

RECORD OF DECISION – CMOH Order 08-2020

Re: 2020 COVID-19 Response

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.

This 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.


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.

Therefore, having determined that certain activities could transmit COVID-19 as an infectious agent and that certain other steps are necessary to lessen the impact of the public health emergency, I hereby make the following Order:

1. Effective immediately all operators and service providers of a health care facility, located in the Province of Alberta, must adhere to the outbreak standards attached as Appendix A to this Order.
2. For the purposes 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*.
3. Despite section 1 of this Order, an operator or service provider of a health care facility may be exempted from the application of this Order, by me, on a case-by-case basis.
4. This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 2 day of April, 2020.


Deena Hinshaw, MD
Chief Medical Officer of Health



Document: Appendix A to Record of Decision – CMOH Order 08-2020

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 08-2020.

Date Issued: April 2, 2020

Scope of Application: As per Record of Decision – CMOH Order 08-2020.

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.

Purpose:

The **suspected, probable and confirmed COVID-19 outbreak standards** outlined here are **required** under the Record of Decision – CMOH Order 08-2020 (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 operators¹ or service providers, residents², staff³, as well as any designated essential visitors (or families and others who are allowed to visit when a resident is dying, as per [Order 03-2020](#)).

- 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 [Orders 03-2020](#) and [06-2020](#).
- 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.

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.

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 e.g., by group homes).

³ Any person employed by or contracted by the site, or an Alberta Health Services employee or other essential worker.

- The intent of these standards is to help ensure that those living and working in congregate settings where there is a 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.
- 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.

- With the recent addition of the ***inclusion of diarrhea and vomiting as symptoms of concern for residents/clients***, the symptoms to watch for are onset of new illness including:
 - Cough, OR
 - Fever (over 38 degrees Celsius), OR
 - Shortness of breath, OR
 - Sore throat, OR
 - Runny nose, OR
 - Diarrhea, OR (symptom is for clients/residents in congregate settings only)
 - Vomiting (symptom is for clients/residents in congregate settings only)

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 Response**](#)⁴ **must be contacted as soon as there is a case suspected.**
- 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 be sent home immediately.
 - If staff member utilizes public transit, operator will send staff home via taxi with 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
 - 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.**
- 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 must be sent home immediately.

⁴ 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.

- If staff member utilizes public transit, operator will send staff home via taxi with 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.**
- 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.**
- 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.**
- 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.**
- 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.**
- 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 Acute Care and 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 or supervisors, at **any site** where that staff member works, 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](#).

Routine Practices and Additional Precautions

- 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.
 - See [Order 06-2020](#) for additional information on putting on and taking off PPE and contacts for additional information regarding need for PPE or access to supplies.
- Operators must immediately ensure that staff, and any designated essential visitors or family members (see [Order 03-2020](#)), 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 above cohorting staff and additional “suspected, probable or confirmed COVID-19” guidelines within this document).
- Staff working at sites in a **suspected** or **probable** outbreak must immediately change into a new set of clothes/uniforms and if possible change shoes before going to work at another site and ideally before returning home.
- 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 Order 06-2020.
 - 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 must stop moving new people into the site, once there is a **suspected**, **probable** or **confirmed** outbreak, unless at the direction of the Chief Medical Officer of Health.

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 Order 06-2020.

Designated Essential Visitors

- No visitors, including designated essential visitors, are permitted to enter in the case of a **confirmed** outbreak.
 - There may be exceptions to this, depending on the number of people affected and the size of the building. This decision must be made with direction/support from the **AHS Coordinated COVID-19 Response** personnel.
- Designated essential visitors can continue to visit the facility while under **suspected** or **probable** outbreak.

- As per the [Order 03-2020](#), the site contact can make exceptions to visit a person who is dying.

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.
 - Require staff members work exclusively at one site.
 - This is imperative to prevent possible spread of COVID-19 to other congregate settings where other vulnerable populations reside.
 - 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.
 - Unless otherwise directed by **AHS Coordinated COVID-19 Response** personnel or other responding public health staff, continue to provide care and support for the symptomatic resident within the facility, when possible given the seriousness of the presenting symptoms.
 - 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.
- In the case of a **suspected** or **probable** outbreak, operators should review staff complement in preparation that outbreak may be confirmed and staff will only be permitted to work exclusively at one site.
 - Operators should utilize this time to make plans for any staffing changes that may occur if their outbreak status changes to confirmed.