vehicles to take residents on community drives/excursions?**

- Yes, following all guidance for Safe Transportation requirements in the Order.

**As Alberta has released the [Relaunch Strategy](#), are residents still encouraged to stay on the facility's property, except in the case of necessity?**

- Yes. Residents who are not required to isolate are still encouraged (though are not required) to stay on the facility property, except in case of necessity (e.g. medical appointments, groceries, pharmacy, spend time outdoors, work commitments, etc.).
- Though it is recommended that residents not participate in unnecessary outings, they may still choose to do so. In this case, they should be encouraged to maintain physical distancing, wear a mask at all times, ensure Safe Transportation, maintain good hand hygiene, and be subject to Health Assessment Screening upon re-entry.

**Can you please explain what 'except in the case of necessity' means?**

- Residents' perception of necessity will vary. However, when an outing is solely for the purposes of maintaining physical or psychological health, safety/security, or wellbeing, it is considered a necessity.

**Are hair salons able to re-open in licensed supportive living and long-term care?**

- Yes, if there is a resident need for hairdressing or barbering services and the operator is ready to allow this to happen, hair salons in these settings are permitted to re-open.
- Hair stylists and barbers must follow all [industry guidance](#) as well as additional requirements outlined in the Order to ensure the safety of clients.

**What about other service providers or other amenities re-opening within these buildings? (e.g., coffee shops, restaurants, swimming pools, restaurants, day care and day programs, etc.)**

- For these services and amenities, please refer to [Alberta Biz Connect](#) for the latest public health guidance for services/amenities that may be permitted to open.
- Additionally, any consideration from Alberta Biz Connect must be combined with existing CMOH Orders that are applicable in these settings, including Order 23-2020, Order 14-2020 and any others that are relevant.
- No one besides staff (employed or contracted by the facility), students, health professionals, residents, permitted visitors and permitted hairdressers and barbers are allowed to enter the facility to provide or access any service or amenity.

## Q&A: Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care

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### **I recognize that resident quality of life is important; what about staff wellbeing?**

- Workers in these settings are facing unique and additional challenges during the COVID-19 pandemic.
- Operators are encouraged to regularly reinforce directly to their staff that staff wellbeing is a priority and implement positive work environment organizational policies and processes to address wellbeing at work.
- The Order includes several suggestions for what this might include, such as regular team check-ins, ensuring open communication lines and a resource listing that can be used and/or shared with staff.

## QUESTIONS & ANSWERS:

### Visitor Policy for Licensed Supportive Living and Long-Term Care (CMOH Order 14-2020)

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**My loved one is a continuing care or licensed supportive living resident. Am I allowed to visit?**

- At this time, we are permitting designated essential visitors, though still only in these limited circumstances:
  - Where the resident's quality of life and/or care needs cannot be met without their assistance and where staff are unable to meet the need.
  - When a resident is dying.

**What is a "quality of life" need?**

- A quality of life need describes immediate and essential needs that are beyond care needs, such as helping someone eat or get dressed. Residents may, in these settings, have cognitive impairments or other conditions and disabilities that create other kind of needs.
- Though quality of life seems very broad, it is intended to acknowledge the psychological, emotional and social needs that may exist, and perhaps be difficult or impossible for staff to meet, but are critical for the health and well-being of residents.

**How do I know if my loved ones' essential needs are not able to be met by staff?**

- Unmet needs that are not able to be addressed by staff may be identified by staff, the resident, or family members.
- Concerned residents and designated essential visitors should work with the site contact to understand the current situation, how staff are meeting needs and possibly where resident unmet needs may exist.
- There will also be some consideration of the role of designated essential visitors in assisting directly, as not every unmet need may be able to be met by the designated essential visitor.

**Are all designated essential visitors permitted entry to the facilities where their loved one lives?**

- Designated essential visitors are only permitted entry if a resident is at the end of their life, or to provide essential care and support **if staff are unable to do so**.
- Designated essential visitors must talk with the operator about the resident's unmet needs, and their ability to assist, to determine if you are permitted entry.
- **All visits** by a designated essential visitor must be pre-arranged with the operator.

**I am a designated essential visitor and am permitted to be on site regularly to deliver direct care to my loved one. Am I able to have someone fill in temporarily for me if I need a break?**

- Yes. A resident may identify a temporary replacement designated essential visitor for approval if the designated essential visitor is unable to perform their role for a period of time (e.g. self-isolation, other caregiving duties, or otherwise unable).
- This is to enable a replacement, when required, not for the designate to change regularly or multiple times.

## QUESTIONS & ANSWERS:

### Visitor Policy for Licensed Supportive Living and Long-Term Care (CMOH Order 14-2020)

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**My loved one is a continuing care or licenced supportive living resident and is dying/palliative. Am I allowed to visit?**

- Individuals who are dying should have the opportunity to have their loved ones at their side while following the public health guidelines.
- Visitors are limited to one at a time, with two exceptions:
  - When a child needs to be accompanied
  - If the room is of a sufficient size to accommodate physical distancing of two metres between people, two visitors may attend at the same time.

**When would a resident be considered at end of life to allow for end-of-life visits?**

- While it is difficult to be precise around when an individual is at end of life, in the context of COVID-19, visits at end of life refers to the last two weeks of life.
- A suggested consideration to help make this determination would be to ask yourself, *would I be surprised if this resident were alive two weeks from now?*

**My loved one is a continuing care or licenced supportive living resident but isn't dying/palliative. Am I allowed to visit now if we stay outdoors?**

- Now that the weather is improving, outdoor visits are also acceptable and encouraged, following all physical distancing requirements.
- All visitors must use a mask or face covering and remain outdoors at all times.
- Groups must not exceed three, including the resident and the designated essential visitor, and all outdoor visits must be arranged with the operator.
- **Note:** if the appropriate outdoor space is only accessible through the facility, only the designated essential visitor is permitted entry for the visit.

**As a visitor, what do I need to do to keep continuing care or licenced supportive living residents safe from COVID-19?**

- When visiting a continuing care resident, visitors must:
  - Undergo a health screening
  - Wear requested PPE
  - Adhere to physical distancing
  - Practice hand washing and good hygiene
  - Stay in designated areas
  - Follow all facility directions.
- **Do not visit if you are sick.**

**Am I allowed to bring gifts when I visit a continuing care or licenced supportive living resident?**

- Current evidence suggests the virus generally survives for only a few hours on a surface or object, but it may be possible for it to survive several days under ideal conditions.
- To be safe, please refrain from bringing unessential gifts and follow any additional operator protocol, which may include disinfecting the item at drop off.

## QUESTIONS & ANSWERS:

### Visitor Policy for Licensed Supportive Living and Long-Term Care (CMOH Order 14-2020)

#### **Are operators able to make further restrictions above the provincial visitor policy?**

- Not without consulting the appropriate partner (e.g. AHS Continuing Care Zone Executive Director, Alberta Health Accommodation Licensing Inspector, Seniors and Housing, Community and Social Services).
- **Note:** Resident and site circumstance (e.g., outbreak status, requirements for physical distancing requirements and other protective measures ordered) may mean that not all desired visits are able to be accommodated.
- This said, operators must not unreasonably deny permitted designated essential visitors or outdoor visits.

#### **Why are there such variances in the approach that operators are taking with visitors?**

- If several designated essential visitors meet this criteria in any one facility, it is acceptable for an operator to create a reasonable approach that responds to requests in a way that ensures both resident care needs and safe visitor presence (including consideration of operational feasibility and the availability of staff to facilitate the visits, as per requirements).
- Operators must be transparent about their approach with residents and designated essential visitors.
- This may include staggering visits, phasing visitors in on a unit-by-unit basis, or other creative approaches that ensure residents are receiving the essential quality of life and/or care they require in response to unmet needs.

#### **Some facilities schedule drive-by parades and visits through the window. Are these still permitted?**

- Yes.
- In addition to the role of designated essential visitors and the opportunity for outdoor visits, operators, staff, residents and families should continue to work together to find innovative, accessible and feasible solutions to tackle any negative consequences, such as social isolation and loneliness.
- This may include scheduled virtual visits, visits through the window and 'drive-by parades' as part of social/leisure activity programming, while following all guidelines and requirements for enhanced cleaning protocols and group activities.

#### **What Personal Protective Equipment (PPE) requirements are there for visitors during visits?**

- Outdoor visitors must supply and will be permitted to use any type of mask (e.g. non-medical).
- Indoor visitors will be provided with a surgical/procedure mask and any other required PPE.

#### **Do continuing care and licensed supportive living facilities have enough PPE to support visits?**

- We continue to work with all facilities serving vulnerable populations to make sure they have adequate PPE to support the continued safety of staff, residents and visitors.

## QUESTIONS & ANSWERS:

### Visitor Policy for Licensed Supportive Living and Long-Term Care (CMOH Order 14-2020)

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#### Why did the Alberta government decide to make these amendments?

- Quality of life needs to be supported alongside quality of care and safety.
- We know residents rely on social connections with friends and family, which is why we're working to support these connections while maintaining safety.
- It is also important that residents who are nearing the end of their life receive the comfort of loved ones.

#### Given the outbreaks and the number of deaths related to COVID-19 in continuing care facilities, are these amendments to visiting restrictions a good idea?

- Maintaining social connections are an important quality of life factor.
- However, in-person visits should only take place when proper safety measures are followed.
- Otherwise, continuing care residents and loved ones are encouraged to connect remotely.

For more information, please refer to [CMOH Order 14-2020 and guidelines](#).

**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

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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 MAY HAVE COVID-19

Isolation means staying at home when you have a symptom of COVID-19 and it is possible that you have been exposed to the virus. By avoiding contact with other people, you help prevent the spread of disease to others in your home and your community.

### You must:

- ▶ go directly home and/or stay at home if you have:
  - been diagnosed with COVID-19, or are waiting to hear the results of a lab test for COVID-19
  - any **symptom** of COVID-19, even if mild, and have
    - been in contact with a suspected, probable or confirmed case of COVID-19
    - been told by public health (directly, through public communications or through a **self-assessment tool**) that you may have been exposed to COVID-19
  - returned from travel outside Canada with symptoms of COVID-19 (mandatory)\*
- ▶ monitor your symptoms as directed by your healthcare provider or **Public Health Authority** until they advise you that you are no longer at risk of spreading the virus to others
- ▶ immediately contact your healthcare provider or **Public Health Authority** and follow their instructions if your symptoms get worse

### Limit contact with others

- ▶ Do not leave home unless it's to seek medical care.
  - ▶ Do not 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, practise **physical distancing** and keep at least 2 metres between yourself and the other person.
  - ▶ Avoid contact with individuals with chronic conditions, compromised immune systems and older adults.
- ▶ Keep any interactions brief and wear a medical mask if available, or if not available, a **non-medical mask or facial covering** (i.e., made with at least two layers of tightly woven fabric, **constructed** to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) when coughing, sneezing or if you need to be in the same room with others in the home.
  - ▶ Follow instructions online for the **safe use and disposal or laundering of face masks**, or as provided by your **Public Health Authority**.
  - ▶ Avoid contact with animals, as there have been several reports of people transmitting COVID-19 to their pets.



## 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** containing at least 60% alcohol.
- ▶ 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.
- ▶ To disinfect, use only **approved hard-surface disinfectants** that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada.
- ▶ 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.

- ▶ Wearing a face mask, including a **non-medical mask or facial covering** (i.e., made with at least two layers of tightly woven fabric, **constructed** to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops), may trap respiratory droplets and stop them from contaminating surfaces around you - but wearing a mask does not reduce the need for cleaning.

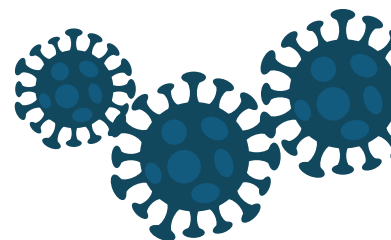
## Care for yourself

- ▶ Monitor your **symptoms** as directed by your health care provider or **Public Health Authority**.
- ▶ If your symptoms get worse, immediately contact your health care 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.

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## \* Quarantine Act

The Government of Canada is implementing an Emergency Order under the Quarantine Act that requires persons entering Canada—whether by air, sea or land—to isolate for 14 days if they have symptoms of COVID-19, in order to limit its introduction and spread. The 14-day period begins on the day the person enters Canada.



## Supplies to have at home when isolating

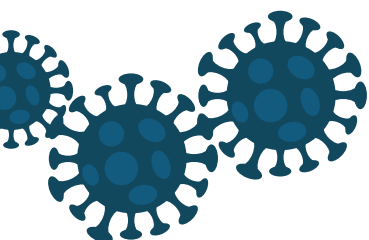
- ☐ **Medical masks** if available for the case and the caregiver
  - if not available, **non-medical masks or facial covering** (i.e., made with at least two layers of tightly woven fabric, **constructed** to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops)
- ☐ Eye protection (face shield or goggles) for use by caregiver
- ☐ Disposable gloves (do not re-use) for use by caregiver
- ☐ 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 hand sanitizer** containing at least 60% alcohol
- ☐ Dish soap
- ☐ Regular laundry soap
- ☐ Regular household cleaning products
- ☐ Hard-surface disinfectant, or if not available, concentrated (5%) liquid bleach and a separate container for dilution
- ☐ Alcohol prep wipes or appropriate cleaning products for high-touch electronics



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.
- ▶ Some people may transmit COVID-19 even though they do not show any symptoms. Wearing a **mask**, including a **non-medical mask or face covering** (i.e. made with at least two layers of tightly woven fabric, **constructed** to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) can help protect others around you.
- ▶ Prevent contact with animals, as there have been several reports of people transmitting COVID-19 to their pets.

## 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 personal protective equipment:
  - a medical **mask**
  - disposable gloves
  - **eye protection**
- ▶ Wear disposable gloves when touching the ill person, their environment and soiled items or surfaces.
- ▶ Avoid re-using medical masks or gloves.
- ▶ Clean your hands often for at least 20 seconds, especially after contact with the ill person and after removing gloves, face 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 medical 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, including non-medical cloth masks and facial coverings, 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, linens and non-medical cloth masks and facial coverings belonging to the ill person can be washed with other laundry.
- ▶ At least once daily clean and disinfect surfaces that people touch often, such as toilets, laundry containers, bedside tables, doorknobs, phones and television remotes.
- ▶ Use only **approved hard-surface disinfectants** that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada.
- ▶ When approved hard surface disinfectants are not available, for household disinfection, a diluted bleach solution can be prepared in accordance with the instructions on the label, or in a ratio of 5 millilitres (mL) of bleach per 250 mL of water OR 20 mL of bleach per litre of water. This ratio is based on bleach containing 5% sodium hypochlorite, to give a 0.1% sodium hypochlorite solution. Follow instructions for **proper handling of household (chlorine) bleach**.
- ▶ If they can withstand the use of liquids for disinfection, high-touch electronic devices (e.g. keyboards, tablets, smartboards) may be disinfected with 70% alcohol (e.g. alcohol prep wipes) at least daily.



## Wearing masks

- ▶ Medical **masks** are recommended for COVID-19 patients in the home and for protection for those providing direct care to COVID-19 patients at home.
- ▶ N95 respirators must be reserved for healthcare workers and should not be used for caregiving at home.
- ▶ If medical masks are not available, **non-medical masks or face coverings** (i.e. constructed to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) can be worn by the ill person, if tolerable. This will cover their mouth and nose, and may prevent respiratory droplets from contaminating others or landing on surfaces.
- ▶ A non-medical mask or face covering may also be worn by those providing direct care to COVID-19 patients at home. However, wearing a non-medical mask or facial covering in the community has not been proven to protect the person wearing it.
- ▶ Strict hygiene and public health measures, including frequent hand washing and maintaining a physical distance of at least 2 metres from the ill person, will reduce the chance of being exposed to the virus.
- ▶ Non-medical cloth masks should be carefully removed when soiled or damp, laundered in hot water and then dried thoroughly.
- ▶ Hands must be cleaned before and after putting on and removing a mask.

## Monitor yourself for symptoms

- ▶ If you have always used the recommended precautions, then monitor yourself for **symptoms** for 14 days following your last close contact with the ill person.
- ▶ **Quarantine (self-isolate)** at home for 14 days from your last exposure and contact your **local public health authority** if you have no symptoms but:
  - cared for a person who has COVID-19 without the recommended personal protective equipment
  - live with or had close physical contact (e.g. intimate partner) without using the recommended personal protective equipment
  - live with or have had regular close contact (within 2 metres) with a person who has COVID-19 up to 48 hours prior to symptom onset or while they were symptomatic and not isolating
  - had direct contact with the body fluids of a person who has COVID-19 (e.g. were coughed or sneezed on) without the recommended personal protective equipment

If you start to develop symptoms, **isolate** yourself as quickly as possible and contact your **local public health authority** for further instructions.

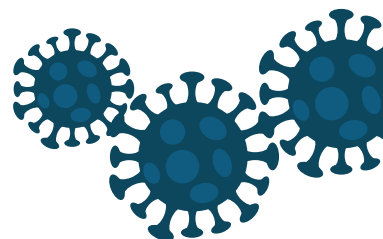
## Maintain these supplies

- ☐ Medical **masks** if available, or **non-medical mask or face covering**
- ☐ Eye protection (face shield or goggles) for use by caregiver
- ☐ Disposable gloves (do not re-use) for use by caregiver
- ☐ 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 **hand sanitizer** containing at least 60% alcohol
- ☐ Dish soap
- ☐ Regular laundry soap
- ☐ Regular household cleaning products
- ☐ One-step cleaner/disinfectant
- ☐ Hard surface disinfectant, or if not available, concentrated (5%) liquid bleach and a separate container for dilution
- ☐ Alcohol prep wipes or appropriate cleaning products for high-touch electronics



**WE CAN ALL DO OUR PART IN  
PREVENTING THE SPREAD OF COVID-19.  
FOR MORE INFORMATION ON CORONAVIRUS:**

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



# novel Coronavirus (COVID-19) FAQs for Public

Issued by the AHS Emergency Coordination Centre (ECC)

REVISED April 14, 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](http://www.alberta.ca/covid19).**

**If you are a healthcare worker in Alberta, please visit [www.ahs.ca/covid](http://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](http://www.alberta.ca/covid19).

Additional information for travelers, schools, daycares, employers and all Albertans, can also be found at [www.alberta.ca/covid19](http://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](http://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](http://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](#).
- 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. AHS has a dedicated page for [PPE information](#) developed by the PPE task force. More information about Infection Prevention and Control measures for personal items and clothing can be found [here](#).
- 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](#).

### 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, prioritized groups at highest risk of local exposure, as well as at-risk populations. This priority list for testing was expanded as lab testing capacity was enhanced.

Effective April 13, anyone who has fever, cough, shortness of breath, runny nose or sore throat **and** reside anywhere in Alberta is eligible for testing. This means that symptomatic residents of all Zones are now eligible for testing.

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](#).

### **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. The categories of those Albertans who are eligible for testing will continue to change in the coming weeks and months to reflect the evolving pandemic.

### **If I require testing, can I receive my results by autodialer?**

As of Wednesday, April 15, all Albertans being tested for COVID-19 will have the option to receive their negative COVID-19 test results over the phone through an autodialer system.

- Individuals being tested for COVID-19 will be provided with the opportunity to consent to the autodialer method of receiving **negative** COVID-19 test results at the time that they are referred for testing.
- This innovative use of autodialer technology allows healthcare teams to focus their follow-up work on Albertans with positive test results, and also shortens turn-around time on test results, helping Albertans learn of their results sooner.
- All individuals who test **positive** for COVID-19 will be contacted by a member of the AHS Public Health team for follow-up and case management.
- If you have consented to receive your results via the autodialer, and your results are available on or after April 13, you may receive results via an automated phone call.
- All incomplete calls are logged immediately. The autodialer will keep calling until they speak to someone. If you do not have voice messaging, AHS will call you back directly within 24 hours to ensure you receive your test results.

### **What is AHS' Process, following a Confirmed Case of COVID-19?**

When a case of COVID-19 is confirmed by lab testing, AHS' Public Health department contacts the confirmed individual and provides them with direction to self-isolate. Public Health also works with the individual to determine who they have been in contact with since their symptoms started.

AHS then directly contacts any individual considered exposed to confirmed cases. These individuals are asked to self-isolate and be tested for COVID-19. This is called **contact tracing**, and is done in response to each case of COVID-19 we confirm by lab testing.

Only those individuals contacted directly by AHS are considered exposed to any case. If you are not contacted directly by AHS, you are not considered exposed.

To protect patient privacy, no patient details are provided about the patient with a confirmed case of COVID-19.

If you are known to have been exposed to a confirmed case of COVID-19, you will be contacted directly by AHS.

### **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](https://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](https://alberta.ca/covid19)
- Public Health Agency of Canada: [canada.ca](https://canada.ca)
- World Health Organization: [who.int](https://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](https://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](https://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](https://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.

# COVID-19 Resources

## A guide for Albertans

Last updated: May 2020

# Table of contents

Introduction .....	3
Acknowledgements .....	3
Medical Services .....	4
Primary Care Network (PCN) Primary Care Services .....	4
Alberta Health Services (AHS) Primary Care Services .....	4
HealthLink 811 .....	4
Pain Management .....	4
Prenatal & Postnatal .....	4
Rehabilitation Advice Line .....	4
Non-Medical Services & Supports .....	5
211 Alberta .....	5
Social & Mental Health Services .....	5
Mental Health & Addiction .....	5
Help in Tough Times .....	5
Family & Sexual Violence .....	6
Caregiver Support .....	6
Canadian Mental Health Association .....	6
Seniors with Dementia .....	6
Resources .....	6
Government of Alberta: COVID-19 Information for Albertans .....	6
Alberta Health Services: Information for Albertans .....	7
MyHealthAlberta .....	7
Government of Canada COVID-19 Information .....	7
Immigrant Services .....	7
World Health Organization (WHO) .....	7

# Introduction

This guide was developed to assist community providers and their teams in finding links to supportive care services in the community during the COVID-19 pandemic. The guide provides basic information that can be shared with Albertans and their families, as they experience the COVID-19 journey, to help address the social determinants of health.

## Acknowledgements

We would like to thank the following groups for their contributions to the development of this resource.

- AHS Volunteer Resources
- Over 25 patient and family advisors who are part of the e-Advisor volunteer network

# Medical Services

## Primary Care Network (PCN) Primary Care Services

These include family physician clinics and PCN-run clinics. PCN supports include behavioural specialists and online counselling services.

During COVID-19, clinics are expected to remain open to support patients with primary care needs. For the safety of patients and clinic staff, clinics may ask to see patients virtually (e.g., by telephone or online). Clinics may redirect patients with COVID-19 or influenza-like symptoms to HealthLink 811 for screening, where they may be recommended for COVID-19 testing.

## Alberta Health Services (AHS) Primary Care Services

These include AHS Family Care Clinics (Slave Lake, East Calgary and Edmonton East), AHS Ambulatory Care Clinics and AHS Urgent Care Centres.

For the safety of patients and clinic staff, clinics may ask to see patients virtually (e.g., by telephone or online). Clinics may redirect patients with COVID-19 or influenza-like symptoms to HealthLink 811 for screening, where they may be recommended for COVID-19 testing.

## HealthLink 811

Patients with primary care sensitive conditions, or those needing screening and triage for COVID-19 or influenza-like symptoms, can dial 811 for health advice. Based on HealthLink's assessment, patients may be redirected to:

- **COVID-19 Assessment Centres:** Single points of access to COVID-19 testing
- **Secondary Assessment and Treatment Centres:** For those with COVID-19 symptoms who need to be physically seen within a 4-24 hour period, or for patients who do not have a family physician or their clinic is not open
  - Each site has different hours of operation and patient groups seen (adult or child)
  - Sites are located in Edmonton, Lethbridge, Medicine Hat and Calgary

## Pain Management

These organizations provide services and resources to help Albertans cope with chronic pain that may impact mobility or everyday activities:

- **Pain Canada:** Call 1-780-482-6727 or visit the [webpage](#)
- **Canadian Pain Society:** Call 1-416-642-6379 or visit the [webpage](#)

## Prenatal & Postnatal

Questions and answers for expectant and new parents during the COVID-19 pandemic:  
[Pregnancy, Birth, Postpartum and Breastfeeding: Information for Expectant and New Parents](#)

## Rehabilitation Advice Line

This telephone service provides free rehabilitation advice and general health information for Albertans. It provides information on:

- Activities and exercises that help with physical concerns
- Strategies to manage the day-to-day activities affected by these concerns



- Rehabilitation services that are open for in-person and/or virtual visits
- Community-based organizations

For more information, call 1-833-379-0563 or visit the [web page](#).

## Non-Medical Services & Supports

### 211 Alberta

Access to a full range of community, government, social and health services 24/7 via phone, text or chat (available to over 60 per cent of Albertans). Free and confidential in over 170 languages.

To access support, dial 211, text **INFO** to **211** or visit [www.ab.211.ca](http://www.ab.211.ca) to live chat with staff.

Visit the [211 webpage](#) to search over 800 links to community-based government, social and health services and resources, or search the [211 Alberta spreadsheet](#) for available resources.

Visit the [Distress Centre webpage](#) to learn more about 211 services and crisis support.

For 24-hour crisis support, call the Crisis Line: 403-266-HELP (4357) or 780-482-HELP (4357).

## Social & Mental Health Services

### Mental Health & Addiction

These services provide mental health and addiction support and advice during the COVID-19 pandemic and beyond.

24-hour help lines:

- **Addiction Help Line:** 1-866-332-2322
- **Mental Health Help Line:** 1-877-303-2642
- **Distress Line (within the '403' area code):** 1-800-SUICIDE (784-2433)
- **Kid's Help Line:** 1-800-668-6868

Subscribe to [TEXT4HOPE](#) to receive free daily messages from a mental health therapist with advice and encouragement helpful in developing healthy personal coping skills and resiliency. To subscribe, text **COVID19HOPE** to **393939**

### Help in Tough Times

Visit the AHS [Help in Tough Times page](#) for online resources related to:

- Emergency preparedness
- Employment loss
- Mental health & addiction
- Stress
- Grief
- Suicide
- Community social supports
- Information relevant to Indigenous or LGBTQ2S+ communities

## Family & Sexual Violence

These services provide support and advice on family & sexual violence, and can assist during the COVID-19 pandemic.

- **24-hour Family Violence Info Line:** 310-1818 or use the [online chat](#) anonymously
- **Alberta One Line (sexual violence):** 1-866-403-8000 or use the online chat by clicking “Get Support Now” at the bottom of the [webpage](#)
- **24-hour child abuse hotline:** 1-800-387-KIDS (5437). Children are at a higher risk for neglect and abuse during times of uncertainty and crisis. Call the 24-hour child abuse hotline if you think a child is being abused, neglected or sexually exploited

## Caregiver Support

Nearly one million Albertans act as caregivers for loved ones experiencing challenges related to illness, disability or aging. Caregivers can get psychosocial and other peer and community supports by calling:

- **The Caregivers Advice Line:** 1-877-453-5088 or visit their [website](#)

## Canadian Mental Health Association

The Association provides a variety of mental health supports in Edmonton and Calgary.

Edmonton Area:

- **CASA Child Adolescent & Family Mental Health:** 780-400-2271
- **City of Edmonton Community Services:** 780-496-4777
- **Drop-In Single Session Counselling:** 780-423-2831 or [www.dropinyeg.ca](http://www.dropinyeg.ca)
- **Edmonton Mennonite Center for Newcomers:** 780-423-9696
- **Momentum Walk-in Counselling:** 780-757-0900
- **Native Counselling Services of Alberta:** 780-451-4002
- **Suicide Grief Support Program:** 780-482-0198

Calgary Area

- **Suicide Bereavement & Family Support Counselling:** 403-297-1708
- **Canadian Mental Health Association, Peer Support:** 403-297-1402

## Seniors with Dementia

Visit the [Alzheimer Society Alberta and Northwest Territories website](#) or call 1-780-761-0030 (toll-free: 1-866-950-5465) for more information on living with dementia.

# Resources

## Government of Alberta: COVID-19 Information for Albertans

Visit the Alberta Health [COVID-19 info for Albertans site](#) for a range of information relating to COVID-19. Some key pages to note:

- [Prevention](#), symptoms and [testing](#) for COVID-19
- [Public health orders](#) and [isolation requirements](#)
- Income support available to Albertans: Visit the [website](#) or call 1-866-644-5135

- [Seniors services and supports](#): Financial assistance, events and other supports for seniors, caregivers and service providers
- [Alberta's Relaunch Strategy](#)
- Relaunch criteria for child care: Visit [Child care during COVID-19](#) or call 310-4455
- Continuing K-12 student learning while in-school classes are cancelled: Visit [Student learning during COVID-19](#) or call 310-4455

## Alberta Health Services: Information for Albertans

Visit the AHS [Information for Albertans COVID-19 page](#) for a range of information on:

- COVID-19 [Self-Assessment](#)
- COVID-19 symptoms, spread, risks and testing; prevention; caring for COVID-19 patients at home; resources for specific health conditions; physical distancing; changes in health services; mass gatherings, schools, and travel
- [Visiting residents and patients](#) in long-term or extended care, supportive living or hospital

## MyHealthAlberta

Visit [MyHealthAlberta](#) for general health information and tools, such as information about symptoms, health conditions or medications. COVID-19 pages of note:

- [Care instructions](#) for those with COVID-19
- Information on [how to manage symptoms](#)

## Government of Canada COVID-19 Information

For a list of services and information regarding health, financial and economic support, travel, safety and more, visit the [Government of Canada's COVID-19 web page](#).

- **Canada Emergency Response Benefit (CERB)**: Temporary income support for those who stopped working because of COVID-19. Visit [CERB](#) or call 1-833-699-0299 for more information.
- **Canadian Emergency Wage Subsidy (CEWS)**: Canadian employers whose business has been affected by COVID-19 may be eligible for a subsidy of 75 per cent of employee wages for up to 12 weeks. Visit [CEWS](#) or call 1-833-966-2099 for more information.

## Immigrant Services

Resources specifically for new Canadians about COVID-19 in multiple languages. Immigrant-serving organizations have information on COVID-19, tips for social distancing and resources.

- Visit the Immigrant Services Calgary [website](#) or call 403-265-1120 (see [COVID-19 Fact Sheets](#) in multiple languages)
- [Multilingual COVID-19 Resources](#) from Calgary Local Immigration Partnership

## World Health Organization (WHO)

COVID-19 advice for the public, including [myth-busting](#) information.