COVID-19 INFORMATION

QUESTIONS & ANSWERS:
Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care

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When will the restrictions implemented due to COVID-19 be rescinded entirely?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

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.
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.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Isolation Required*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptomatic resident</td>
<td>Yes</td>
</tr>
<tr>
<td>Positive COVID-19 test</td>
<td>Yes</td>
</tr>
<tr>
<td>Close contact with someone who has COVID-19</td>
<td>Yes</td>
</tr>
<tr>
<td>New admission to facility (regardless of where they moved in from)</td>
<td>Yes</td>
</tr>
<tr>
<td>Current resident who returns from hospital admission <em>related</em> to confirmed COVID-19</td>
<td>Yes</td>
</tr>
<tr>
<td>Current resident who returns from hospital admission <em>unrelated</em> to COVID-19</td>
<td>Yes</td>
</tr>
<tr>
<td>Return from emergency department</td>
<td>No</td>
</tr>
<tr>
<td>Return from essential activity¹</td>
<td>No</td>
</tr>
<tr>
<td>Return from non-essential activity</td>
<td>No</td>
</tr>
<tr>
<td>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)</td>
<td>Yes</td>
</tr>
<tr>
<td>Routine asymptomatic testing</td>
<td>No</td>
</tr>
<tr>
<td>Situation Specific as per Chief Medical Officer of Health/designate</td>
<td>As per CMOH/designate</td>
</tr>
</tbody>
</table>

¹ 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.
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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:

<table>
<thead>
<tr>
<th>Outbreak Phase(s)</th>
<th>Worksite 1</th>
<th>Worksite 2</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbreak Prevention or Site Under Investigation</td>
<td>DSL/LTC</td>
<td>DSL/LTC</td>
<td>Not allowed to work at more than one DSL/LTC.</td>
</tr>
<tr>
<td></td>
<td>DSL/LTC</td>
<td>Acute Care</td>
<td>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)</td>
</tr>
<tr>
<td></td>
<td>DSL/LTC</td>
<td>Auxiliary Hospital-Acute Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DSL/LTC</td>
<td>Lodge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DSL/LTC</td>
<td>Home Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DSL/LTC</td>
<td>Retail Store</td>
<td></td>
</tr>
<tr>
<td>Confirmed Outbreak</td>
<td>Any licensed supportive living or LTC</td>
<td>Any licensed supportive living or LTC</td>
<td>Once in a confirmed outbreak, for the duration of that outbreak, all sites must restrict staff to working only at the outbreak site.</td>
</tr>
</tbody>
</table>

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 top their single site preference during an outbreak at the site they were working at).
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Q&A: Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care

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.

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.
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.
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.
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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.