COVID-19 INFORMATION

QUESTIONS & ANSWERS:
Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 32-2021)

General

What are the changes in CMOH Order 32-2021?
- This order streamlines the changes made to quarantine requirements that were distributed by email on May 21, 2021.
- There are no additional expectations or changes in this order.
- All the edits have been noted in yellow highlights.

What facilities does this amended order apply to?
- All licensed supportive living (including group homes, lodges and designated supportive living), long-term care (nursing homes and auxiliary hospitals), and hospice settings.
- If a facility contains both licensed supportive living spaces and unlicensed spaces, this Order does not apply to the unlicensed spaces/areas of the building/campus. This new order outlines the outbreak standards that apply to support early recognition and swift action for effective management of COVID-19 amongst vulnerable populations.
  - Operators, and others, can determine whether a site is a licensed supportive living accommodation (according to the Supportive Living Accommodation Licensing Act), or is a long-term care site, by visiting Alberta Health’s public reporting site.

When did these amendments take effect?
- The amendments become effective immediately.

Outbreak Phases

Why did the confirmed outbreak definition change?
- At this point in the pandemic, the addition of confirming that a person was in the building while infectious before declaring an outbreak is prudent. This ensures that outbreak protocols are not put in place unnecessarily.

Symptoms and Health Screening

Why is the COVID-19 symptom list longer for residents?
- Residents may experience milder initial symptoms or be unable to report certain symptoms if cognitively impaired. While the additional symptoms are ones more commonly seen with some residents, experience has shown that any changes in health status may be an indicator of COVID-19.
- The updated Resident Screening Tool can be found online.

alberta.ca/protecting-residents-at-congregate-care-facilities.aspx
What are the screening requirements for working or visiting individuals?

- Staff, Students, Service Providers, and Volunteers are to be actively screened prior to the start of each shift. Designated family/support persons and Visitors are to be actively screened at entry to the site.
- Active screening involves both temperature screening and a satisfactory COVID-19 Screening tool.
- Staff, Students, Service Providers, Volunteers, Designated family/support persons and Visitors are screened using the Alberta Health Daily Checklist for Adults 18 years and older or Alberta Health Daily Checklist for Children under 18.

Can operators add additional screening questions (e.g. have you travelled inter-provincially in the last 14 days)?

- No. Operators are not permitted to add additional questions which could exclude persons from entering the site.

Do health assessment screening documents need to be stored by the operator?

- Operators should not store the completed COVID-19 health screening documents from any person who enters (NOTE: these documents contain health information).

What information do operators need to store and for how long?

- For anyone permitted to enter, operators are required to record and store the following information for contact tracing purposes, for a minimum of 4 weeks but not for longer than required for the purpose of contact tracing: name, contact information (phone number, email) and date and time of entry and exit.
- For questions about your obligations under the Personal Information Protection Act, please contact the FOIP-PIPA Help Desk by phone 780-427-5848.

Testing and Isolation

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

- Indications for testing symptomatic and asymptomatic persons are outlined in the current version of the Alberta Public Health Disease Management Guidelines and as directed by Public Health. These guidelines are updated from time to time, please ensure you are referencing the most recent version.
- 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.

What if a resident declines testing?

- Consent must be obtained from the resident (if able), or from their alternate decision maker prior to collecting the swab for testing.
COVID-19 INFORMATION

QUESTIONS & ANSWERS:
Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 32-2021)

- If a resident (or alternate decision maker on their behalf) declines the test for COVID-19, precautions may still be required depending on the circumstances and risk assessment.

If a resident has previously tested positive for COVID-19, should they be tested again?
- Residents who have previously tested positive for COVID-19, have recovered, and have new onset of symptoms may require testing if sufficient time has passed. For further details, please refer to the “Testing and Management of Resolved Cases” section of the Alberta Public Health Disease Management Guidelines.

Who is responsible for COVID-19 testing (swabbing) for residents?
- Facility staff will collect the swab, if the appropriate staff are employed.
- Alberta Health Services (AHS) will be deployed to complete swabbing of residents if the facility does not employ staff who can collect swabs for COVID-19.

Who is responsible for COVID-19 testing (swabbing) for staff?
- Asymptomatic staff should be offered on-site swabbing where available (e.g. through on-site capacity or through AHS).
- Where not available, staff who prefer off-site testing, or symptomatic staff can continue to arrange for swabbing using the AHS online assessment tool.
- Staff who are isolated or quarantined must not present to the facility for onsite testing.

How do operators manage test results?
- Tables 5a, 5b and 5c in the order are provided to assist operators in the application of isolation/quarantine requirements.

What is the protocol when waiting for a swab result?
- If waiting for a swab result, please use Table 5a, 5b, or 5c (depending on their vaccine status) and follow the NO swab taken path (for either symptomatic or asymptomatic) until results are received.

What is the difference between isolation and quarantine?
- The term isolation refers to separating and restricting the movement of an individual with symptoms of COVID-19, or who is confirmed to have COVID-19, to prevent their contact with others and to reduce the risk of transmission.
- The term quarantine refers to separating and restricting the movement of an individual who was potentially exposed to COVID-19. This is to reduce the risk of transmission if that individual becomes a COVID-19 case. During the quarantine period, the individual should monitor for symptoms and if symptoms develop, they should be tested for COVID-19.
- Whether in isolation or in quarantine, the expectation is that residents remain in their room and away from others.
**COVID-19 INFORMATION**

**QUESTIONS & ANSWERS:**
Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 32-2021)

---

**When do residents (new or existing) need to quarantine?**
- As listed above in COVID-19 test management, quarantine is required when a resident is a known close contact of a confirmed case.
- Unvaccinated and partially vaccinated residents (new or existing) coming from unit in a health care facility experiencing an outbreak will be required to quarantine, unless exempted by a Medical Officer of Health. See Table 8 for further information.

**For residents (new or existing), what are the recommended precautions upon move-in, return from outing, or return from overnight stay?**
- All residents will undergo a Health Assessment Screening daily and upon return if they leave the property. Residents will be required to isolate or quarantine if they meet the criteria in that process (e.g. symptomatic, travelled outside of Canada, or known close contact).
- For residents who pass screening, Alberta has shifted to an approach for precautions based on vaccination status of the individual. Please refer to Table 8 for further information.

**Are residents required to disclose vaccination status to the operator?**
- Some operators may know residents’ vaccine status as they deliver their healthcare services, however not all operators will know residents’ vaccine status.
- Resident vaccination status disclosure is voluntary.
- If residents choose not to disclose their vaccination status, an operator may consider the resident not vaccinated.
- The MOH (or designate) or the Infection Prevention and Control team responsible for a public health investigation, having conducted a clinical assessment, may require individuals to quarantine for periods longer than the timeframes included.

**Are there any specific recommendations to mitigate impacts of isolation and other public health requirements on people living with dementia or other cognitive impairment who either have or are a close contact of someone with COVID-19?**
- It is critical to develop a unit/area based, and individualized, response plan to minimize risk specific to the unique abilities and impairments of the affected resident. This may include one-on-one support, additional activities and interventions, etc.
- Responding early and intensely has the greatest possibility of mitigating risk, ensuring that the plan is communicated clearly and simply to all involved parties.
- Whenever possible and relevant (e.g. long-term care, designated supportive living settings), ask for support from AHS Zone Operation partners to share resources to help address concerns. There may be additional care requirements that AHS Home Care can support for residents in other supportive living settings.
- Operators should use discretion when adapting the considerations outlined in the order for persons with mental health diagnoses and other behavioural concerns.

---

alberta.ca/protection-residents-at-congregate-care-facilities.aspx
©2021 Government of Alberta | Published: June 14, 2021
COVID-19 INFORMATION

QUESTIONS & ANSWERS:
Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 32-2021)

Single Site Staffing

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.

In which settings is it acceptable for staff to work at more than one worksite?
- 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 7 in the order for further details.

Other Supports

Are students, volunteers and other support services permitted in these settings?
- These individuals are permitted to provide services in these settings, though these services may be impacted if the site is under investigation or in confirmed outbreak.
- All persons must undergo Health Assessment Screening at entry, continuously mask while indoors, and practice good hand hygiene.
- All persons must follow industry guidance, where relevant, and any additional requirements of the site in line with expectations set out in CMOH Order 32-2021.

Can operators require vaccination status disclosure of an individual before entering the site?
- Disclosure of vaccination status must be voluntary and not a barrier to entry.
- Some sites may have employer policies related to mandatory disclosure of vaccination status. Please discuss directly with your employer if this applies to your site.

How can operators confirm vaccination status of a resident?
- Some operators may be aware of vaccination status of residents because they provide their health services. Other operators may not know residents’ vaccine status.
- Operators can have a conversation with residents to explain the benefits of sharing this information with the operator which may encourage a confidential disclosure.
- Vaccine status is not required to be independently confirmed by the operator. This means that an operator should not follow up with AHS or the pharmacy to confirm.
Can operators require individuals to sign a waiver before entering the site?
- Operators may choose to use a waiver to communicate any risks and the responsibilities to adhere to the site practices and protocols, as applicable (e.g. outbreak protocols).
- Signing of a waiver must be voluntary and not a barrier to entry.

Cleaning

When are resident rooms required to be cleaned and disinfected at an increased frequency?
- Residents who do not have staff or visiting persons entering their room do not require an increase to their regular scheduled weekly cleaning by the operator.
- Residents who have staff and/or visiting persons 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.

When will the frequency for low and high touch area cleaning be reduced?
- At this time, guidance regarding cleaning and disinfecting of low and high touch surfaces continues to support this frequency. Should these recommendations change, Alberta Health will revisit these expectations.

What are inspectors looking for to ensure cleaning is being completed?
- Auditors are looking for evidence such as cleaning schedules, logs or flow sheets including what high and low touch surface cleaning is being done. Auditors will also be completing visual inspections of different areas of the building.
- Auditors may also have discussions with staff who are responsible for the cleaning to ensure that staff are aware of the required processes.

What role do staff, including AHS home care workers, and visiting persons have in resident room cleaning?
- Staff, including AHS 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 of areas that they have come in contact with at the end of their visit.
- Visiting persons are expected to observe any infection prevention requirements set out by the facility including those set out in CMOH Order 16-2021 (e.g., safe visiting practices).
Can operators charge residents for additional cleaning costs related to the extra visits happening?

- For publicly funded long-term care, designated supportive living and seniors’ lodges, these costs are appropriate uses of the extra COVID-19 funding received from government and operators can submit these costs as part of their regular reporting for COVID-19 related expenses. **These sites should not be charging clients extra fees.**
- For private pay supportive living, operators must ensure that they are meeting all of the requirements of any existing and applicable legislation (e.g., Supportive Living Accommodation Standards) before making a decision to charge residents.
  - Operators must ensure that they act in accordance with resident agreements (i.e. that the agreements allow for any added fees for particular supplies or services; that any required/agreed notice periods are met; etc.).

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.

Are cleaning requirements different on units where people live who have cognitive impairments/dementia and are in a COVID-19 outbreak?

- Given the mobility of those on this described unit, and likely inability to avoid touching, existing requirements may need to be augmented (i.e. increased).

Dining, Group Recreation and Resident Outings

Are residents still encouraged to stay on the facility’s property, except in the case of necessity?

- Non-isolated/quarantined residents may move freely on and off site.
- Residents are expected to follow all public health advice applicable to all Albertans.
- Residents should be encouraged to maintain physical distancing, wear a mask at all times (operators must provide a surgical/procedure mask), maintain good hand hygiene, understand safety precautions upon return (based on vaccination status) and be subject to Health Assessment Screening upon re-entry if they left the property.

Can residents visit with each other in their rooms/suites? Can they visit and do activities together (e.g., meals, cards, crafts)?

- Non-isolating (not symptomatic nor required to isolate in the case of outbreak protocols) and non-quarantining (not a close contact of someone who is symptomatic) residents are
encouraged to visit and enjoy shared activities together, following all safety precautions (including hand hygiene, disinfecting shared items).

Do residents at the same site have to maintain physical distance from one another?
- Residents who are not required to isolate or quarantine are permitted to visit with one another without physical distancing in place if the site is not in a confirmed outbreak or under investigation for an outbreak.

When can larger group/recreational activities start up again?
- Recreational and group activities for non-isolated/quarantined residents are permitted and encouraged.
  - Both indoor and outdoor group sizes can be determined by the operator, based on size of their space and ability to adhere to public health guidance.
  - NOTE: DFSP/Visitor limits do not apply to operator organized activities.
- If a site is experiencing an outbreak, the cancelling of group/recreational activities should only be done based on the direction of the MOH/ or their designate leading the outbreak.

Can designated family/support persons (DFSP) or other visitors participate in facility recreational activities?
- One DFSP per resident may support resident at recreation activities, as directed by resident need.
- At this time, other visitors may not participate.

Are there some group/recreational activities still not recommended?
- Low risk activities should be resumed (e.g. worship services, crafts, exercise, games, indoor and outdoor performances including singers, music, etc.)
- Higher risk activities (such as indoor group singing, preparing food, etc.) should be avoided.
  - If singing is part of a worship service (e.g. congregational singing, choirs and performances), they are required to following applicable guidance.
- Residents must have access to recreational supplies (e.g. books, playing cards, art supplies, fitness equipment, etc.).
  - Operators must ensure cleaning and disinfection between each use and instruct people who are touching the items to sanitize their hands immediately before and after using the item and throughout the period of use should the situation require (e.g. coughing, touching face, etc.).

How many residents can sit at each table for dining?
- There are no restrictions to the number of residents who can sit at a table for dining, as long as the tables are spaced 2 meters apart.
  - One DFSP per resident may support mealtime, directed by resident need.
  - At this time, family are not able to join for a social mealtime.
COVID-19 INFORMATION

QUESTIONS & ANSWERS:
Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 32-2021)

- Operators are encouraged to set up cohorts for meals (e.g. sit with the same people)
- When the site is in confirmed outbreak, group size should be minimized and additional precautions taken (see order).
- If a facility has a restaurant or deli on site, residents are to follow provincial and municipal guidance regarding in person services and in person dining.

For information on DFSPs and social visits on site, please refer to Order 16-2021

Personal Choice Services and other Amenities

Are personal choice services (hairdressing, barbering, manicures, pedicures, massages and facials) allowed in these settings?
- Yes. If there is a resident need for these services and the operator is ready to allow this to happen, services in these setting are permitted.
- All service providers must follow all workplace public health guidance as well as any CMOH order to ensure the safety of clients.
- Where there are differences in standards from this order and that of the workplace guidance or public health orders applicable to those services/businesses, the higher standard must prevail, unless exemptions are noted.

Are personal choice service providers required to provide their own PPE?
- Yes, these service providers are responsible to provide and wear their own PPE according to industry guidance, ensuring it is suitable for the service being provided and any additional requirements of the site.

Can personal choice service providers work in multiple licensed supportive living/long-term care facilities?
- Where feasible, they should limit their work to one facility per day.

Can a resident arrange to have a service provider (e.g. foot care) come into the facility to provide care?
- Yes, operators must support access for service providers as determined by residents’ needs.
- Services should be provided virtually where possible and appropriate.
- See Staff and Service Providers section in the Order for further details.
COVID-19 INFORMATION

QUESTIONS & ANSWERS:
Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 32-2021)

Communication

What are the expectations regarding communication between operators and impacted parties?
- Operators must communicate transparently at all times with residents, families, designated family/support persons, visitors, staff, volunteers and other impacted service providers.
- Communication includes:
  - Updated information relevant to their staff, residents, designated family/support persons and/or visitors, families and any impacted service providers.
  - To residents, any relevant changes in operation at their site, including any adjustments made to house rules (i.e. site specific rules or guidelines in place), resident/operator agreements, handbooks etc.

Staff Wellbeing

What can be implemented by operators to address 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.
- Additional resources have been added to the Order regarding staff wellbeing and mental health. See order for more information.

Miscellaneous

How does an operator provide proof of staff self-checking for symptoms twice daily?
- Auditors/inspectors may ask for proof that an employer provided the information to their staff (e.g. an email, memo, etc.) and/or may ask staff how many times they are required to check for symptoms each day. Other acceptable proof would include a process in place within an electronic chart system or regular announcements over an intercom.
- Please reach out to your licensing contact or asal@gov.ab.ca if you have other questions.

Do we need to screen and track the residents’ time in and out each time they leave the building?
- Residents will be screened upon re-entry only if they leave the facility property on an outing. They are not required to have screening completed when they leave the site to go outdoors on the facility property (e.g. outdoors for fresh air, etc.).
- See Resident Health Assessment Screening for further details.
Do residents need to maintain physical distancing from each other?
- Physical distancing is not required between non-isolated/non-quarantined residents who are participating in self-directed activities. Higher risk activities organized by the operator should have physical distancing considered in their planning.

Is eye protection mandated by this order?
- Please refer to AHS Infection Prevention and Control for direction on required PPE.
- Eye protection is recommended when there is evidence of continued transmission (defined as at least two confirmed COVID-19 cases).

Where can I find the decision tree to help determine when healthcare workers can return to work in various scenarios?
- If you are still unsure, please contact 811.

I have some questions and concerns about the COVID-19 vaccines, where can I get more information.
- The Health Canada approved vaccines are safe, effective and help prevent serious illness from COVID-19. High vaccine uptake has proven to reduce the risk of introduction and transmission of COVID-19 in continuing care settings.
- For more information about COVID-19 Vaccines see Health Canada, Alberta Health and Healthcare Excellent Canada for resources about vaccine preparedness for long-term care and retirement homes.

Has the testing strategy changed with the release of the new order?
- The testing strategy is evolving as we learn more about COVID-19.
- Please see Testing Strategy in Alberta and the COVID-19 Disease Management Guidelines for the most up-to-date information.
- Tables 5a, 5b, and 5c within the order will help to guide your decision making after receiving test results.

Should residents be tested for COVID-19 upon admission?
- There has been no changes to this testing strategy. Residents should continue to be offered testing upon admission.
- Indications for testing symptomatic and asymptomatic persons are outlined in the current version of the Alberta Public Health Disease Management Guidelines and as directed by Public Health. These guidelines are updated from time to time, so please ensure that you are referencing the most current version.

For more information, please visit alberta.ca/protecting-residents-at-congregate-care-facilities or contact asal@gov.ab.ca