

COVID-19 INFORMATION

# GENERAL RELAUNCH GUIDANCE

---

SEPTEMBER 2020





# CONTENTS

---

Glossary .....	4
Purpose .....	5
Relaunching Operations .....	6
Infection Prevention and Control .....	9
Non-Compliance.....	15
Resources .....	16
Appendix A: Information on quarantine and isolation.....	17

## GLOSSARY

---



### Attendee

Anyone who works at or goes to a site, facility, event or organization. This includes, but is not limited to:

- Staff, contractors, workers and volunteers
- Students
- Congregants, faith-community members
- Visitors, guests, participants, the general public
- Clients, patrons
- Organization members



### Control

Any policy, procedure, or practice that reduces the risk of spread of COVID-19. Examples of controls include asking sick people to isolate at home, removing requirements for in-person interaction, or setting up physical barriers between people.



### Isolation

Where an individual who is sick is separated from others and their contact with all others is restricted to keep them from potentially infecting others.



### Operator

The person or organization responsible for the overall operation or leadership of a business or entity. This includes, but is not limited to:

- Business owners
- Public and private facility operators/managers
- School administrators
- Faith leaders and operators of places of worship
- Sport and recreation organizers
- Event organizers, including:
  - Commercial events
  - Not-for-profit or charity events
  - Informal and formal social gatherings, weddings, family reunions, celebrations, etc.



### Quarantine

Where an individual who has been potentially exposed to disease is separated from others and their contact with all others is restricted until it can be determined whether individual does or does not have the disease.

## PURPOSE

---

As Alberta continues to move through the stages of its relaunch strategy, businesses, communities and organizations are also in various phases; some preparing to reopen, others offering modified services or in full operation. In all cases, operators are expected to carefully and continually consider how they can modify their operations and implement practices in their settings to reduce the risk of transmission of COVID-19 infection among attendees.

This document provides information to support operators to implement measures to keep all attendees safe and healthy during the COVID-19 pandemic. It is applicable to all operators across various settings and services (excluding health care settings) and should be used in addition to sector specific guidance that can be found on the [Alberta Biz Connect webpage](#).

**This general guidance:**

- supports operators to develop and implement a COVID-19 Relaunch Plan;
- provides multiple infection prevention and control measures to meet public health requirements; and
- helps operators better understand isolation and quarantine.

**When making decisions about relaunching, or continuing operations during COVID-19, operators are reminded that:**

- the safety and wellbeing of attendees is the most important consideration.
- relaunch plans should include measures that reduce the risk of transmission of COVID-19 and comply with current Chief Medical Officer of Health (CMOH) Orders.
- each operator is unique, and appropriate relaunch plans will vary based on the characteristics of the operator's settings and services.
- no single measure or action is effective in every situation. Employ multiple actions whenever possible.
- relaunch plans should be able to scale up or down depending on the evolving situation.

As the COVID-19 pandemic is an evolving situation, this document and the guidance within are subject to change and will be updated as appropriate.

## RELAUNCHING OPERATIONS

---

### COVID-19 Relaunch Plan Key Points:

- All operators must adhere to the requirements in Chief Medical Officer of Health Orders.
- All operators should develop a COVID-19 Relaunch Plan and post information for attendees.

Besides this General Relaunch Guidance document, operators may need to consult various provincial and local-level resources and requirements including:

- Public Health Orders from the Chief Medical Officer of Health (CMOH), which can be found [here](#).
  - Under current CMOH Orders, businesses and entities are required to:
    - Implement practices to minimize the risk of transmission of infection among attendees;
    - Provide procedures for rapid response if an attendee develops symptoms of illness;
    - Ensure that attendees maintain high levels of sanitation and personal hygiene; and
    - Comply, to the extent possible, with this guidance, and any other applicable Alberta Health guidance.
- Sector-specific guidance:
  - Each operator will have unique needs to consider based on their settings and services. As operators develop their own relaunch plans, they should use sector specific [guidance documents as applicable, which have been developed](#) to supplement this document. .
  - The information in this general guidance is not intended to exempt employers from existing OHS requirements. OHS questions and concerns can be directed to the OHS Contact Centre by telephone at 1-866-415-8690 (in Alberta) or 780-415- 8690 (in Edmonton) or online at Ask an Expert
- Local-level: in addition to provincial documents, operators and attendees are encouraged to stay up to date with measures or requirements set at the local level (e.g., by-laws and/or business-specific requirements for face coverings and masks).

### Relaunch Planning

The Alberta Government strongly recommends businesses and entities develop, implement, and publicly post relaunch plans. An optional [relaunch plan template](#) is available to support operators in developing and communicating their plan with attendees. Operators may also use the template as a guide to develop their own planning documents and implement their plan.

The template includes five broad areas for operators' consideration (distancing measures, cleaning and disinfecting, screening for symptoms, personal protective equipment and responsibilities). These areas, along with other relaunch considerations, are discussed in detail below.

## Additional Relaunch Considerations

### Communication with attendees

Encourage and support attendees to stay up to date with developments related to [COVID-19](#).

- Notify attendees of the steps being taken to prevent the risk of transmission, and the importance of their roles in these measures.
  - COVID-19 signage should be posted in highly visible locations:
    - “Help prevent the spread” posters are [available](#).
    - When possible, provide necessary information in languages that are most relevant to attendees.
- For operators of settings like workplaces and places of worship, discuss steps attendees can take to reduce the risk of transmission on their own, such as:
  - When commuting to and from various settings,
  - When in their homes and shared living accommodations,
  - During other activities, such as recreation and social gatherings.

### Records management

To support public health contact tracing efforts in the event that an attendee tests positive, operators should collect the name and contact information of attendees.

- Providing information is voluntary for attendees. An organization must obtain an individual's consent and notify them about the purpose and legal authority for the collection.
- Alberta Health Services will only request information about attendees if a potential exposure occurs onsite.
- For businesses/workplaces, this includes staff, workers and volunteers on shift. Where feasible to do so, and particularly for personal services and group events, it should also include patrons, customers, or members of the general public.
- Records should be kept for 4 weeks. An organization must make reasonable security arrangements to protect the personal information.
- Personal information that is collected for COVID-19 contact tracing must only be used for this purpose, unless an individual provides their consent.
- For more information, the Office of the Information and Privacy Commissioner has released [Pandemic FAQ: Customer Lists](#) about collecting customer lists or contact logs during the COVID-19 pandemic.
- Public and non-profit organizations that have questions about their *Freedom of Information and Privacy Act* (FOIP) obligations and private sector operators that have questions about their *Personal Information Protection Act* (PIPA) obligations can contact the FOIP-PIPA Help Desk by phone at 780-427-5848.

### Mental health

It is important to plan to support the psychological health and safety of workers in addition to meeting public health requirements. Remind workers of mental health and social supports that are available and encourage them to use these resources. For staff, workers, volunteers, this may include resources available through workplace benefits.

- These online resources provide advice on handling stressful situations and coping with COVID-19
  - [Help in Tough Times](#)
  - [Mental health and coping with COVID-19](#)

### Workplace sick leave policies

- Prepare for increases in absenteeism due to illness among workers, volunteers and their families.
- This may include updating sick time policies where applicable. Examine sick leave policies to ensure they align with public health guidance. There should be no disincentive or penalties for workers or volunteers to stay home while sick or isolating. Refer to the [temporary workplace rule changes](#).
- The Alberta Employment Standards Code contains provisions for job-protected leave related to COVID-19. For more information, visit the [Alberta Employment Standards site for COVID-19 leave](#).

### Building Maintenance

#### Water flow

Many buildings that have been unoccupied for some time have had reduced or no water flow through the plumbing system during the pandemic, leading to the stagnation of water in the pipes. Prior to reopening, each site needs to ensure fresh water replaces the stagnant water in the water lines. See Guidance for [Flushing Water Systems](#).

#### Ventilation

Ensuring proper ventilation with outside air can help reduce the concentration of airborne contaminants, including viruses, indoors. A well-maintained and operated ventilation system may reduce the spread of COVID-19 in indoor spaces by increasing the rate of air change, reducing recirculation of air and increasing the use of outdoor air.

The variety and complexity of HVAC systems in large buildings requires professional interpretation of technical guidelines and codes. Those who operate health facilities, schools, offices, and commercial buildings should seek assistance from professional and government organizations for information on ventilation and air filtration to help ensure the HVAC system is functioning optimally to reduce COVID-19 related risks.

Although improvements to HVAC systems cannot on their own eliminate the risk of airborne transmission of COVID-19, the following precautions support other strategies such as physical distancing, hand hygiene, masking and enhanced cleaning to reduce the potential for airborne transmission of the virus.

- Upgrade air filters to the highest rating compatible with the system.
- Inspect filter housings and racks to ensure an appropriate filter fit. This will minimize the bypassing of air around a filter.
- Consider increasing the rate of air exchange by minimizing air recirculation and increasing the use of outdoor air.
- Consider running the HVAC system at maximum outside airflow for 2 hours before and after occupied times, or at alternate intervals in accordance with industry standards.
- Ensure exhaust fans in washroom facilities are functional and operating as intended when the building is occupied.
- Direct airflow so that it does not blow directly across one person toward others. This reduces the potential spread of droplets that may contain infectious viruses.
- Increasing ventilation during and after cleaning (e.g., by opening windows or doors) is helpful in reducing exposure to chemical products and byproducts. It may also reduce risks from suspended particles potentially carrying COVID-19.

# INFECTION PREVENTION AND CONTROL

## Infection Prevention & Control Key Points:

- A combination of controls is the best way to reduce spread of COVID-19.
- Eliminating the risks and substituting with new ways of operating are the most effective controls.
- Encourage physical distancing through barriers, signage, floor markings and traffic flow controls, and limit the number of people in a space.
- Practice good hand hygiene and thorough cleaning and disinfecting.
- Use personal protective equipment and follow guidance to use it properly.
- Operators must still adhere to Occupational Health & Safety requirements.

Operators should conduct a [hazard assessment](#) to identify existing and potential hazards related to COVID-19. Policies, procedures and practices that reduce the risk of hazards are referred to as “controls”.

A numbered list of controls to reduce the risk of COVID-19 are found below. The most effective and protective controls are listed first. When considering which controls to use, operators should start with the most effective and protective, and should use combinations of controls to offer the best protection. All operators need to consider their specific settings and services to determine the best way to reduce risks for attendees.

## 1. Elimination: remove the risk of exposure

### Operators should:

- Be familiar with the different legal [isolation](#) and quarantine requirements for COVID-19; detailed requirements are in Appendix A.
- To enable quick contact with workers, operators who are employers should maintain an up-to-date contact list for all workers and volunteers, including names, addresses and phone numbers.
- Take measures to prevent anyone experiencing COVID-19 symptoms from accessing the location.
- Post [signs](#) that instruct those who may have been exposed to the COVID-19 to not enter.
- Develop a plan on how to isolate attendees who are experiencing symptoms.
- Consider implementing active daily screening of attendees for symptoms of fever, sore throat, cough, runny nose or difficulty breathing.
  - The Alberta Health Services [COVID-19 Self-Assessment tool](#) can be used by attendees.
  - Operators may choose to use the [Alberta Health Daily Checklist](#) to screen workers and volunteers.
- Consider using a log of other attendees for the purposes of tracing close contacts.

If Alberta Health Services identifies a confirmed COVID-19 case associated with a business or other entity, the operator of the business or entity will be expected to work cooperatively with Alberta Health Services to ensure anyone potentially exposed receives the correct guidance. At minimum, the operator should be able to provide:

- Names, addresses, phone numbers, roles and positions of staff, workers and volunteers who were potentially exposed to a case while they were infectious at that location.

## **2. Substitution: alternate means of attending a location or receiving services**

Even with regular screening, operators may not entirely remove the risk of exposing attendees to COVID-19. However, settings and services can be replaced with lower risk alternatives that do not require individuals to attend on site. Operators should consider where possible:

- Implementing contact-free modes of interaction. This might include:
  - Online services
  - Virtual meetings and celebrations
  - Curb-side pick up or contactless delivery
  - Drive-in or drive-through services
  - Teleconferencing and work-from-home

## **3. Engineering controls: barriers and other physical controls**

When in-person attendance is necessary, operators should implement physical controls to support spacing of at least 2 metres or physical barriers to prevent direct contact between attendees. These types of controls reduce the opportunity for transmission.

Operators should consider the following examples and implement appropriate controls for their settings and services:

- Placing barriers or partitions between attendees.
- Removing alternate seats from waiting areas, lunch rooms and dining areas.
- Re-arranging lockers and workspaces.
- Closing toilets or urinals that are less than 2 metres apart.
- Placing additional hands-free garbage bins with removable linings at all entrances and exits.
- Increasing ventilation and air exchange, open windows where appropriate.
- Checking that HVAC systems are running optimally

#### 4. Administrative controls: distancing, disinfecting, hand hygiene and respiratory etiquette

Even with the best engineering controls, there are some settings and services where a physical barrier is not possible. Administrative controls change the way attendees interact based on policies, procedures, training and education. This includes policies about the use of non-medical face masks.

There are three main categories of administrative controls that operators should consider for their settings and services: physical distancing; cleaning and disinfecting; and hand hygiene and respiratory etiquette.

##### Distancing

Physical distancing means maintaining at least 2 metres distance between attendees as much as possible. Consider the following controls to encourage physical distancing between attendees:

- For gatherings, follow [current restrictions](#) set by the Alberta government.
- Consider:
  - Reducing the number of attendees at one time.
  - Directing traffic flow within a site. This can be accomplished with signs, ropes, floor decals, etc.
  - Reservations and staggered entry times.
  - Dedicated entry and exit points.
  - Developing appropriate attendee ratios (e.g., worker: patron), where applicable.
  - Remove all communal items that cannot be easily cleaned, such as newspapers, magazines, and stuffed toys.
- Develop strategies to minimize the handling of objects between multiple attendees and ensure frequent cleaning and disinfecting of these objects.
- Consider cohorting attendees, if applicable to your setting. The cohort concept encourages individuals who cannot maintain 2 metre physical distance when in group settings to only closely interact with the same people within their own cohort group rather than switching daily contacts or randomly interacting with others outside that circle. Limiting close physical contact only to those in a cohort decreases opportunities for being exposed to the virus while giving the opportunity for social interaction between individuals within the cohort. Not all operators will be able to consider cohorts in their settings or their businesses. Cohorts are designed to be long-term groupings and should not be short-term in nature (e.g., a different cohort every weekend).

Operators interested in better understanding the concept of a cohort in the COVID-19 context and how cohorts help to limit the spread of the virus, go to [Guidance for Cohorts](#).

### Cleaning and disinfecting

Cleaning and disinfecting is already part of standard practice for most operators. Many industries have specific standards they follow to ensure the safe operation of their settings and services. All operators should continue to follow their industry specific cleaning and disinfecting standards.

For COVID-19, operators should consider the following guidelines when developing a relaunch plan for cleaning and disinfecting their settings and services:

- Develop and implement procedures for increasing the frequency of cleaning and disinfecting of high traffic areas, common areas, public washrooms and showering facilities.
- Frequently clean and disinfect high-touch/shared surfaces such as:
  - Doorknobs, light switches, toilet handles, faucets and taps, elevator buttons, railings.
  - Phones, computers, remote controls, keyboards, desktops, conference room equipment, cash registers, touch screens, debit/credit machines, surface counters, customer service counters, menus.
  - Equipment handles, hand tools, machinery control panels, seat belt buckles, joysticks, steering wheels and controls on powered mobile equipment.
  - Items that are loaned, rented, or made freely available for use by multiple individuals, such as shopping carts and baskets, wheelchairs, and pushcarts.
- Limit hours of operations to allow for frequent cleaning.
- If possible, establish a procedure for attendees to report poor sanitary conditions, or if cleaning or disinfecting is required.
- Ensure disposable towels and spray cleaners, or disposable wipes, are available to workers, volunteers and (as necessary) patrons to regularly clean commonly used surfaces.

For operators that do not already have industry specific cleaning and disinfecting standards, the following protocols should be used:

- Cleaning refers to the removal of visible soil. Cleaning is not intended to kill germs but is highly effective at removing them from a surface. Disinfecting refers to using a chemical to kill germs on a surface. Disinfecting is only effective after surfaces have been cleaned of dirt and oils.
  - Use a “wipe-twice” method to clean and disinfect. Wipe surfaces with a cleaning agent to remove soil and wipe again with a disinfectant.
- Regular household cleaning and disinfecting products are effective against COVID-19 when used according to the directions on the label.
  - Preferably, use a product labeled as a disinfectant that has a Drug Identification Number (DIN)/ is Health Canada approved.
    - Health Canada has approved [several hard-surface disinfectants](#) and [hand sanitizers](#) for use against COVID-19. Use these lists to look up the DIN number or NPN number (for hard-surface disinfectants and hand sanitizers) of the product you are using or to find an approved product.
    - Make sure to follow instructions on the product label to disinfect effectively.
  - Alternatively, use a bleach-water solution with 20 ml (4 teaspoons) of unscented, household bleach to one litre (4 cups) water. Ensure the surface remains wet with the bleach water solution for 1 minute.

## Hand hygiene and respiratory etiquette

Operators should promote and facilitate frequent and proper hand hygiene all attendees. Operators should consider the following:

- Enabling and instructing attendees 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).
  - Ensure there are stations available to maintain hand hygiene.
  - It is strongly encouraged that operators provide a means to sanitize hands at points of entry and locations throughout the site where attendees are known to handle objects.
  - Hand washing with soap and water is required if the attendee has visibly dirty hands.
  - The AHS [Hand hygiene education webpage](#) has more information, posters and videos about hand hygiene.
- Operators should make every effort to encourage respiratory etiquette (e.g., coughing or sneezing into a bent elbow, promptly disposing of used tissues in a lined garbage bin) is followed.
- The use of highly visible posters that remind attendees to practice respiratory etiquette and hand hygiene is strongly encouraged (e.g., entrances, washrooms and staff rooms). Posters are available [here](#).

## 5. Personal protective equipment (PPE)

PPE controls are the last level of defense and should be used with other controls. PPE is necessary when physical distancing of 2 metres or physical barriers cannot be maintained by administrative and engineering controls.

### Operators should consider the following:

- Conduct a hazard assessment to determine if PPE is necessary. If necessary, the operator should ensure that the PPE is appropriate for the hazard and fits the workers and volunteers effectively.
  - Many industries have specific PPE standards they follow to ensure the safe operation of their settings and services.
  - When the operator is an employer, the operator must follow existing occupational health and safety (OHS) requirements. OHS questions and concerns can be directed to the OHS Contact Centre by telephone at 1-866-415-8690 (in Alberta) or 780-415-8690 (in Edmonton) or online at [Ask an Expert](#).
- Operators should ensure that they are aware of local bylaws or orders on masks and comply with all requirements.
- PPE should be stored, used and maintained as per the manufacturer's instruction for use, so it can perform its intended function to protect workers and volunteers.
- PPE worn by workers and volunteers, is considered single use (if indicated in manufacturer's instruction) and should be discarded in a lined garbage bag in between client/patron.
  - The same user may reuse PPE, such as eye protection, only if the manufacturer allows it and has provided clear cleaning and disinfecting instructions.
    - Assign a user's name and store separately from other PPE, after cleaning and disinfecting.

The type of PPE needed is dependent on type of activity and risk of exposure to COVID-19. For example, people who are in direct contact with patients with suspected/ confirmed transmissible infections may require gloves, gowns and specific types of face masks and eye protection.

## COVID-19 INFORMATION

### Gloves

- Gloves protect against the transfer of infectious agents to one's hands during direct contact with patients with suspected/confirmed transmissible infections or their immediate environments. Wearing gloves is not necessary in most situations, like running errands.
- The use of gloves does not replace the need for regular hand hygiene.
- Hand hygiene should be performed before and after glove use.

### Gowns

- Protect against the transmission of infectious agents to the arms/clothes during contact with patients or their immediate environments. Protect against the transmission of infectious agents to the arms/clothes during contact with patients or their immediate environments

### Eye protection (e.g., face shield or safety glasses)

- Protect the eyes (and mouth/nose if using a facemask) of the wearer from contact with splashes, sprays and splatter of bodily fluids from other people.
- Wearing a face shield without a face mask **does not** provide an adequate barrier around your nose and mouth and must not be used as a substitute for a face mask

### Medical Masks

- Surgical/procedure masks may be required for workers who may be exposed to splashes, large droplets, or saliva in the course of workplace duties, for example health-care professionals or law enforcement officers with frequent public interaction.
- Respirators (i.e. NIOSH-N95 masks) are required when workers may be exposed to hazardous airborne substances (particulate, vapours, biological hazards). They are not normally required for COVID-19 protection unless the procedure might cause large respiratory droplets containing COVID-19 to be aerosolized into tiny airborne particles such as during aerosol generating medical procedure (AGMP). AGMP is not common outside of health-care settings.

For details on the different types of masks and when they are needed, go to [types of masks](#).

## 6. Community protective equipment (non-medical masks)

Non-medical (procedure/cloth/homemade) masks or face coverings are worn as a community effort to prevent asymptomatic (no symptoms) or presymptomatic (contagious before symptoms develop) carriers of COVID-19 from spreading the virus. A face covering or non-medical mask is recommended when it is NOT feasible to maintain a physical distance of 2 metres from others. Hand hygiene should be performed before putting on and after taking off the mask.

- Follow [guidance for wearing non-medical masks](#).
- Check out the poster, [How to wear a non-medical mask](#); available in English and other languages.
- For details on the different types of masks and when they are needed, go to [types of masks](#).

## NON-COMPLIANCE

---

Operators should develop additional policies and procedure that address how to respond to attendees who do not comply with the operators guidelines.

If an operator is concerned an individual is not following [public health orders](#), the operator can:

- Remind the person that not following public health orders is against the law and puts people at risk.
- Ask the individual to leave the premises.
- To report urgent matters that require an immediate response contact your local law enforcement agency. Do not call 911.

If an organization/business/entity is not following [public health orders](#):

- Submit a complaint to AHS environmental public health [online](#) or leave a message at 1-833-415-9179.

## COVID-19 INFORMATION RESOURCES

---

### **Government of Alberta (Alberta Health)**

[COVID-19 Information for Albertans](#)

### **Alberta Health Services**

[COVID-19 Self-Assessment Tool](#)

### **Government of Canada**

[Coronavirus disease \(COVID-19\)](#)

### **Information Privacy** FOIP-PIPA

Help Desk: 780 427-5848

Toll free: 310-0000 before the phone number (in Alberta)

### **Health Information Act (HIA)**

Help Desk: 780-427-8089

Toll free: 310-0000 before the phone number (in Alberta)

Email: [hiahelpdesk@gov.ab.ca](mailto:hiahelpdesk@gov.ab.ca)

### **Office of the Information and Privacy Commissioner**

[Privacy in a Pandemic](#)

## APPENDIX A: INFORMATION ON QUARANTINE AND ISOLATION

One of the first critical steps to preventing further transmission of disease is the implementation of quarantine and isolation procedures. It is important to understand the difference and the mandatory requirements for each.

When someone is exposed to a contagious disease, they may not always get sick. If they do become sick, there will be a period of time between being exposed and becoming sick. It can take up to 14 days for people to start experiencing COVID-19 symptoms (e.g., fever, cough, shortness of breath/difficulty breathing, sore throat or runny nose).

Quarantine and isolation refer to separating and restricting people from contact with all others to prevent transmission.

Quarantine	Isolation
Required when people are not sick, but have been exposed	Required when people are sick, to keep them from infecting others
The quarantine period for COVID-19 is 14 days <ul style="list-style-type: none"> <li>This is because it can take up to 14 days for an individual to develop symptoms</li> </ul>	The isolation period for COVID-19 is 10 days or until symptoms resolve, whichever is longer

CMOH Orders 05-2020 and 28-2020 (see [public health orders](#) for full details and exemptions) state the situations where Albertans are legally obligated to quarantine or isolate:

- Albertans are legally required to be in **quarantine for 14 days** either:
  - Immediately upon entering or returning after travelling internationally (e.g., outside of Canada), or
  - If they are a close contact of a person who tested positive for COVID-19.
- Albertans are legally required to be in **isolation for 10 days, or until symptoms resolve, whichever takes longer**, if they:
  - Are diagnosed with COVID-19.
  - Develop a cough, fever, shortness of breath/difficulty breathing, runny nose, or sore throat not related to a pre-existing illness or health condition or to a known exposure to COVID-19.
- CMOH Order 05-2020 includes the following restrictions and requirements for isolation:
  - Remaining at home, and 2 metres distant from others at all times;
  - Not attending work, school, social events or any other public gatherings;
  - Not taking public transportation.

## COVID-19 INFORMATION

- Persons in isolation are not required to remain in isolation if they test negative for COVID-19 and have no known exposure to COVID-19. However, they must not return to work until symptoms have resolved. Returning while still ill may result in others being infected with their illness (e.g. cold or flu) and forcing those persons to isolate.
- CMOH Order 05-2020 includes the following restrictions and requirements for quarantine:
  - Remaining at home
  - Not attending work, school, social events or any other public gatherings
  - Not taking public transportation
  - Watching for relevant symptoms

If persons in quarantine begin to experience symptoms (cough, fever, shortness of breath/difficulty breathing, runny nose, or sore throat) not related to a pre-existing illness or health condition or to a known exposure to COVID-19, they must enter isolation for a period of 10 additional days from the start of their symptoms, or until symptom resolve, whichever is longer. However, in no case shall the total stay in quarantine/isolation be less than 14 days. Workers should use the AHS [Self-Assessment](#) tool if they are experiencing symptoms.

