COVID-19 INFORMATION

QUESTIONS & ANSWERS:

Information on COVID-19 Transition Planning for Licensed Supportive Living, Long-Term Care, and Hospice Settings

General

Which Chief Medical Officer of Health (CMOH) Orders are rescinded effective June 30?

- Order 06-2022: Operational and outbreak standards for licensed supportive living, long-term care, and hospices
  - The associated exemption will also be rescinded.
- Order 07-2022: Single-site staffing requirement for unvaccinated staff among health care facilities
- It is important to note that while these CMOH orders are being rescinded, many of the protections within the orders are being adopted as routine practice.

Where will protections be found, if not in CMOH Orders? *Updated for clarity

- Alberta Health Services (AHS) Outbreak Prevention and Control Guides hold information regarding outbreak management in continuing care facilities. These guides reflect outbreaks relating to influenza, COVID-19, and gastrointestinal illness. There are two different outbreak guides based on the type of continuing care facility:
  - Guide for Outbreak Prevention & Control in Long Term Care and Designated Supportive Living Sites
  - Guide for Outbreak Prevention & Control in Non-Designated Supportive Living (NDSL) Sites
- AHS' Infection, Prevention, and Control Guides contains information about appropriate personal protective equipment (PPE) to use for various illnesses (including COVID-19).
- AHS Business Continuity Resources are available on the Continuing Care Connection and includes a compilation of plans, tools, and resource materials designed to provide the resources necessary to develop a response plan for a pandemic outbreak and emergencies.
- Operators contracted to AHS (e.g. long-term care, designated supportive living and hospice) will be required to follow any applicable AHS policies. (e.g., AHS' Use of Masks During COVID-19 Directive).
- Furthermore, Section 29 of the Public Health Act provides all Medical Officer's of Health with the powers to carry out any measures required to control an outbreak.

Will the outbreak procedures moving forward be different than the outbreak procedures we are currently using?

- The outbreak procedures will continue to be shared through AHS' Outbreak Prevention and Control Guides.
- There may be changes to approaches as best practices continue to evolve.

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- The guides and related business continuity resources are updated on a routine basis and operator/site level planning, preparedness and response documents and education should be updated to reflect best practices.

Are we removing all COVID-19 measures in continuing care settings across Alberta?

- No. Several of the measures that were put in place to protect residents will still be maintained and adopted into routine practice documents. These measures will be found in documents including AHS' Outbreak Prevention and Control Guides, AHS' Infection Prevention and Control Guide, AHS business continuity resources and AHS policies.
- Operators have authority to implement additional site-based policies and processes for COVID-19 prevention as appropriate to local context and consideration of resident preferences.
    - Site-based policies must abide by resident-centred principles:
        - The purpose and intended outcome of a policy must be clearly outlined and be the lightest touch to meet the desired outcome.
        - Policies must be time-limited with a clear review date.
        - Policies cannot prevent a resident from receiving their chosen visitors/supports.
        - Residents' preferences and risk tolerance in their personal space (e.g., resident room) must consider each individual's desires and needs.
        - Policies cannot prevent a resident from receiving care.
        - Policies should be driven by the wishes of residents, not driven by providers.
    - If you have concerns about any site-based policies, please discuss this with the site's administration.

What is being done to plan for possible future waves, and future pandemic management?

- Ongoing planning with multiple disciplines, organizations, and expertise has been occurring over the past number of months and it will continue to evolve.
- Various scenarios have been identified, considering potential future variants with varying transmissibility, immune escape, and severity.
- Plans for each of the scenarios have been made in regard to testing, reporting, contact management, outbreak management and other potential public health measures.
- Planning for sector-specific responses is ongoing for continued preparedness in continuing care settings.
- Ongoing education regarding routine disease management will continue to be provided to operators.

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Guidelines that were previously in the Order

Which measures are being rescinded?

- The single-site staffing policy is removed so there is no longer a blanket policy restricting unvaccinated workers from moving between sites.
- Continuous masking for staff and visitors in **licensed supportive living** (excluding designated supportive living spaces) and **group homes** is no longer required.
    - Please note that although masking in not required in these sites, AHS employees working in these sites will have to abide by AHS' Use of Masks During COVID-19 Directive.
    - There may be requirements for masking in the case of outbreaks.
- Enhanced cleaning and disinfection are no longer required.
- Active health screening for staff and visitors upon entry to the facility is no longer required.
- Resident health screening upon return from absence is no longer required.
- Masking for unvaccinated residents upon return from absence is no longer required.
- Quarantine for residents/admissions upon return from other health settings is no longer required.

Personal Protective Equipment (PPE)

Where can I find information on PPE requirements?

- Information on PPE requirements can be found in the AHS Infection, Prevention, and Control Manual, AHS Outbreak Prevention and Control Guide, AHS business continuity resources and the AHS Use of Masks During COVID-19 Directive.

Are masks required for visitors and staff?

- Individuals are encouraged to make a personal choice about masking, if not required, based on a personal risk assessment. Masking is not a substitute for staying at home if someone is ill with respiratory symptoms.
- Masking is one of the most effective public health measures that can be used to protect ourselves and people around us. There is a strong body of evidence to support the critical protection masking provides.
- Masking requirements for staff and visitors in AHS settings including contracted operators (e.g. long-term care, designated supportive living, and hospice settings) are directed by AHS' Use of Masks During COVID-19 Directive and are supported by practice resources including the Guidelines for Continuous Mask and Eye Protection Use: Home Care & Congregate Living Settings (albertahealthservices.ca).

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  - AHS' Use of Masks During COVID-19 Directive will be updated to reflect the rescinding of the CMOH Orders.
- Masking is not required in licensed supportive living settings, including group homes.
  - Please note that operators may have site-specific requirements for masking for their employees and visitors.
  - Operators that support blended continuing cares sites are required to meet the AHS' Use of Masks During COVID-19 Directive at a minimum (e.g. mask when in any LTC/DSL/Hospice care area), but have authority to strengthen the policies (e.g. requiring continuous masking for all staff and visitors at the entire blended site).
  - Additionally, masking may be required in the case of an outbreak.
- If someone develops respiratory symptoms while visiting or at work, they should distance themselves, wear a mask, wash their hands, and leave the facility as promptly as possible.

Entry Screening

Are there entry screening requirements for staff, and visitors? *Updated for clarity

- There are no active screening requirements for residents, staff, and visitors however operators are encouraged to utilize passive screening strategies such as signage on doors.
  - Visitors and staff are **strongly encouraged** to refrain from entering when they are feeling unwell.
- Employers may have policies in place for their employees relating to illness.
- Operators may have site-based policies relating to entry screening.

Where can I find information on the AHS Coordinated COVID-19 response line? Is it still available?

- The CEIR line remains in place. Details about the AHS Coordinated response line can be found in the AHS Outbreak Prevention and Control Guides.

Cleaning and Disinfection

Where can I find information regarding cleaning and disinfection requirements?

- Enhanced cleaning is only required in accordance with the recommendations in the AHS Outbreak Prevention and Control Guides. Cleaning can return to routine practices.
- Please refer to the Continuing Care Accommodation and Health Service Standards and any contracting agreements with AHS for cleaning requirements.

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- Information on enhanced cleaning and disinfection during an outbreak can be found in the AHS Outbreak Prevention and Control Guides.

Testing and Isolation

Where can I find information on testing and isolation requirements?

- Information on testing for residents can be found in the AHS Outbreak Prevention and Control Guides.
- Information on testing for staff and the public can be found on the AHS website.

What are the RESIDENT isolation requirements for a confirmed case of COVID-19?
***Updated for clarity**

- Isolation for residents has been updated across all settings to a 10-day isolation period that can be completed in one of two ways:
    - 10 days of isolation **OR**
    - 5 days of isolation followed by 5 days of continuous masking.
        - This option is only appropriate for residents who can tolerate masking continuously when outside their room and are asymptomatic after the 5 days of isolation.
        - During the 5-day period of continuous masking, residents cannot participate in communal dining or any other activity that requires them to remove their mask while outside their room.
- Information can be found in the AHS Outbreak Prevention and Control Guides.

What are the STAFF isolation requirements for a confirmed case of COVID-19?
***Updated for clarity**

- All Albertans are recommended to isolate for a 10-day period which can be completed in one of two ways:
    - 10 days of isolation **OR**
    - 5 days of isolation followed by 5 days of continuous masking
- A staff member can return to work on Day 6 if the symptoms improve AND they are afebrile for 24 hours without the use of fever reducing medications, **whichever is longer**.
- Staff are encouraged to stay home when ill, and return to work when they are feeling better, and have not had a fever for 24 hours.

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Do residents and staff still have access to PCR tests? *Updated for clarity

- Currently, residents and staff remain in the priority group for PCR testing.
  - Staff remain eligible for PCR testing, but they are not required to do so.
  - Residents remain eligible for PCR testing to determine their eligibility for a COVID-19 treatment (Paxlovid or Remdesivir), or due to being apart of an outbreak investigation.
- Any changes to the testing approach will be updated on https://www.alberta.ca/covid-19-testing-in-alberta.aspx#testing

Compliance Monitoring

What can we expect in regard to audits now that CMOH Orders are rescinded?

- Alberta Health and AHS will no longer be monitoring compliance to CMOH orders.
- Accommodation Standards and CCHSS contain elements of outbreak prevention, cleaning of the client care environment, PPE and contingency planning.
  - Alberta Health inspects to Accommodation Standards.
  - AHS and Alberta Health audit to Continuing Care Health Service Standards (CCHSS).
- AHS will continue Quality Monitoring Visits.

Miscellaneous

Will the additional COVID-19 funding that continuing care operators have been accessing be ending with the end of the CMOH Orders? *Updated for clarity

- The Government of Alberta recognizes that ongoing health and safety management for areas include infection prevention will require additional supports and resources.
- As funding decisions and/or changes are made, they will be communicated to operators in writing.

Will the rescinding of the CMOH Orders affect operators' protection under Bill 70: the *COVID-19 Related Measures Act*?

- No, operators will remain protected. Bill 70 provides Alberta's health system with civil liability protection in the event of transmission or possible exposure to COVID-19 in health-care settings.
- Bill 70 provides protection for operators in the event of COVID-19 transmission if they are following all public health guidance relating to COVID-19 and any federal, provincial or municipal law relating to COVID-19 that applied to them at that time.
  - Following public health guidance from a regional health authority (such as Alberta Health Services), is also protected under the Bill.

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How do blended sites with multiple types of continuing care follow AHS policies (e.g., a site that has licensed supportive living beds and long-term care beds)?

- Operators that support blended continuing cares sites are required to ensure their policies protect the most vulnerable individuals residing at their site.
- Operators that support blended continuing cares sites are required to meet the AHS' Use of Masks During COVID-19 Directive at a minimum (e.g. mask when in any LTC/DSL/Hospice care area), but have authority to strengthen the policies (e.g. requiring continuous masking for all staff and visitors at the entire blended site).

Addendum (June 30, 2022)

What has changed with regards to reporting symptomatic residents and healthcare workers (HCW)/staff to CEIR?

- Operators are no longer required to call CEIR with one symptomatic resident and/or HCW/staff. Operators should call CEIR when there are either two symptomatic individuals or cases (residents or staff who worked while symptomatic) within 7 days.
- Testing for the first symptomatic individuals should be completed under their medical practitioner and does not require an EI number.
- If operators have questions about reporting cases, they can call the CEIR line for more information.
- For additional information, refer to the AHS Outbreak Prevention and Control Guides.

Has the definition of a COVID-19 outbreak changed?

- Yes. The definition of a COVID-19 outbreak is now 2 or more confirmed HCW/staff or resident cases within a 7-day period with a common epidemiological link.
- For additional information, refer to the AHS Outbreak Prevention and Control Guides.

Has the duration of a COVID-19 outbreak changed?

- Yes. COVID-19 outbreaks will remain open for 14 days after the onset of the last resident case. The minimum period an outbreak will remain open has decreased from 20 days to 14 days.
- HCW/staff cases alone will NO longer extend the duration of the outbreak.
- For additional information, refer to the AHS Outbreak Prevention and Control Guides.

Is confirmation of a Rapid Antigen Test by molecular testing recommended?

- Molecular tests are recommended in the following circumstances:
  - Symptomatic HCW/staff with a negative Rapid Antigen Test
  - Asymptomatic HCW/staff with a positive Rapid Antigen Test
- In all other circumstances molecular testing confirmation is not necessary.

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If a HCW/staff has contact with a positive COVID-19 household member or a positive COVID-19 close contact is the HCW/staff restricted from attending work?

- No. HCW/staff with a household member (or other close contacts) with positive COVID-19 cases should monitor for symptoms for 7 days after last exposure. They should wear a mask when at work during this period.
- Employers may have employee policies in place that restrict a staff from working.

Are there any recommendations for known close contacts of a case of COVID-19?

- Household members and other close contacts of people with COVID-19 should monitor themselves for symptoms for 7 days after their last exposure. Where possible, they should avoid close contact with vulnerable persons.
    - Vulnerable persons include the elderly and those with significant immunocompromising conditions. If it is necessary to have interactions with a vulnerable person during this period of time, the contact should take precautions such as wearing a mask and increasing ventilation (e.g. open a window).
- Health care workers who are household/close contacts of a COVID-19 case should wear a medical mask during this period while they are at work.

What is a surveillance reporting definition?

- The threshold to report a potential outbreak to CEIR is called the surveillance reporting definition. The surveillance reporting definition can be found in Table A. This could include either:
    - 2 residents with symptoms from Table A
    - 1 resident with symptoms from Table A AND 1 HCW/staff who **worked** while symptomatic with symptoms from Table A
    - 2 HCW/staff who **worked** while symptomatic with symptoms from Table A
- For additional information, refer to the AHS Outbreak Prevention and Control Guides.

What is a surveillance case?

- Symptomatic individuals or confirmed cases which are considered as potential indicators of a potential outbreak are called surveillance cases.
- For additional information, refer to the AHS Outbreak Prevention and Control Guides.

What symptoms should I look for in a resident, HCW/staff to be considered a surveillance case?

- Table A in the AHS Outbreak Prevention and Control Guides will assist in answering these questions

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As an operator/administrator how do I know if a COVID-19 positive HCW/staff should be linked to the outbreak at my facility?

- Site HCW/staff and site operations/administration share a joint responsibility for controlling illness in a facility.
- Site HCW/staff should advise their manager or site operator if they develop or report having symptoms (from Table A) **while at work.**
- Assessing HCW/staff illness is a site responsibility. Site operators/administration should develop an internal policy to capture and monitor if a HCW/staff member **develops illness at work** (symptoms from Table A) and should be counted as a surveillance case.
- Only staff who were symptomatic **while at work** will be included in the outbreak definition. However, staff who have been determined by Public Health to have been infected or infectious at work may be counted or linked in the outbreak.
- HCW/staff that become symptomatic while at work should be encouraged to leave the site as soon as possible.
- Public Health involvement is not required unless the site meets the Surveillance Reporting Definition.
- For additional information, refer to the AHS Outbreak Prevention and Control Guides.

What is an epidemiological link (epi-link)?

- An epidemiological link means that the COVID-19 cases need to have been in the setting (same site/same unit) during their incubation period or communicable period.
- An epi-link is used to determine if residents and staff cases should be linked to an outbreak.

If the HCW/staff was not sick while working, but has a positive COVID-19 result should that HCW/staff be linked to the outbreak at the site?

- No. Only HCW/staff with symptoms from Table A **while at work** should be linked or considered to initiate an outbreak at the site.
- For additional information, refer to the AHS Outbreak Prevention and Control Guides.

If a resident is COVID-19 positive are the HCW/staff that cared for that resident considered close contacts?

- If the HCW/staff member was correctly wearing the appropriate PPE according to the Point of Care Risk Assessment then the HCW/staff member is not considered a close contact.
- If the HCW/staff member was NOT wearing the appropriate PPE according to the Point of Care Risk Assessment or had a PPE breach then they would be considered a close contact.

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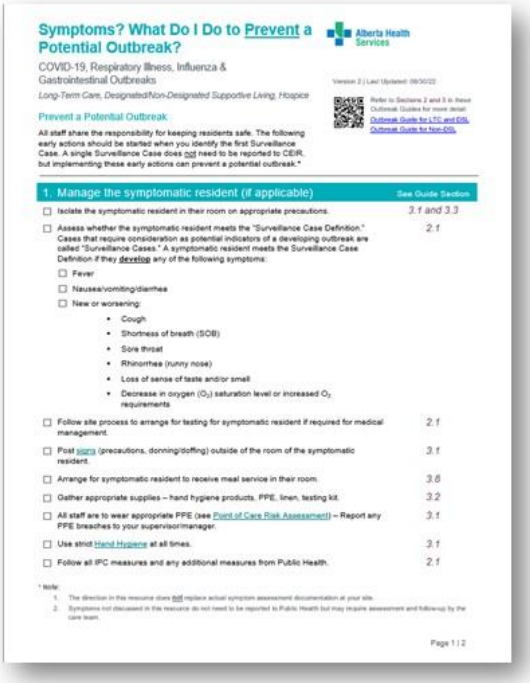
- All HCW/staff that work in a site that has an open outbreak should monitor for symptoms whether or not they are identified as a close contact.
- Employers may have employee policies in place that restrict a staff from working if they are identified as a close contact.
- For additional information, refer to the AHS Outbreak Prevention and Control Guides.

Who can I contact for information regarding symptomatic staff and residents before the surveillance reporting definition is met (prior to calling CEIR)?

- Appendix B of the AHS Outbreak Prevention and Control Guides has a resource that operators can use to manage symptomatic staff and residents prior to calling CEIR.
- This resource provides the list of symptoms that a HCW/staff should look out for, from Table A in the guide. It can be printed and made available for use by front line staff.
- It also provides a summary of the steps that should be taken if the symptomatic person is a resident or HCW/staff



Symptoms? What Do I Do to Prevent a Potential Outbreak?

Alberta Health Services

COVID-19, Respiratory Illness, Influenza & Gastrointestinal Outbreaks

Long-Term Care, Designated/Non-Designated Supportive Living, Hospice

Prevent a Potential Outbreak

All staff share the responsibility for keeping residents safe. The following early actions should be started when you identify the first Surveillance Case. A single Surveillance Case does not need to be reported to CEIR, but implementing these early actions can prevent a potential outbreak.*

1. Manage the symptomatic resident (if applicable)	See Guide Section
☐ Isolate the symptomatic resident in their room on appropriate precautions.	3.1 and 3.3
☐ Assess whether the symptomatic resident meets the "Surveillance Case Definition." Cases that require consideration as potential indicators of a developing outbreak are called "Surveillance Cases." A symptomatic resident meets the Surveillance Case Definition if they develop any of the following symptoms:	2.1
☐ Fever	
☐ Nausea/vomiting/diarrhea	
☐ New or worsening:	
• Cough	
• Shortness of breath (SOB)	
• Sore throat	
• Rhinorrhea (runny nose)	
• Loss of sense of taste and/or smell	
• Decrease in oxygen (O_2) saturation level or increased O_2 requirements	
☐ Follow site process to arrange for testing for symptomatic resident if required for medical management.	2.1
☐ Post signs (precautions, donning/doffing) outside of the room of the symptomatic resident.	3.1
☐ Arrange for symptomatic resident to receive meal service in their room.	3.6
☐ Gather appropriate supplies – hand hygiene products, PPE, linen, testing kit.	3.2
☐ All staff are to wear appropriate PPE (see Point of Care Risk Assessment) – Report any PPE breaches to your supervisor/manager.	3.1
☐ Use strict Hand Hygiene at all times.	3.1
☐ Follow all IPC measures and any additional measures from Public Health.	2.1

* Note:

1. The direction in this resource does not replace actual symptom assessment documentation at your site.
2. Symptoms not discussed in this resource do not need to be reported to Public Health but may require assessment and follow-up by the care team.

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What if a resident refuses to be tested for COVID-19?

- If a resident has symptoms from Table A and refuses COVID-19 testing when COVID has been identified as an outbreak organism, the resident would be considered a

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Probable COVID-19 case and would follow the same isolation requirements of COVID-19 positive cases.

- The resident must isolate in their room with appropriate precautions as per the Point of Care risk assessment for a minimum 5 days or until symptoms improve AND they are afebrile for 24 hours without the use of fever reducing medications, whichever is longer.
- A mask must be worn for an additional 5 days when a resident leaves their room.
  - This means the resident is not able to participate in communal dining or any activity that requires them to remove their mask when outside their room.
- If a mask is not tolerated, the resident must complete 10 days of isolation in their room.

- For additional information, refer to the AHS Outbreak Prevention and Control Guides.

Will AHS continue to supply masks and other PPE?

- For settings in which mandatory masking of staff and visitors is still required, as outlined in the AHS Use of Masks During COVID-19 Directive, AHS will continue to supply masks for the time being. These settings include, but are not limited to, long-term care, designated supportive living, and hospice. This Directive will be updated to align with the rescinding of the CMOH Orders.

When will the $2/hr wage top up for HCAs stop?

- This funding will be confirmed as part of future funding models and through the implementation response to the continuing care review.

Where can I get further information?

- For additional questions related to:
  - Outbreaks, testing, symptoms, isolation, surveillance, clinical management, and other topics found within the AHS Outbreak Prevention and Control Guides can be sent to COVIDGuidance@albertahealthservices.ca
  - AHS organizational policies can be sent to ContinuingCare@albertahealthservices.ca
  - COVID-19 funding, continuing care transformational changes and other provincial government policies can be sent to ContinuingCare@gov.ab.ca

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June 29, 2022

All Licensed Supportive Living, Long-Term Care and Hospice Residents and Families

RE: Continuing Care and Step 3

Dear Residents and Families:

As of June 30, the CMOH Orders for continuing care are being ended as we move to using different tools for any COVID precautions that are still needed. I am writing today to give you information on what this change means for continuing care residents and their loved ones.

Over the last two months, we have seen a steady reduction in COVID-19 cases, outbreaks, and severe outcomes (hospitalizations and deaths) in continuing care. Alberta Health and Alberta Health Services officials are watching these trends closely.

As we have seen this drop in risk and with the positive impact of vaccines, now is the time to shift away from an emergency response to COVID-19 into a more standard and routine approach. Part of this shift includes moving from CMOH orders to using other standards and policies to protect residents, drawing from what we have learned over the last two years.

Continuing care residents remain among the most vulnerable to severe outcomes related to COVID-19. This is why some protections will stay in place after the CMOH orders are lifted, including the following:

- Continuous masking for staff and visitors in long-term care, designated supportive living, and hospices will be continued through Alberta Health Services' policy to protect residents and staff at these settings.
    - Wearing a mask in these settings is essential to protect residents who are vulnerable and at higher risks of experiencing severe outcomes from COVID-19.

    - In the future, when risk of exposure is very low, continuous masking may be paused. We anticipate however, that every year in the winter, when COVID-19 and other respiratory viruses are most common, masking will be needed again.
- Sick residents will continue to be offered testing and need to be isolated according to their type of illness so infection doesn't spread to other residents and staff.
- Staff will continue to use appropriate personal protective equipment (PPE) when providing care to sick residents.
- Outbreak protocols will be maintained through AHS Outbreak Prevention and Control Guides.
    - Outbreak management will continue to be directed by Operators and the Zone Medical Officer of Health (MOH). In the case of an outbreak, the MOH in the particular Zone has the responsibility to assess an outbreak, and the authority to implement measures at the affected site based on the circumstances of the outbreak.

Please be aware that policies and standards set out minimum requirements and they may be further strengthened by operators. We have let operators know that we expect that any policies created are resident-centred. The principles include:

- The purpose and intended outcome of a policy must be clearly outlined and be the lightest touch to meet the desired outcome.
- Policies must be time-limited with a clear review date.
- Policies cannot prevent a resident from receiving their chosen visitors/supports.
- Residents' preferences and risk tolerance in their personal space (e.g., resident room) must consider each individual's desires and needs.
- Policies cannot prevent a resident from receiving care.
- Policies should be driven by the wishes of residents, not by providers.

If you feel that your site has policies that are not resident-centred, I encourage you to reach out to the management team at your site to talk about your concerns. If your concerns are not addressed to your satisfaction, you may wish to contact AHS' Patient Relations Department at 1-855-550-2555 or online.

Vaccines continue to be critical in protecting our health, our loved ones, and the health-care system. Everyone in Alberta age 12 and older is eligible for a third dose to boost protection. Residents in continuing care settings and anyone age 70 and over are also eligible for a fourth dose of COVID-19 vaccine, if it's been 5 months or more since their third dose. If you have not yet received all your vaccine doses, I strongly encourage you to consider doing so.

Thank you for your shared commitment to the safety and wellbeing of your fellow residents and loved ones. There is no single perfect solution or risk-free option in living with COVID, and we continue to work toward seeking a balance with protecting residents from hospitalization and death, while also promoting high quality of life.

Yours sincerely,

Deena Hinshaw, BSc, MD, MPH, CCFP, FRCP
Chief Medical Officer of Health

cc: Corinne Schalm, Assistant Deputy Minister, Continuing Care Division, Alberta Health

Trish Merrithew-Mercredi, Assistant Deputy Minister, Public Health and Compliance, Alberta Health

Niall MacDonald, Acting Senior Program Officer, Provincial Seniors Health and Continuing Care, Alberta Health Services

Dr. James Silvius, Senior Medical Director, Provincial Seniors Health and Continuing Care, Alberta Health Services