

PPE Checklist

Contact and Droplet Precautions

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

Source: World Health Organization and Center for Disease Control and Prevention

Continuous Masking

All healthcare workers 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 meters) 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 infection to residents and other workers, which may occur even when symptoms of illness are not recognized.
- ▶ Staff must perform hand hygiene before putting on the mask and before and after removing the mask.

Healthcare workers who do not work in resident care areas or have direct resident contact are only required to mask if physical distancing (2 meters) cannot be maintained at all times in the workplace or if entry into resident care areas is required.

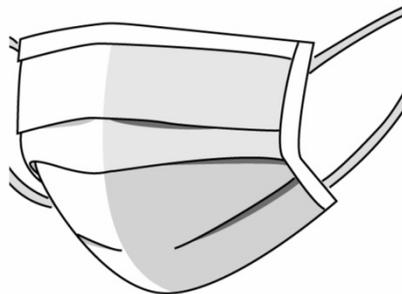
Judicious use of all PPE supplies remains critical to conserve supplies and ensure availability. Where possible, these requirements go into effect immediately.

When putting on Gloves, the following sequence of steps is required:

1. Screen for symptoms
2. Perform hand hygiene
3. Put on gloves

When taking off PPE, the following sequence of steps is required:

1. Remove gloves
2. Perform hand hygiene



MASK USE GUIDELINES

When should you wear a mask?

- ▶ When you are "**SICK**" and you are around people.
- ▶ When you are "**HEALTHY**" but you are caring for sick individuals (and they are not able to wear a mask due to breathing difficulty).
- ▶ Masks should be used by sick people to prevent transmission to others. A mask will help keep a person's droplets in.
- ▶ The mask should be provided to the individual and worn as tolerated and changed at least once daily.
- ▶ It may be less effective to wear a mask in the community when a person is not sick themselves. Masks may give a person a false sense of security and are likely to increase the number of times a person will touch their own face (e.g .. to adjust the mask).

Remember:

- ▶ Masks are **ONLY** effective when used in combination with frequent handwashing with soap and water or alcohol-based hand rub.
- ▶ Keep a distance of at least 1-2 meters from the affected individual when possible.
- ▶ Wear a medical mask when in the same room as the affected person.
- ▶ When wearing a mask, avoid touching it.
- ▶ Once the mask is damp, it needs to be replaced.
- ▶ When removing a mask, take it from behind (**NEVER** touch the front of the mask); discard immediately in a closed bin; then wash your hands.
- ▶ Dispose any material contaminated with respiratory secretions (disposable tissues) immediately after use and then perform hand hygiene.

PROTOCOL FOR SAFETY GLASS DISINFECTION

With a limited number of medical supplies during this pandemic, we will be using safety glass as part of our Personal Protective Equipment when an individual has a presumptive / confirmed case of COVID-19.

Disinfecting

- ▶ Household bleach can be diluted with a **ratio of 1 part per thousand water or 100ppm** to disinfect glasses.
 - ▶ Completely immerse and soak the glasses in the disinfecting solution for at least 2 minutes and then rinse off with warm water.
 - ▶ Be sure to rinse your glasses in warm water to remove any soap, cleaner or disinfectant solution. Failure to remove the cleaners or disinfectants could cause film, haze, discoloration and could even affect the integrity of some forms of plastic.
 - ▶ Be sure they are rinsed off completely and dried with a lint free cloth.
 - ▶ Be sure to **disinfect after every use**.
- Regularly inspect safety glasses before each use. Look for scratches or any other type of damage that may interfere with the safety performance and discard and replace as necessary.

COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities

Public Health Guidelines for Environmental Cleaning of Public Facilities during Respiratory Illnesses in the Community

This document is to support owners and operators of public facilities with general cleaning and disinfection considerations as it relates to COVID-19. For general information on COVID-19 or to find site specific resources, please visit: ahs.ca/covid.

General Cleaning

- Increase daily cleaning and disinfection of common areas and surfaces. Pay particular attention to door knobs, light switches, staff rooms, desktops, washrooms and other high touch surfaces.
- Cleaning refers to the removal of visible dirt, grime and impurities. Cleaning does not kill germs but helps remove them from the surface.
- Disinfecting refers to using chemical to kill germs on surfaces. This is most effective after surfaces are cleaned. Both steps are important to reduce the spread of infection.
- Use a **disinfectant** that has a Drug Identification Number (DIN) and a virucidal claim. Be sure to follow the instructions on the label to disinfect effectively. Alternatively, you can prepare a bleach water solution with 100 ml of unscented household bleach per 900 ml of water.
- Be sure to take the appropriate precautions when using chemicals for cleaning and disinfecting. Consult the product's Safety Data Sheets.

Prevention

- [Wash your hands often and well](#)
- 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
- Stay at home and away from others if you are feeling ill
- [When sick, cover your cough and sneezes and then wash your hands](#)

Enhanced Measures

- In the event of a cluster of illness in a specific public facility, please adhere to any additional recommendations provided by Public Health at that time.

COVID-19 Environmental Cleaning of Public Facilities Recommendations • 2

References:

Alberta Health Services Infection Prevention and Control

Centers for Disease Control and Prevention: Coronavirus Disease 2019 (COVID-19)

For more information, please contact your nearest Environmental Public Health office.

Edmonton Main Office
Calgary Main Office
Lethbridge Main Office

780-735-1800
403-943-2288
403-388-6689

Grande Prairie Main Office
Red Deer Main Office
www.ahs.ca/eph

780-513-7517
403-356-6366
PUB-0546-202003

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Contact and Droplet Precautions

In addition to **Routine Practices**

	<p>Accommodation</p> <ul style="list-style-type: none">• Single room and bathroom (recommended whenever possible).• Contact and Droplet Precautions sign visible on entry to room or bed space.• Room door may remain open (close door if an aerosol generating procedure is in progress).• If room-sharing, a separation of at least 2 metres between patients¹, a dedicated bathroom or commode for each patient and privacy curtains must be pulled between patients.
	<p>Hand Hygiene</p> <ul style="list-style-type: none">• Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water as described in <u>Routine Practices</u>.• Use plain soap and water when:<ul style="list-style-type: none">○ hands are visibly soiled;○ caring for patients with diarrhea and/or vomiting.• Perform Hand Hygiene:<ul style="list-style-type: none">○ before accessing and putting on a gown, gloves, masks, and eye protection;○ after taking off gloves, after taking off gown, and again after removing eye protection and mask.• Educate patients and visitors about how and when to use hand hygiene products.
	<p>Personal Protective Equipment: Gowns</p> <ul style="list-style-type: none">• Wear a new gown to enter patient room or bed space.• Fasten the tie strings at the neck and the waist.• Make sure the sleeves cover your wrists.• Put on gown <i>before</i> putting on gloves; gloves should cover the gown cuffs.• Do not wear a gown outside a patient room or bed space unless transporting contaminated items.• Remove soiled gowns as soon as possible.• Take off gloves and perform hand hygiene <i>before</i> taking off gown.• Place used, disposable gowns in regular waste container, do not tear or rip to remove, and perform hand hygiene.• Place washable gowns in linen bag dedicated to room and perform hand hygiene. <p>Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of gowns.</p>

¹ Patients are all persons who receive or have requested health care or services. The terms “client” or “resident” may also be used, depending on the health care setting.

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For more information, contact Infection Prevention and Control
infectionpreventioncontrol@ahs.ca

	<p>Personal Protective Equipment: Gloves</p> <ul style="list-style-type: none"> • Wear non-sterile gloves to enter patient room or bed space. • Put on gown first and then gloves <i>after</i>, cover gown cuffs. • Gloves are single-use. Use only once, then dispose of immediately after use. • Change gloves between care activities for the same patient (e.g. when moving from a contaminated body site to a clean body site). • Sterile gloves are for sterile procedures. • Never wear gloves outside a patient room or bed space unless transporting contaminated items. • Remove damaged gloves as soon as possible and perform hand hygiene. • Never wash gloves or use ABHR while wearing gloves. • Take off gloves and perform hand hygiene <i>before</i> taking off gown. • Discard used gloves in a waste container. <p>Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of gloves.</p> <p>For more detailed information on glove use see Glove Use and Selection: IPC Best Practice Guidelines or Proper Glove Use as part of Personal Protective Equipment.</p>
 	<p>Personal Protective Equipment: Facial Protection</p> <ul style="list-style-type: none"> • Wear facial (mask and eye) protection to protect your mouth, nose and eyes. • If you need a mask, you also need eye protection (e.g. goggles, face shields, visors attached to masks). • Perform hand hygiene before putting on and immediately after taking off facial protection. • Proper wearing of masks includes: <ul style="list-style-type: none"> ○ ensuring a snug fit over the nose and under the chin; ○ molding the metal bar over the nose; ○ wearing the mask with the moisture-absorbing side closest to the face; ○ removing mask when leaving patient room or bed space; ○ changing mask when it becomes moist; ○ careful removal after use, touching only the elastic or ties; ○ not wearing masks around the neck. • Prescription glasses do not meet Workplace Health and Safety regulations for eye protection. • Clean and disinfect re-useable eye protection after each use. • Discard single-use masks and eye protection in regular waste container. <p>Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of facial protection.</p>

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	<p>N95 Respirators & Eye Protection use ONLY for Influenza A or B (confirmed or suspected) cases when Aerosol Generating Medical Procedures are performed.</p> <ul style="list-style-type: none"> • All staff and physicians require fit-testing for an N95 respirator. • Perform hand hygiene before putting on and immediately after taking off N95 respirator. • Proper wearing of a N95 respirator includes: <ul style="list-style-type: none"> ○ putting on the respirator before entering the patient’s room; ○ molding the metal bar over the nose; ○ ensuring an airtight seal on the face, over top of the nose and under the chin; ○ donning eye protection after N95; ○ leaving the room and changing the respirator when it becomes moist; ○ removing the respirator after leaving the patient’s room by touching elastic only; ○ not wearing respirator around the neck. <p>Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of N95 respirators.</p>
	<p>Handling Patient Care Items and Equipment</p> <ul style="list-style-type: none"> • Use disposable patient equipment when possible. • Dedicate re-useable equipment for a single patient use only, until discharge (e.g. thermometers, blood pressure equipment). • If reusable equipment cannot be dedicated for a single patient use, clean and disinfect it between patients. <ul style="list-style-type: none"> ○ Refer to manufacturer’s instructions for equipment specific cleaning information • Contact and Droplet Precaution rooms should contain a dedicated linen bag; double bag only if leaking. • Do not share toys, electronic games, and books that cannot be cleaned and disinfected. • Clean and disinfect shared tubs and showers immediately after use as per AHS procedures. • Used meal trays and dishes do not require special handling. Place on the dietary cart or in an area designated for used dishes. Disposable dishes and utensils are not required. • After patients are discharged, transferred or contact precautions are discontinued, clean/disinfect reusable equipment, discard single-use supplies that remain and launder unused linens.

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July 2018

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	<p>Patient Ambulation Outside Room, Bed Space or Transfer</p> <ul style="list-style-type: none"> • Patients should leave the room or bed space for essential purposes only, exceptions require IPC consultation. • Before patients leave their room, educate or assist them to: <ul style="list-style-type: none"> ○ perform hand hygiene; ○ put on clean clothing or hospital gown/housecoat; ○ ensure dressings and incontinence products contain drainage; ○ put on a procedure/surgical mask. • Notify the receiving area, before departure, of the need for Contact and Droplet Precautions. • Transport Staff should assess the risk of spreading infection and choose clean personal protective equipment (PPE) if necessary, to handle the patient during transport and at the transport destination, using Point of Care Risk Assessment (PCRA). PPE is to be removed when patient handling is complete. • Medical charts transported with the patient must be kept clean.
	<p>Environmental Cleaning</p> <ul style="list-style-type: none"> • Room surfaces and equipment cleaning/disinfection is required on a daily basis or more frequently if directed by IPC using AHS approved products and procedures. • After discharge, transfer or discontinuation of contact and droplet precautions, clean room as per existing facility cleaning practices. • Replace privacy curtains. <p>Additional precaution signs should not be removed until both patient’s personal hygiene and environmental cleaning have been completed.</p>
	<p>Visitors</p> <ul style="list-style-type: none"> • Encourage visitors to perform hand hygiene. • Instruct family or visitors how to put on and take off gown, gloves, masks and eye protection. • Contact and Droplet Isolation Precautions Family/Visitor information is an additional resource for visitors. <p>Keep the number of visitors to a minimum.</p>

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July 2018

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KNOW THE FACTS

ABOUT CORONAVIRUS DISEASE (COVID-19)

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.

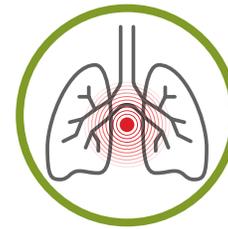
Symptoms of human coronaviruses may be very mild or more serious, such as:



FEVER



COUGH



DIFFICULTY BREATHING

Symptoms may take up to 14 days to appear after exposure to the virus.

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.

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

- ▶ 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;
- ▶ cough and sneeze into your sleeve and not your hands; and
- ▶ stay home if you are sick to avoid spreading illness to others.

For more information on coronavirus:

1-833-784-4397

canada.ca/coronavirus

phac.info.aspc@canada.ca



novel Coronavirus (COVID-19) FAQs for Public

Issued by the AHS Emergency Coordination Centre (ECC)

REVISED April 6, 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.

If you are a healthcare worker in Alberta, please visit 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.

Additional information for travelers, schools, daycares, employers and all Albertans, can also be found at 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 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 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 here: <https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-flu-handwash-how-to.pdf>
- 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.
- 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 here: <https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-cover-cough.pdf>

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, prioritizes groups at highest risk of local exposure, as well as at-risk populations. This priority list for testing was expanded on April 6.

As of March 23, travellers who returned to Alberta from outside of Canada after March 12 and have mild symptoms are no longer being tested for COVID-19. Instead, the same advice applied to all Albertans applies to them - self-isolate at home and away from others.

This change is effective going forward, so anyone who had already been told by Health Link that they'll be tested will still get tested.

Testing will be prioritized for the following individuals, if they are **symptomatic**:

- people who are hospitalized with respiratory illness;
- residents of continuing care and other similar facilities;
- healthcare workers with respiratory symptoms;
- group home workers and shelter workers;
- first responders, including all firefighters, EMS, police and RCMP;
- those involved in COVID-19 enforcement, including police, peace officers, bylaw officers, environmental health officers, and fish and wildlife officers; and

- correctional facility staff, working in provincial or federal facilities.

In addition, effective April 7, anyone 65 years old or older who has fever, cough, shortness of breath, runny nose or sore throat will be eligible for testing. Older Albertans are at higher risk of complications if they are infected with COVID-19. Identifying infections in Albertans over the age of 65 will help AHS:

- prevent the spread to high-risk populations living in close quarters,
- more closely trace any community transmission among the testing groups, and
- provide more valuable information on the effects of our public health measures.

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.

Not everyone who feels sick needs to get tested. These priorities are based on the best available information about COVID-19 available at this time.

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.
- 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 surgical 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
 - Public Health Agency of Canada: canada.ca
 - World Health Organization: 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 and Hospice Care Settings in Alberta. Likewise, AHS is restricting all visitors to AHS Acute Care (hospital) facilities. See [Information for People Visiting Patients](#) for more information.
- 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-notices>.
 - 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 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

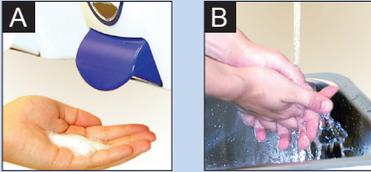
I live outside of Canada but have a trip planned to Alberta this week/month. Should I still come?

- 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.

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.

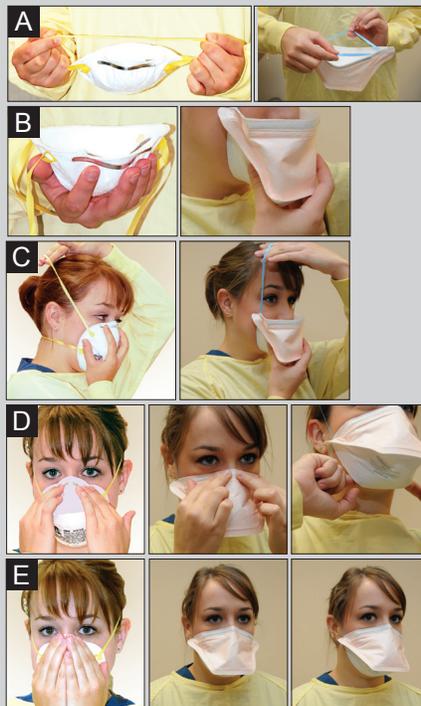


3b N95 respirator

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.

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:

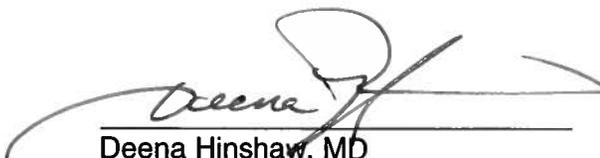
- (a) an auxiliary hospital under the *Hospitals Act*;
 - (b) a nursing home under the *Nursing Homes Act*; and
 - (c) a designated supportive living accommodation under the *Supportive Living Accommodation Licensing Act*.
3. For the purposes of Part 1 of this Order, a “contractor” is defined as an individual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



Document: Appendix A to Record of Decision – CMOH Order 10-2020

Subject: Updated Pre-Outbreak Operational Standards for Licensed Supportive Living and Long-Term Care and residential addiction treatment service providers licensed under the *Mental Health Services Protection Act* (MHSPA) under Record of Decision – CMOH Order 10-2020.

Date Issued: April 10, 2020

Scope of Application: As per Record of Decision – CMOH Order 10-2020.

Distribution: All licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals) as well as all residential addiction treatment service providers licensed under the MHSPA.

***Amendments to previous orders are noted by this change in font.**

Purpose:

The operational expectations outlined here are required under the Record of Decision – CMOH Order 10-2020 (the Order) and are applicable to all licensed supportive living (SL), long-term care (LTC) facilities and service providers licensed under the MHSPA in Alberta, unless otherwise indicated. They set requirements for all operators¹ or service providers, residents², staff, as well as any designated essential visitors (or families and others who are permitted to visit when a resident is dying, as per CMOH [Order 09-2020](#)).

- These expectations apply when a site is **not** in outbreak and **will change** if a site is actually experiencing an outbreak, as per this Order, and outlined in Appendix B.
- These expectations may change existing requirements (e.g., in the Supportive Living and Long Term Care Accommodation Standards, the Continuing Care Health Service standards, the MHSPA), 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 employee, or another essential worker (e.g., physicians, critical maintenance person).

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

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

Key Messages:

- Individuals over 60 years of age, those with pre-existing health conditions, and those with substance abuse concerns who may have underlying health conditions, are the most at risk of severe symptoms from COVID-19, especially when they live in close contact as is the case with congregate settings.
- To prevent the spread of respiratory viruses, including COVID-19, among seniors and vulnerable groups, we are setting a number of proactive expectations for any site ***not already in a COVID-19 outbreak.***
- Many individuals with substance use concerns may have underlying health conditions, making them more at risk of severe symptoms from COVID-19.
- 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.
- Please refer to Appendix B – Suspected, Probable or Confirmed Outbreak Standards as soon as a staff member or resident has identified symptoms of COVID-19 for additional guidance.
- Thorough cleaning and disinfection of frequently touched surfaces and equipment assists in disrupting disease transmission and help prevent COVID-19 and death in those who are at high risk.
- We recognize that socialization and activity are an important part of life and recovery in these congregate settings. These new expectations are required to safeguard people while we are in this pandemic.
 - Changes to how life and activities happen within these congregate settings are critical at this time, beyond the physical and social distancing expectations that are already required of all Albertans.

Symptom Notification and Response

- Operators must advise all **residents** that they are required to conduct daily self-checks (like all Albertans), for signs of COVID-19. If a resident is unable to do a self-check, see below under “Health Assessment Screening”
 - Note that the list of signs and symptoms for residents is different than for staff, as residents may experience milder initial symptoms or be unable to report certain symptoms if cognitively impaired.
 - Residents must immediately notify their primary site contact (preferably by phone), if they are feeling unwell.

- Upon notification of a resident feeling unwell, the operator must communicate to the resident and staff about any steps they need to take both to assist the resident and to ensure staff safety. This may include helping the resident (or asking the designated essential visitor to assist) to proceed through any required COVID/illness screening.
- Operator must advise **staff** that they are required to **conduct twice daily self-checks** (like all Albertans) for signs of [COVID-19](#), for their own health as well as 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 remain off work for 10 days or until symptoms resolve, whichever is longer, or as per direction of the Chief Medical Officer of Health. If this happens while the staff member is on shift, they must notify their supervisor and immediately leave the facility and self-isolate.
 - Any staff developing symptoms while at work must not remove their mask and must be sent home immediately.
 - Site administrators must exclude symptomatic staff from working.

Health Assessment Screening

- Those residents who have a routine interface with staff (e.g. personal care), should be actively screened by staff at least **once** daily using the COVID-19 Questionnaire (Residents) below.
- Documentation of screening should be kept in the resident chart.
- All entering and re-entering residents and staff must be screened each time they enter the site.
- Screening shall involve both of the following:
 1. Temperature screening:
 - The temperature of all residents and staff must be taken by a non-invasive infrared or similar device (oral thermometers must not be used).
 - For reference, normal temperatures are: ear/forehead 35.8-38.0°C (96.4-100.4°F)
 2. COVID-19 **Resident** Questionnaire (note additions/changes highlighted with *):

1.	Do you have any of the below symptoms:		
	• Fever (37.8°C or higher)*	YES	NO
	• Any new or worsening respiratory symptoms:		
	o Cough	YES	NO
	o Shortness of Breath / Difficulty Breathing	YES	NO
	o Runny Nose or sneezing*	YES	NO
	o Nasal congestion*	YES	NO
	o Hoarse voice*	YES	NO
	o Sore throat	YES	NO
	o Difficulty swallowing*	YES	NO
	• Any new onset atypical symptoms including but not limited to*:		
	o Chills*	YES	NO
	o Muscle Aches*	YES	NO
	o Nausea*/Vomiting/Diarrhea	YES	NO
	o Feeling unwell* / Fatigued* / Malaise*	YES	NO
	o Headache*	YES	NO

COVID-19 Staff and Visitor Questionnaire

1.	Do you have any of the below symptoms:		
	• Fever (38.0°C or higher)	YES	NO
	• Cough	YES	NO
	• Shortness of Breath / Difficulty Breathing	YES	NO
	• Sore throat	YES	NO
	• Runny Nose	YES	NO
	• Feeling unwell / Fatigued	YES	NO
	• Nausea/Vomiting/Diarrhea	YES	NO
2.	Have you, or anyone in your household travelled outside of Canada in the last 14 days?	YES	NO
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?	YES	NO
4.	Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

- 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).

Failed Health Assessment Screening

- If any **staff** answers YES to any of the questions, the individual **MUST NOT** be permitted to enter the facility and should be instructed to leave immediately.
 - If staff member utilizes public transit, operator will send staff home via taxi with a mask.
- If any **resident** answers YES to any of the questions, the individual shall immediately be isolated in the facility.
 - Residents shall be taken to their room, or to an available isolation room, wearing a procedure/surgical mask. See below for further information (e.g., who to contact if you don't know what type of mask to use and where to get additional supplies, if needed).
 - See also above "Symptom Notification and Response"
- Immediately implement *Appendix B: Suspected, Probable or Confirmed Outbreak Standards*.
- AHS Coordinated COVID-19 Response is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms of COVID-19 for additional guidance and decision making support.
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.

Expectations of Staff & Operators

Staff Working at Single Facility

- To protect the most vulnerable Albertans, **designated supportive living and long-term care** staff are limited to working within one single health care facility. This will help to prevent the spread of illness between facilities.

- This order is inclusive of all staff at the facility (e.g. health care workers, food service workers, housekeeping, administrative, home care staff, etc.).
- 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 that interact with residents.
- Facility operators must determine the model of medical care that is appropriate for their residents that minimizes the number of physicians or nurse practitioners physically attending patients in that facility. Physicians and nurse practitioners should provide on-site, in-person care in only one facility, as defined by the order, to the greatest extent possible.
- Effective on April 23, 2020, staff will only be permitted to work at one single healthcare facility.
- Operators are not permitted to implement these changes sooner than April 16, 2020 to allow for a period of transition and effective implementation.
 - Recognizing the impact that this will have on staff and operators, Alberta Health and Alberta Health Services will communicate additional information and processes to support the implementation of this requirement.
- As soon as possible, but no later than April 15, 2020, staff will disclose to their supervisors:
 - If they are employed by multiple facilities and/or operators, and
 - Which site they prefer as their single primary worksite for the duration of this order
- Staff will be granted a leave of absence from their non-primary employers. Non-primary employers will not penalize staff.
- 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.
- **It is strongly recommended that all congregate living settings (e.g. non-designated licensed supportive living, lodges, group homes, etc.), though not mandated, also implement this directive.**

Continuous Masking

- All healthcare workers 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 meters) 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 infection to residents and other workers, which may occur even when symptoms of illness are not recognized.
 - Staff must perform hand hygiene before putting on the mask and before and after removing the mask.
 - Healthcare workers who do not work in resident care areas or have direct resident contact are only required to mask if physical distancing (2 meters) cannot be maintained at all times in the workplace or if entry into resident care areas is required.
 - Judicious use of all PPE supplies remains critical to conserve supplies and ensure availability.
 - Where possible, these requirements go into effect immediately. Facilities that need additional time to access masks through AHS or others are expected to be in compliance by April 15, 2020.
 - See contacts identified elsewhere in this document, for additional information regarding need for PPE (IPC) or access to supplies.
 - 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

Enhanced Environmental Cleaning

- 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).
 - 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) in resident rooms, care/treatment areas and common areas such as dining areas and lounges, as appropriate to the facility to a minimum of three times daily.
 - In addition, room cleaning and disinfection should be performed at least once per day on all low touch surfaces (e.g., shelves, bedside chairs or benches, windowsills, headwall units, over-bed light fixtures, message or white boards, outside of sharps containers).
 - Immediately clean and disinfect any visibly dirty surfaces.
 - 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**
 - Staff should ensure that **hands are cleaned before touching** the above-mentioned equipment.
 - 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.

Shared Spaces

Operators must ensure the following (or communicate these expectations to the residents and/or staff, as required):

- Place posters regarding [social distancing](#), [hand hygiene \(hand washing and hand sanitizer use\)](#) 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.

- Post the social distancing tips [fact sheet](#) in a place that is available to all residents, designated essential visitors and staff.
- No resident who is feeling unwell or under isolation (www.alberta.ca/COVID19) 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.
 - If a resident of a residential addiction treatment facility is feeling unwell, consideration should be given to them returning to their home, where possible and safe.

Shared Rooms

- Maintain a distance of two (2) meters 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.

Shared Dining

- 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 to a maximum of 2, 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

- Continue recreational and group treatment activities (only for non-symptomatic or non-isolating residents), meeting these expectations:
 - Reduce the size of the activity to five or fewer residents
 - To the greatest extent possible, pursue one-on-one activities

- Meet all existing social distancing requirements
 - Facilitate access to phone calls and other technology to maintain the link between residents, family and friends
- 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 and social distancing and other group/recreational expectations), ensure they are cleaned and disinfected before and after any use and re-secure.

Resident Move-In and Transfer

- People will continue to move into these settings (e.g., as new residents), according to existing processes, as well as continue to transfer between settings in the usual way (e.g., return from hospital). They are subject to the same Health Screening Assessments as all other residents/staff, with an assessment to be completed by the transferring site to ensure suitability for transfer (and other isolation or other requirements that have been set for all Albertans by the Chief Medical Officer of Health).
- Any new admissions and/or transfers to the facility should be placed on contact/droplet isolation for 14 days from arrival to facility.

Expectations of Residents and Designated Essential Visitors

- As per [Order 09-2020](#) no visitors are permitted, including those designated as essential, except for visits:
 - Where, in rare situations, the resident's care needs cannot be met without their assistance, or
 - When a resident is dying.
- Should a visitor be permitted, they must wear a mask continuously throughout their time in the facility and shall be instructed how to put on and take off any PPE.
- Any visits from the permitted designated essential visitor must occur in that resident's room, other than when the designated essential visitor is assisting with required care activities (e.g., mealtimes)³.
- Residents and permitted designated essential visitors shall perform hand hygiene (including hand washing and/or use of hand sanitizer) on entry and exit from their rooms, when leaving and returning to the facility and as directed by required posters or the site.
 - Where hand washing facilities are not available, hand sanitizer must be available in each resident's room and at site entry points (except in the case of operators

³ RECORD-OF-DECISION CMOH [Order 09-2020](#)

whose clients have substance use issues, where alternate hand washing sinks will be determined by the site and made available to the residents).

Resident Movement Around Site and Community

- All residents must stay on the facility's property, except in the case of necessity (e.g., walking, groceries, pharmacy) or exceptions (e.g., medical appointments) while observing physical and social distancing requirements.

Resident Relocation

- Should family members wish to take a resident home to care for them, it is **strongly recommended** that families understand the resident's care requirements and have any supplies/equipment in place.
 - This decision should be made in conjunction with the residents care team, physician, at-home supports, AHS Home Care (if applicable) and any alternate decision maker (as applicable).
 - AHS Home Care is limited in capacity due to COVID-19 pandemic preparations and may be unable to provide services.
 - Residents will not be re-admitted while the facility is in any level of outbreak.
 - Facilities may be in outbreak for extended periods of time (i.e. weeks to months)
 - Families must understand they will be responsible for the care of the resident (and any additional costs incurred) until the facility is able to re-admit the client.

Communication

The operator shall review Alberta Health's website at www.alberta.ca/COVID19 and Alberta Health Services' website at www.ahs.ca/covid daily for updated information, and:

- Communicate updated information relevant to their staff, residents, permitted designated essential visitors and families 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 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.

Access to Supplies

- Masks required for staff and 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 our 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.
- For a provider that is not a contracted AHS provider, please contact Provincial Emergency Social Services, to advise them of your PPE needs: PESSECC-LOGISTICS@gov.ab.ca.

Operators may determine that they need to increase expectations, above and beyond what is outlined here, due to site configuration, specialized populations, etc. If so, and as applicable, please do so in consultation with any relevant partner. 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
- Alberta Health's Accommodation Licensing Inspector (asal@gov.ab.ca)
- Alberta Health's Mental Health Services Protection Act Licensing Inspector (mhspa@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)
- AHS Coordinated COVID-19 Response is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms of COVID-19 for additional guidance and decision making support.
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.

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



Document: Appendix B to Record of Decision – CMOH Order 10-2020

Subject: Suspected, probable and confirmed COVID-19 outbreak standards for licensed supportive living, long-term care and residential addiction treatment service providers licensed under the Mental Health Services Protection Act (MHSPA) under Record of Decision – CMOH Order 10-2020.

Date Issued: April 10, 2020

Scope of Application: As per Record of Decision – CMOH Order 10-2020.

Distribution: All licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals), and residential addiction treatment service providers licensed under the MHSPA.

***Amendments to previous orders are noted by this change in font.**

Purpose:

The **suspected, probable and confirmed COVID-19 outbreak standards** outlined here are **required** under the Record of Decision – CMOH Order 10-2020 (the Order) and are applicable to all licensed supportive living (SL), long-term care (LTC) facilities and service providers licensed under the Mental Health Services Protection Act (MHSPA) in Alberta. They set requirements for all operators⁴ or service providers, residents⁵, staff⁶, as well as any designated essential visitors (or families and others who are allowed to visit when a resident is dying, as per [Order 09-2020](#)).

- These expectations outline what is required for COVID-19 outbreak control and management in congregate living sites, as well as additional resources to enable operators to respond.
- These expectations apply, in addition to Appendix A of this order and [Order 09-2020](#).
- These expectations may change existing requirements (e.g., in the Supportive Living and Long Term Care Accommodation Standards, the Continuing Care Health Service Standards, the MHSPA), but are required for the duration of this Order. Otherwise, those expectations are unchanged.

⁴ Operator means any operator, service provider, site administration or other staff member responsible for areas impacted by these expectations.

⁵ A resident is any person who lives within one of these sites (sometimes called clients e.g., by group homes).

⁶ Any person employed by or contracted by the site, or an Alberta Health Services employee or other essential worker.

Key Messages:

- Individuals over 60 years of age, those with pre-existing health conditions, and those with substance abuse concerns who may have underlying health conditions, are the most at risk of severe symptoms from COVID-19, especially when they live in close contact as is the case with congregate settings.
- The intent of these standards is to help ensure that those living and working in congregate settings where there is suspected, probable or confirmed COVID-19 outbreak are kept as physically safe as possible, mitigating the risk of further spread of COVID-19 within and between sites.
- [AHS Coordinated COVID-19 Response](#) is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms of COVID-19 for additional guidance and decision making support.
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- These standards set expectations for any site that has identified a resident or staff member who is reporting a suspected, probable or confirmed **COVID-19 outbreak**.

1. A **suspected COVID-19 outbreak** is defined as:
 - a. One resident or staff member who exhibit any of the symptoms of COVID-19
2. A **probable COVID-19 outbreak** is defined as:
 - a. Two or more individuals (staff or residents) who are linked with each other who exhibit any of the symptoms of COVID-19
 - b. Individuals who are linked means they have a connection to each other (e.g. share a room, dine at the same table, received care from the same staff member, etc.)
3. A **confirmed COVID-19 outbreak** is defined as **any of the following**:
 - a. Any one individual confirmed to have COVID-19, including:
 - i. Any **resident** who is confirmed to have COVID-19
 - ii. Any **staff member** who is confirmed to have COVID-19.

SUSPECTED COVID-19 Outbreak

- Early recognition and swift action must occur for effective management of COVID-19.
- A suspected COVID-19 outbreak is defined as:
 - One resident or staff member who exhibit any of the symptoms of COVID-19.
- AHS Coordinated COVID-19 Response⁷ **must be contacted as soon as there is a case suspected.**
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- With any level of COVID-19 outbreak, the individual with symptoms must be promptly isolated. The AHS Coordinated COVID-19 Response personnel, as indicated by their protocols, will arrange testing for COVID-19. Any staff developing symptoms while at work must not remove their mask and be sent home immediately.
 - If staff member utilizes public transit, operator will send staff home via taxi with appropriate PPE.
- Operators will notify all staff if there is a suspected outbreak of COVID-19 at the site and inform them of any additional measures that the operator is taking. Operators will identify the best way to provide communication (e.g. letters, email, posters, website, etc.).
- Measures that must be implemented, within this Order, are identified below by the type of site to which they apply. This section is followed by additional standards that **may** apply.
- Note that if test results for the symptomatic residents/staff are negative for COVID-19, usual influenza-like-illness or gastrointestinal illness outbreak protocols should be followed, as appropriate to the identified organism causing the outbreak.

PROBABLE COVID-19 Outbreak

- Early recognition and swift action must occur for effective management of COVID-19.
- A probable COVID-19 outbreak is defined as:
 - Two or more individuals (staff or residents) who are linked with each other who exhibit any of the symptoms of COVID-19

⁷ The Coordinated COVID-19 Response team (available 24/7) will assist with site support for implementation of outbreak management and control measures including further testing, isolation protocols, staffing, personal protective equipment (PPE), additional testing of close contacts, education, etc.

- Individuals who are linked means they have a connection to each other (e.g. share a room, dine at the same table, received care from the same staff member, etc.)
- **AHS Coordinated COVID-19 Response must be contacted as soon as there is a case suspected.**
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- With any level of COVID-19 outbreak, the individuals with symptoms must be promptly isolated. The AHS Coordinated COVID-19 Response personnel, as indicated by their protocols, will arrange testing for COVID-19. Any staff developing symptoms while at work **not remove their mask and must be sent home immediately.**
 - If staff member utilizes public transit, operator will send staff home via taxi with appropriate PPE.
- Operators will notify all residents, families and staff if there is a probable outbreak of COVID-19 at the site and inform them of any additional measures that the operator is taking. Operators will identify the best way to provide communication (e.g. letters, email, posters, website, etc.).
- Measures that must be implemented, within this Order, are identified below by the type of site to which they apply. This section is followed by additional standards that **may** apply.
- Note that if test results for the symptomatic residents/staff are negative for COVID-19, usual influenza-like-illness or gastrointestinal illness outbreak protocols should be followed, as appropriate to the identified organism causing the outbreak.

CONFIRMED COVID-19 Outbreak

- Early recognition and swift action must occur for effective management of COVID-19.
- A **confirmed COVID-19 outbreak** is defined as **any of the following:**
 - Any one individual confirmed to have COVID-19, including:
 - Any **resident** who is confirmed to have COVID-19
 - Any **staff member** who is confirmed to have COVID-19.
- **AHS Coordinated COVID-19 Response must be contacted as soon as there is a case suspected.**
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that

is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.

- Operators will notify all residents, families and staff if there is a confirmed COVID-19 outbreak, and inform them of any additional measures that the operator is taking and that they should take. Operators will determine the best way to provide communication (e.g. letters, email, posters, website, etc.).
- Measures that must be implemented, within this Order, are identified below by the type of site to which they apply. This section is followed by additional standards that **may** apply.
- Any site-specific direction provided by the **AHS Coordinated COVID-19 Response** personnel, or other responding public health staff is required to be followed.

Licensed Supportive Living

Group Homes for Persons with Developmental Disabilities (PDD group homes with four or more residents)

- [AHS Coordinated COVID-19 Response](#) **must be contacted as soon as there is a case suspected.**
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- Operators **must review and implement** the [AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites](#) at the point that they identify or are notified that any person (resident or staff) has suspected/probable/confirmed COVID-19.

Licensed supportive living (SL), including designated supportive living (DSL)

- [AHS Coordinated COVID-19 Response](#) **must be contacted as soon as there is a case suspected.**

- The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- Operators **must review and implement** the [AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites](#) at the point that they identify or are notified that any person (resident or staff) has suspected, probable or confirmed COVID-19. In addition, the following guidelines **must be applied as well**:
 - [AHS Guidelines for Outbreak Prevention, Management and Control in Supportive Living and Home Living Sites](#),

Licensed Residential Addiction Treatment

- [AHS Coordinated COVID-19 Response](#) **must be contacted as soon as there is a case suspected.**
 - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- Operators **must review and implement** the [AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites](#) at the point that they identify or are notified that any person (resident or staff) has suspected, probable or confirmed COVID-19.
- If the infection is determined not to be COVID-19, the site **must implement** any additional guidance provided by public health (e.g., guidelines for another influenza-like illness).

Long-Term Care (LTC)

- [AHS Coordinated COVID-19 Response](#) **must be contacted as soon as there is a case suspected.**

- The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.
- Operators **must review and implement** the [AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites](#) at the point that they identify or are notified that any person (resident or staff) has suspected, probable or confirmed COVID-19. In addition, the following guidelines **must be applied as well**:
 - [AHS Guidelines for Outbreak Prevention, Control and Management in Facility Living Sites](#)

Unless otherwise noted, the following standards are required for all facilities in suspected, probable or confirmed outbreak:

Staff and Operator Disclosure

- Staff must **immediately** tell their supervisor if either of the following applies:
 - If they have worked at or are working at a site (including but not limited to the sites to which this Order applies), where:
 - There is a confirmed COVID-19 outbreak.
 - If they have:
 - Symptoms of COVID-19,
 - Been exposed to any individual with suspected, probable or confirmed COVID-19 (including if a close or household contact has been told to self isolate, but has not been offered COVID-19 testing), or
 - Been tested for COVID-19
- This disclosure is **mandatory**, for the purposes of protecting the health and safety of the disclosing staff member, other staff as well 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 (e.g., may be asked not to work or work only at one site, etc.), depending on exposure and a risk assessment.
- Operators must **immediately** inform staff that disclosing exposure to COVID-19 to the facility is required and will not result in dismissal or job loss.
- Operators will notify all residents, staff and families if there is a **probable or confirmed** outbreak (as per definitions above). Operators will notify staff if there is a **suspected** outbreak (as per definition above).

Self-Isolation

- [Self-isolation](#) of those who are sick or have been exposed to COVID-19 must be done to help stop the spread of infections.
- Any individual (resident, staff or designated essential visitor) who has had direct contact with a person who is suspected or positive for COVID-19, without wearing recommended PPE (i.e., before they are aware that the person is suspected or confirmed for COVID-19), is required to self-isolate as per the [CMOH direction](#).
- Any individual (resident, staff or visitor) who is experiencing symptoms of COVID-19 will be required to isolate as per the [CMOH direction](#).

Resident Screening

- Those residents who have a routine interface with staff (e.g. personal care), should be actively screened by staff at least **twice** daily using the *COVID-19 Resident Questionnaire* using guidance in Appendix A (see symptom notification and response and health assessment screening sections)
- Documentation of screening should be kept in the resident chart.

Routine Practices and Additional Precautions

- All healthcare workers 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 meters) 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 infection to residents and other workers, which may occur even when symptoms of illness are not recognized.
 - Staff must perform hand hygiene before putting on the mask and before and after removing the mask.
- Healthcare workers who do not work in resident care areas or have direct resident contact are only required to mask if physical distancing (2 meters) cannot be maintained at all times in the workplace or if entry into resident care areas is required.
- Judicious use of all PPE supplies remains critical to conserve supplies and ensure availability.

- Where possible, these requirements go into effect immediately. Facilities that need additional time to access masks through AHS or others are expected to be in compliance by April 15, 2020.
- Additional personal protective equipment (PPE) will be needed for those staff providing care to all isolated residents (symptomatic or asymptomatic; whether the infection is suspected, probable or confirmed) **and** as advised by public health.
- Under the above direction:
 - When putting on PPE, the following sequence of steps is required:
 6. Screen for symptoms
 7. Perform hand hygiene
 8. Cover body (i.e. gown)
 9. Apply facial protection (i.e. mask, visor, eye protection)
 10. Put on gloves
 - When taking off PPE, the following sequence of steps is required:
 7. Remove gloves
 8. Perform hand hygiene
 9. Remove body coverings
 10. Perform hand hygiene
 11. Remove facial protection
 12. Perform hand hygiene
- Operators must immediately ensure that staff, and any designated essential visitors or family members (see Order 09-2020), are provided with the required PPE, are trained, and have practiced the appropriate use of PPE prior to caring for, or entering the room of, a symptomatic 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 handwashing guidelines, using appropriate PPE and applying it correctly while caring for residents with suspected or confirmed COVID-19, are not considered “exposed” and may safely enter public spaces within the facility or other rooms (see below cohorting staff and additional “suspected, probable or confirmed COVID-19” guidelines within this document).
- Any individual (resident, staff or designated essential visitor) who has had direct contact with a person who is confirmed for COVID-19, without wearing recommended PPE (i.e., before they are aware that the person is confirmed COVID-19), is required to self-isolate as per the CMOH direction

Shared Dining

- Group dining may continue for **non-isolated** residents, if deemed appropriate and feasible, while following standards set in Appendix A .
 - Operators must work with the AHS Coordinated COVID-19 Response personnel or other responding public health staff, considering site configuration and specialized populations (e.g. people who require assistance with eating), to determine how best to ensure safe dining for all (e.g., providing meals to residents in their rooms).

Resident Movement Around Site and Community

- While in **probable** or **confirmed** outbreak, 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 may not leave their room (even if asymptomatic).
 - They are required to make alternate arrangements for their necessities (e.g. groceries, medication refills, etc.) if they are not provided by the facility staff.
 - The operator may need to put special measures in place, working with public health, to help enable the isolation for residents who are not able to understand their own restrictions (e.g. if the person has dementia or cognitive impairment).
 - Residents who are not required to isolate must stay on the facility's property, except in the case of necessity (e.g., walking, groceries, pharmacy) or exceptions (e.g., medical appointments) while observing physical and social distancing requirements. If at all possible, arrangements should be made to support residents in obtaining necessities without them leaving the site.
- Should family members wish to take a resident home to care for them during an outbreak, it is **strongly recommended** that families understand the resident's care requirements and have any supplies/equipment in place.
 - This decision should be made in conjunction with the residents care team, physician, at-home supports, AHS Home Care (if applicable) and any alternate decision maker (as applicable).
 - AHS Home Care is limited in capacity due to COVID-19 pandemic preparations and may be unable to provide services.
 - Residents will not be re-admitted while the facility is in any level of outbreak.

- Facilities may be in outbreak for extended periods of time (i.e. weeks to months)
- Families must understand they will be responsible for the care of the resident (and any additional costs incurred) until the facility is able to re-admit the client.

Resident Move-In and Transfer

- The operator should consult with AHS Zone Medical Officers of Health before accepting admissions and/or transfers into the site, once there is a **suspected** or **probable** outbreak.
 - These decisions should be made on a case by case basis while using consistent decision-making methods.
 - Decisions should be based on number of people affected by the outbreak, location of infected residents within the facility, number of shared staff between units, acute care capacity, etc.
- The operator must stop admissions and/or transfers into the site, once there is a **confirmed** outbreak, unless at the explicit direction of the AHS Zone Medical Officers of Health.
 - These decisions should be made on a case by case basis while using consistent decision-making methods.
 - Decisions should be based on number of people affected by the outbreak, location of infected residents within the facility, number of shared staff between units, acute care capacity, etc.
- Any new admissions and/or transfers to the facility should be placed on contact/droplet isolation for 14 days from arrival to facility.

Group/Recreational Activities

- Scheduled resident group recreational/special events are to be cancelled/postponed with a **probable** or **confirmed** outbreak.
- Recreational activities for non-isolated residents should be one-on-one activities while maintaining [physical distancing](#).
- Scheduled resident group recreational/special events may continue with a **suspected** outbreak while following standards set out in Appendix A.

Designated Essential Visitors

- As per Order 09-2020 no visitors are permitted, including those designated as essential, except for visits:
 - Where, in rare situations, the resident's care needs cannot be met without their assistance, or

- When a resident is dying.
- Should a visitor be permitted, they must wear a mask continuously throughout their time in the facility.

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 potential/confirmed 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.
 - Continue to provide care and support for the symptomatic resident within the facility, when possible given the seriousness of the presenting symptoms and in alignment with the resident's care plan.
 - All staff are required to work to their full scope of practice to support residents.
 - 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, advanced care plan, or personal directive.

Staff Working at Single Facility

- Effective immediately when a facility is in a **confirmed** outbreak, staff are limited to working within one single health care facility. This will help to prevent the spread of illness between facilities.
 - This order is inclusive of all staff at the facility (e.g. health care workers, food service workers, housekeeping, administrative, home care staff, etc.).
 - 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 that interact with residents.
- Staff will be granted a leave of absence from their non-primary employers. Non-primary employers will not penalize staff.
- Facility operators must determine the model of medical care that is appropriate for their residents that minimizes the number of physicians or nurse practitioners physically attending patients in that facility. Physicians and nurse practitioners should provide on-site, in-person care in only one facility, as defined by the order, to the greatest extent possible.
- 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.