

novel coronavirus (COVID-19) Quick Reference PREPAREDNESS FOR CONGREGATE LIVING SITES

This quick reference sheet is to be used as supplemental guidance to the following outbreak management guidelines:

- **Acute Care and Facility Living:** Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites, July 2019
- **Lodge, Retirement Residences, Designated Supportive Living and Home Living:** Guidelines for Outbreak Prevention, Control and Management in Supportive Living and Home Living Sites, July 2019
- **Congregate Living Sites:** [Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites, March 2020](#)

Information and Communications

- Due to the rapidly evolving nature of COVID-19 in Alberta, all information reviewed during this conversation is current but may be updated at any time.
 - Review Alberta Health's website for daily updates and communications to relevant stakeholders at alberta.ca/COVID19.
 - For updates and information about COVID-19, see ahs.ca/covid19.
- For questions about outbreak management, call your zone contact [see Outbreak Management Guidelines above, and Resources section below]. Details about a dedicated outbreak support line will be communicated when available.
- For updates for congregate living sites, see <https://connection.albertahealthservices.ca>. Note, you will be required to register the first time you use the site.
- For other questions please email continuingcare@ahs.ca.

Prevention

- Post appropriate signage (social distancing, hand hygiene and infection control) at entrances, shared washrooms, common areas.
- Signage is available through <https://connection.albertahealthservices.ca>.

Social Distancing and other preventative measures:

- Group and social activities should be cancelled in most cases. If they proceed, only non-symptomatic/non-isolating residents may participate, and only in groups of five or fewer residents, meeting all social distancing requirements.
- Esthetics, non-essential foot care and gift shops should remain closed.
- All non-essential resident appointments that are rehab- or volunteer-related should be cancelled.
- Clean and disinfect all communal items. Moveable recreational supplies need to be removed or secured between uses. Items that cannot be cleaned and disinfected should be either discarded (e.g. magazines) or removed from common areas and placed in storage (e.g. puzzles).
- Dedicate staff to one unit if possible.
- Shared rooms – minimum distance of 2 metres between residents sharing a room.

- Residents must have own personal products.

Resident movement outside of facility:

- All residents must stay on facility's property unless: they need necessary supplies e.g. groceries; are walking; or are attending necessary appointments e.g. medical.
- Social distancing requirements must be followed. Residents must undergo health screening assessment (below) on re-entry.
- Resident transfers or new admissions – must undergo health screening assessment (below) and meet any other requirements.

Food Service:

- Close buffet lines; discontinue all self-serve.
- Discontinue all resident assistance with kitchen duties or meal service.
- Ensure all tables are free of miscellaneous items such as: condiment baskets, flowers, water pitchers, salt and pepper shakers, etc. Provide single service packets of condiments directly to resident.
- Discontinue the use of tablecloths.
- Ensure social distancing for sitting at tables when residents are in the dining room for meal service: maximum 2 residents/table.
- Minimize size of group of residents eating at any one time (e.g. use multiple eating rooms, staggered mealtimes, etc.) Explore having residents eat in shifts or have tray service to their room.
- Clean and disinfect all tables and chairs after each meal sitting.
- Clean and disinfect all carts and trays used for food service before re-use.

Visitors: (see Resources)

- Only one, single essential visitor at a time may visit residents in Long-term Care, Supportive Living and other Congregate Living Settings.
- Each essential visitor must be verified and undergo a health screening prior to entering the facility. This may include a temperature check or a questionnaire.
- Visit must occur in resident's room unless aiding with care activity such as mealtime.
- Visitors must be feeling well on the date/time of visit.
- Visitors must comply with any Personal Protective Equipment (PPE) requirements.

Enhanced cleaning and disinfection of frequently touched surfaces: (see Resources)

- Ensure daily communication to staff about cleaning and disinfecting frequently touched surfaces.
- High touch surfaces and common areas require frequent cleaning and disinfection to minimum three times daily. 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 use take the appropriate precautions when using chemicals for cleaning and disinfecting. Consult the products Safety Data Sheets.

Perform consistent hand hygiene and respiratory hygiene: (see Resources)

- Regular hand hygiene applies to both residents and staff.

Personal protective equipment (PPE):

- Use of PPE is required for any situation where someone is displaying or reporting symptoms of illness (such as any of the symptoms in the COVID-19 screening questionnaire in **Table 1**), or if advised by Public Health.
- Mask is required for encounter with resident who does not pass the COVID-19 screening questionnaire.
- Staff working at multiple sites must change into clean clothes/uniforms prior to entering another facility
- Contracted AHS providers: contact AHS for access to supplies of PPE:
AHS.ECC@albertahealthservices.ca.
- Non-AHS contracted providers: contact Provincial Emergency Social Services for your PPE needs:
PESSECC-LOGISTICS@gov.ab.ca.

Surveillance for symptoms in staff and residents:

Early recognition and swift action is critical for effective management of COVID-19. Seniors are at higher risk of severe COVID-19 illness.

Health screening assessment:

Residents and staff must complete a health screening assessment each time they enter/re-enter the site:

- Temperature screening using non-invasive devices (oral thermometers are not allowed).
- COVID-19 screening questionnaire (see Table 1).

If staff have a measured temperature of 38°C or higher AND/OR answer YES to any screening question, they may not enter the facility, and must immediately go home to self-isolate, and contact their manager/supervisor/Workplace Health and Safety (WHS).

If a resident has a measured temperature of 38°C or higher AND/OR answers YES to any screening question, they must be isolated immediately.

Perform **daily symptom check** for:

- Residents - temperature check AND look for change in usual resident behavior AND unusual drowsiness], and
- Staff [any COVID-19 symptom*. If other symptoms, stay home and contact WHS/OHS or Public Health].]

Operators must have a process to make residents aware that they are to immediately notify their site contact if they are feeling unwell.

Staff must be aware of their role in assessing resident illness, and how to self-assess/notify their site contact of their own illness prior to reporting to work every day.

A single resident/client OR staff member with COVID-19 symptoms* must be investigated promptly.

Outbreak Definition:

One case of COVID-19 in a resident OR staff is an outbreak and requires full outbreak response (see [Guidelines](#))

***Case Definition of COVID-19:**

Onset of new respiratory illness with cough OR fever (38°C or higher) OR shortness of breath OR difficulty breathing OR sore throat OR runny nose OR nasal congestion
(fever may not be prominent in elderly individuals)

Response

Reporting and immediate IPC measures:

Symptomatic staff

- Promptly contact manager/supervisor and WHS/OHS if available.
- Self-isolate at home, monitor symptoms daily (see Resources).
 - If illness onset at work, immediately inform supervisor, leave facility and self-isolate.
 - If you are an AHS employee, inform WHS.
- Follow instructions from Workplace Health & Safety or Public Health as applicable.
- Do not return to work at any site until isolation is lifted.

Asymptomatic staff

- Staff working at multiple facilities (e.g., acute care and continuing care facilities) must change clothes between shifts to prevent the spread of illness.
- Staff movement between facilities may be restricted at any time, especially if an outbreak is declared. Consult with WHS/OHS/designate, IPC or Public Health.

Symptomatic residents

- Isolate using [contact and droplet precautions](#).
- Symptomatic residents should be confined to their rooms with their meals served to them in their room. If this is not practical, restrict to their own units. Avoid contact with other patients/residents in common areas as much as possible. The outbreak team can provide guidance on a case-by-case basis.
- Wear appropriate PPE to provide care ([Donning](#) & [Doffing](#)).
- Practice consistent hand hygiene and respiratory hygiene:
 - [Hand hygiene poster](#)
 - [How to hand wash poster](#)
 - [Respiratory etiquette](#)
- Contact zone Public Health for instruction (**see Table 2**)
- Arrange for NP swab collection and transport for testing
- Implement other outbreak strategies – signage, cleaning/disinfecting

All residents, staff and families

- Operators will notify all residents, staff and families of any outbreak (of any kind) at the site, including if there is a case of COVID-19, and recommendations for preventive measures they should take.

Notify site manager and Public Health as per usual process

Have a plan in place to decide how and where symptomatic residents will be isolated, especially if they have shared rooms.

Even in a confirmed COVID-19 outbreak, continue to collect and submit nasopharyngeal (NP) swabs for any newly symptomatic residents or staff unless otherwise directed by Public Health.

Monitor outbreak status:

- complete daily tracking form and send to Public Health

Follow visitor restrictions

Resources

Most up-to-date COVID-19 information ahs.ca/covid19

Environmental Cleaning

www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-environmental-cleaning-public-facilities.pdf

Hand and Respiratory Hygiene

Hand Hygiene Poster www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-flu-hand-rub-how-to.pdf

How to Hand Wash Poster www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-flu-handwash-how-to.pdf

Respiratory Etiquette www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-cover-your-cough-general.pdf

Self-isolation

Self-Isolation Poster <https://open.alberta.ca/dataset/44e7c639-7bb6-4bb4-9138-1abf5c56a7b8/resource/91cd86ac-7eaf-4376-9f9a-0b600a9af2fa/download/health-self-isolation-information-sheet.pdf>

Visitor guidance

Visitor Poster www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-translated-congregate-living-settings.pdf

Information for People Visiting Patients www.albertahealthservices.ca/topics/Page17001.aspx#lhc

Visitor Restrictions <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-covid19-infosht-visiting-pts-pandemic.pdf>

Staff guidance for Visitor Restrictions <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-staff-guidance-visitor-restrictions.pdf>

IPC measures

Droplet and Contact Precautions www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-droplet-and-contact-sign-CC.pdf

Donning and doffing of PPE www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-donning-ppe-poster.pdf and www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-doffing-ppe-poster.pdf

Testing: Details available through your WHS/OHS, IPC or Public Health contact.

COVID-19 Quick Reference Preparedness for Congregate Living

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Table 1: COVID screening questionnaire

1.	Do you have any of the below symptoms:		
	• Fever	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

Table 2: AHS Zone Public Health Contacts (Regular and After Hours)

AHS ZONE (Link to Zone MOH)	REGULAR HOURS Business hours may vary slightly from Zone to Zone, but are typically 8:30 am – 4:30 pm			AFTER HOURS
Zone 1 South	Communicable Disease Control	CDC Intake	587-220-5753	(403) 388-6111 Chinook Regional Hospital Switchboard
	Environmental Public Health	EPH CDC Lead	403-388-6689	1-844-388-6691
Zone 2 Calgary	Communicable Disease Control	CDC Intake	403-955-6750	(403) 264-5615 MOH On-Call
	Environmental Public Health	EPH Disease Control	403-943-2400	
Zone 3 Central	Communicable Disease Control	CDC Intake	403-356-6420	(403) 391-8027 CDC On-Call
	Environmental Public Health	24 Hour Intake	1-866-654-7890	1-866-654-7890
Zone 4 Edmonton	Communicable Disease Control	CDC Intake Pager	780-445-7226	(780) 433-3940 MOH On-Call
	Environmental Public Health	EPH		
Zone 5 North	Communicable Disease Control	CDC Intake	1-855-513-7530	1-800-732-8981 Public Health On-Call
	Environmental Public Health	EPH		

NOTE: Confirm outbreak reporting procedures and business hours in the Zone.