

QUESTIONS & ANSWERS:

Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 23-2021)

General

What are the changes in CMOH Order 23-2021?

- This order makes changes to Part 2 of Order 10-2020 (and repeals Order 32-2020), including:
 - New guidelines for:
 - Outbreak phases
 - Management of new exposure with 90 days
 - Vaccine information
 - Updates and/or Clarification to:
 - Outbreak definitions
 - Health Assessment Screening
 - Screening Documentation Storage
 - Management of COVID-19 positive and symptomatic residents
 - Close contact definition
 - Expectations of staff, management and operators
 - Operator communication
 - Routine practices and Additional Precautions
 - Management of residents upon admission
 - Resident outings
 - Group/recreational activities and shared dining
 - Guidance for Service Providers

Why update the Order?

- As more Albertans, including staff and residents at these sites, become vaccinated, there is the desire to ease some restrictions to support quality of life and health and wellbeing.
- Vaccinations in these settings have greatly reduced the negative outcomes related to COVID-19 infections.
- While there continues to be a risk of exposure to and transmission of COVID-19, a number of safety precautions continue to be in place to ensure continued protection for these vulnerable populations.
 - These safety measures include health screening, masking, physically distancing, hand hygiene and symptom checking.

What facilities does this amended order apply to?

- All licensed supportive living (including group homes, lodges and designated supportive living), long-term care (nursing homes and auxiliary hospitals), and hospice settings.
- If a facility contains both licensed supportive living spaces and unlicensed spaces, this Order does not apply to the unlicensed spaces/areas of the building/campus. This new order outline the outbreak standards that apply to support early recognition and swift action for effective management of COVID-19 amongst vulnerable populations.

QUESTIONS & ANSWERS:

Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 23-2021)

- Operators, and others, can determine whether a site is a licensed supportive living accommodation (according to the [Supportive Living Accommodation Licensing Act](#)), or is a long-term care site, by visiting Alberta Health's [public reporting site](#).

When did these amendments take effect?

- The amendments become effective on May 31, 2021.

Outbreak Phases

Why did the confirmed outbreak definition change?

- At this point in the pandemic, the addition of confirming that a person was in the building while infectious before declaring an outbreak is prudent. This ensures that outbreak protocols are not put in place unnecessarily.

Symptoms and Health Screening

Why is the COVID-19 symptom list longer for residents?

- Residents may experience milder initial symptoms or be unable to report certain symptoms if cognitively impaired. While the additional symptoms are ones more commonly seen with some residents, experience has shown that any changes in health status may be an indicator of COVID-19.
- The updated Resident Screening Tool can be found [online](#).

What are the screening requirements for working or visiting individuals?

- Staff, Students, Service Providers, and Volunteers are to be actively screened prior to the start of each shift. Designated family/support persons and Visitors are to be actively screened at entry to the site.
- Active screening involves **both** temperature screening and a satisfactory COVID-19 Screening tool.
- Staff, Students, Service Providers, Volunteers, Designated family/support persons and Visitors are screened using the [Alberta Health Daily Checklist for Adults 18 years and older](#) or [Alberta Health Daily Checklist for Children under 18](#).

Can operators add additional screening questions (e.g. have you travelled inter-provincially in the last 14 days)?

- No. Operators are not permitted to add additional questions which could exclude persons from entering the site.

QUESTIONS & ANSWERS:

Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 23-2021)

Do health assessment screening documents need to be stored by the operator?

- Operators should not store the completed COVID-19 health screening documents from any person who enters (NOTE: these documents contain health information)

What information do operators need to store and for how long?

- For anyone permitted to enter, operators are required to record and store the following information for contact tracing purposes, for a minimum of 4 weeks but not for longer than required for the purpose of contact tracing: name, contact information (phone number, email) and date and time of entry and exit.
- For questions about your obligations under the *Personal Information Protection Act*, please contact the FOIP-PIPA Help Desk by phone 780-427-5848.

Testing and Isolation

What are the COVID-19 testing guidelines for new and existing residents?

- Indications for testing symptomatic and asymptomatic persons are outlined in the current version of the [Alberta Public Health Disease Management Guidelines](#) and as directed by Public Health. These guidelines are updated from time to time, please ensure you are referencing the most recent version.
- Each Zone has unique operational circumstances and requirements and continues to have the responsibility to determine how to best operationalize the testing guidelines, as long as the intent of the guidelines is met.

What if a resident declines testing?

- Consent must be obtained from the resident (if able), or from their alternate decision maker prior to collecting the swab for testing.
- If a resident (or alternate decision maker on their behalf) declines the test for COVID-19, precautions may still be required depending on the circumstances and risk assessment.

If a resident has previously tested positive for COVID-19, should they be tested again?

- Residents who have previously tested positive for COVID-19, have recovered, and have new onset of symptoms may require testing if sufficient time has passed. For further details, please refer to the “Testing and Management of Resolved Cases” section of the [Alberta Public Health Disease Management Guidelines](#).

Who is responsible for COVID-19 testing (swabbing) for residents?

- Facility staff will collect the swab, if the appropriate staff are employed.
- Alberta Health Services (AHS) will be deployed to complete swabbing of residents if the facility does not employ staff who can collect swabs for COVID-19.

QUESTIONS & ANSWERS:

Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 23-2021)

Who is responsible for COVID-19 testing (swabbing) for staff?

- Asymptomatic staff should be offered on-site swabbing where available (e.g. through on-site capacity or through AHS).
- Where not available, staff who prefer off-site testing, or symptomatic staff can continue to arrange for swabbing using the [AHS online assessment tool](#).
- Staff who are isolated or quarantined **must not** present to the facility for onsite testing.

How do operators manage test results?

- Indications for isolation and quarantine are outlined in the [Alberta Public Health Disease Management Guidelines](#), as directed by CMOH. The below table is provided to assist operators in the application of isolation/quarantine requirements.

Symptoms	COVID-19 Test	Management
Symptomatic	Positive OR No swab taken and the client has fever, cough, shortness of breath/difficulty breathing, runny nose/nasal congestion or sore throat.	Isolate with Contact and Droplet precautions for a minimum of 10 days or until symptoms improve ¹ AND they are afebrile (have no fever) for 24 hours without the use of fever reducing medications, whichever is longer. Isolation may be extended to 14 days at the discretion of the MOH or Site IPC (where applicable).
	Negative OR No swab taken, with other symptoms not listed above	With known exposure to COVID-19 (e.g. close contact²) Isolate with Contact and Droplet precautions for 14 days from symptom onset or until symptoms resolve, whichever is longer <i>At the discretion of the MOH, retesting for COVID-19 may be considered</i>

¹ Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. Symptoms such as loss of sense of taste/smell or fatigue may last longer than 10 days, but do not require a longer isolation period.

² Individuals that:

- Provided direct care for the case, (including health care workers, family members or other caregivers), or who had other similar close physical contact (e.g., intimate partner, hug, kiss, handshake) without consistent and appropriate use of personal protective equipment (PPE), OR
- Lived with or otherwise had close prolonged contact which may be cumulative, i.e., multiple interactions for a total of 15 min or more over a 24-hour period and within two metres with a case without consistent and appropriate use of PPE and not isolating OR
- Had direct contact with infectious body fluids of a case (e.g., shared cigarettes, glasses/bottles, eating utensils) or was coughed or sneezed on while not wearing recommended PPE.

QUESTIONS & ANSWERS:

Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 23-2021)

		<p>With NO known exposure to COVID-19</p> <p>Apply IPC precautions according to normal risk assessment of symptoms and suspected etiology, including Contact and Droplet precautions for vomiting and/or diarrhea. Discontinue precautions once symptoms are fully resolved.</p> <p><i>At the discretion of the MOH, retesting for COVID-19 may be considered</i></p>
Asymptomatic	Positive	<p>Isolate with Contact and Droplet precautions for a minimum of 14 days from the collection date of the swab.</p> <p>Monitor for the development of symptoms. If symptoms develop, follow recommendations for symptomatic residents.</p>
	Negative OR NO swab taken	<p>With known exposure to COVID-19 (e.g. close contact)</p> <p>Quarantine with Contact and Droplet precautions for 14 days since the last date of exposure. Monitor for the development of symptoms. If symptoms develop, follow recommendations for symptomatic residents.</p>
		<p>With NO known exposure: No quarantine required.</p> <p>Use routine practices, including continuous masking; additional IPC precautions are NOT required.</p>

What is the protocol when waiting for a swab result?

- If waiting for a swab result, please use the above table and follow the NO swab taken path (for either symptomatic or asymptomatic) until results are received.

What is the difference between isolation and quarantine?

- The term **isolation** refers to separating and restricting the movement of an individual with symptoms of COVID-19, or who is confirmed to have COVID-19, to prevent their contact with others and to reduce the risk of transmission.
- The term **quarantine** refers to separating and restricting the movement of an individual for 14 days (the incubation period for COVID-19) who was potentially exposed to COVID-19. This is to reduce the risk of transmission if that individual becomes a COVID-19 case. During the quarantine period, the individual should monitor for symptoms and if symptoms develop, they should be tested for COVID-19.
- **Whether in isolation or in quarantine, the expectation is that residents remain in their room and away from others.**

QUESTIONS & ANSWERS:

Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 23-2021)

When do residents (new or existing) need to quarantine?

- As listed above in COVID-19 test management, quarantine (for 14 days) is required when a resident is a known close contact of a confirmed case.
- Residents (new or existing) coming from unit in a health care facility experiencing an outbreak will be required to quarantine for 14 days, unless exempted by a Medical Officer of Health.

When will fully vaccinated residents and staff no longer require quarantine?

- Changes to management of COVID-19 test results for vaccinated individuals and quarantine periods may be forthcoming. Any change in [CMOH Order 05-2020](#) will be applicable to these settings.
- When those decisions are made by Public Health officials, operators and all those impacted by this order will be updated.

For residents (new or existing), what are the recommended precautions upon move-in, return from outing, or return from overnight stay?

- All residents will undergo a Health Assessment Screening daily and upon return if they leave the property. Residents will be required to isolate or quarantine if they meet the criteria in that process (e.g. symptomatic, travelled outside of Canada, or known close contact).
- For residents who pass screening, Alberta has shifted to an approach for precautions based on vaccination status of the individual.

	Vaccination Status	Additional Precautions
Admission Returning from Same Day Outing Off-Site Overnight Stay	Fully Vaccinated*	No additional precautions
	Not fully Vaccinated** or not Vaccinated	Twice daily symptom self-checks for 14 days
Transfer or Return from a unit within a health care facility that is on outbreak ³	Residents must quarantine for 14 days unless exempted by a zone MOH (or designate).	
If a resident answers YES to any of the screening questions on the Resident Screening Tool the individual must immediately be given a procedure/surgical mask, isolated in their room and should be asked to consent to testing for COVID-19.		

*Received the prescribed number of doses of any vaccine approved by Health Canada and is, at minimum, two weeks after the completion of the recommended vaccine series.

**Not completed the recommended vaccine series (e.g. not received the second of two doses) and/or is not two weeks after the completion of the recommended vaccine series.

³ Outbreak definitions for settings may be different, please reference [Outbreaks in Alberta](#) or contact the facility directly

QUESTIONS & ANSWERS:

Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 23-2021)

Are residents required to disclose vaccination status to the operator?

- Some operators may know residents' vaccine status as they deliver their healthcare services, however not all operators will know residents' vaccine status.
- Resident vaccination status disclosure is **voluntary**.
- If residents choose not to disclose their vaccination status, an operator may consider the resident not vaccinated.

What is recommended for residents who are currently quarantined as per the now rescinded CMOH Order 32-2020 requirements?

- Depending on the reason for quarantine under CMOH Order 32-2020 (e.g. not passing Resident Screening Assessment or known close contact), residents may have the safety precaution adjusted, if needed, based on vaccination status.

If I am fully vaccinated, why can't I be exempted from quarantine if I transfer or return from a unit (within a health facility) that is on outbreak?

- Vaccinations are very effective in reducing negative outcomes related to COVID-19 infections. However, there is not enough known about how effective they are in reducing the transmission of COVID-19. As such, all residents transferring or returning from a unit (within a health care facility) that is on outbreak will still be required to quarantine upon return to their facility to ensure the safety of others. Should there be a special or unique circumstance, Medical Officers of Health can provide an exemption to quarantine periods.

Are there any specific recommendations to mitigate impacts of isolation and other public health requirements on people living with dementia or other cognitive impairment who either have or are a close contact of someone with COVID-19?

- It is critical to develop a unit/area based, and individualized, response plan to minimize risk specific to the unique abilities and impairments of the affected resident. This may include one-on-one support, additional activities and interventions, etc.
- Responding early and intensely has the greatest possibility of mitigating risk, ensuring that the plan is communicated clearly and simply to all involved parties.
- Whenever possible and relevant (e.g. long-term care, designated supportive living settings), ask for support from AHS Zone Operation partners to share resources to help address concerns. There may be additional care requirements that AHS Home Care can support for residents in other supportive living settings.
- Operators should use discretion when adapting the considerations outlined in the order for persons with mental health diagnoses and other behavioural concerns.

QUESTIONS & ANSWERS:

Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 23-2021)

Single Site Staffing

When must staff work only at one worksite?

- This order **continues** requirements that have been put in place since Order 10-2020 and have been implemented since then. It only restricts staff of designated supportive living and long-term care from working at another designated supportive living or long-term care facility.
- In addition, in the case of a confirmed COVID-19 outbreak, all staff in other licensed supportive living (including lodges and group homes) facilities will not be permitted to work in any other licensed supportive living or long-term care facility.

In which settings is it acceptable for staff to work at more than one worksite?

- This order does not restrict other employment these staff may have outside of licensed supportive living or long term care, though it is strongly recommended that workers try to limit the number of different work places to help prevent the spread of COVID-19.
- Refer to the Table 7 in the order for further details.

Other Supports

Are students, volunteers and other support services permitted in these settings?

- These individuals are permitted to provide services in these settings, though these services may be impacted if the site is under investigation or in confirmed outbreak.
- All persons must undergo Health Assessment Screening at entry, continuously mask while indoors, and practice good hand hygiene.
- All persons must follow industry guidance, where relevant, and any additional requirements of the site in line with expectations set out in CMOH Order 23-2021.

Can operators require vaccination status disclosure of an individual before entering the site?

- Disclosure of vaccination status must be voluntary and not a barrier to entry.
- Some sites may have employer policies related to mandatory disclosure of vaccination status. Please discuss directly with your employer if this applies to your site.

How can operators confirm vaccination status of a resident?

- Some operators may be aware of vaccination status of residents because they provide their health services. Other operators may not know residents' vaccine status.
- Operators can have a conversation with residents to explain the benefits of sharing this information with the operator which may encourage a confidential disclosure.
- Vaccine status is not required to be independently confirmed by the operator. This means that an operator should not follow up with AHS or the pharmacy to confirm.

QUESTIONS & ANSWERS:

Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 23-2021)

Can operators require individuals to sign a waiver before entering the site?

- Operators may choose to use a waiver to communicate any risks and the responsibilities to adhere to the site practices and protocols, as applicable (e.g. outbreak protocols).
- Signing of a waiver must be voluntary and not a barrier to entry.

Cleaning

When are resident rooms required to be cleaned and disinfected at an increased frequency?

- Residents who do not have staff or visiting persons entering their room do not require an increase to their regular scheduled weekly cleaning by the operator.
- Residents who have staff and/or visiting persons entering their room, require:
 - Low touch (e.g., shelves, benches, windowsills, message or white boards, etc.) area cleaning daily, and
 - High touch (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote) area cleaning three times per day.

When will the frequency for low and high touch area cleaning be reduced?

- At this time, guidance regarding cleaning and disinfecting of low and high touch surfaces continues to support this frequency. Should these recommendations change, Alberta Health will revisit these expectations.

What are inspectors looking for to ensure cleaning is being completed?

- Auditors are looking for evidence such as cleaning schedules, logs or flow sheets including what high and low touch surface cleaning is being done. Auditors will also be completing visual inspections of different areas of the building.
- Auditors may also have discussions with staff who are responsible for the cleaning to ensure that staff are aware of the required processes.

What role do staff, including AHS home care workers, and visiting persons have in resident room cleaning?

- Staff, including AHS home care workers, are expected to observe any infection prevention requirements set out by the facility, (e.g., cleaning and disinfection of surfaces, frequent hand hygiene, wearing surgical/procedure masks or face coverings, etc.) prior to leaving the resident room.
- Depending on the frequency of visits, home care workers are responsible for contributing to high touch cleaning of areas that they have come in contact with at the end of their visit.
- Visiting persons are expected to observe any infection prevention requirements set out by the facility including those set out in CMOH Order 16-2021 (e.g., safe visiting practices).

QUESTIONS & ANSWERS:

Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 23-2021)

Can operators charge residents for additional cleaning costs related to the extra visits happening?

- For publicly funded long-term care, designated supportive living and seniors' lodges, these costs are appropriate uses of the extra COVID-19 funding received from government and operators can submit these costs as part of their regular reporting for COVID-19 related expenses. **These sites should not be charging clients extra fees.**
- For private pay supportive living, operators must ensure that they are meeting all of the requirements of any existing and applicable legislation (e.g., Supportive Living Accommodation Standards) before making a decision to charge residents.
 - Operators must ensure that they act in accordance with resident agreements (i.e. that the agreements allow for any added fees for particular supplies or services; that any required/agreed notice periods are met; etc.).

What if a resident does not want increased room cleaning and disinfection?

- Frequent cleaning and disinfection is one of the greatest preventative measures against infection, which is why it is a requirement.
- Resident wishes must be respected and a balanced approach must be taken. Residents should be encouraged to ensure good hand hygiene each time they leave their room and enter any building common area, especially if they decline the extra cleaning/disinfection.

Are cleaning requirements different on units where people live who have cognitive impairments/dementia and are in a COVID-19 outbreak?

- Given the mobility of those on this described unit, and likely inability to avoid touching, existing requirements may need to be augmented (i.e. increased).

Dining, Group Recreation and Resident Outings

Are residents still encouraged to stay on the facility's property, except in the case of necessity?

- Non-isolated/quarantined residents may move freely on and off site.
- Residents are expected to follow all public health advice applicable to all Albertans.
- Residents should be encouraged to maintain physical distancing, wear a mask at all times (operators must provide a surgical/procedure mask), maintain good hand hygiene, understand safety precautions upon return (based on vaccination status) and be subject to Health Assessment Screening upon re-entry if they left the property.

QUESTIONS & ANSWERS:

Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 23-2021)

Can residents visit with each other in their rooms/suites? Can they visit and do activities together (e.g., meals, cards, crafts)?

- Non-isolating (not symptomatic nor required to isolate in the case of outbreak protocols) and non-quarantining (not a close contact of someone who is symptomatic) residents are encouraged to visit and enjoy shared activities together, following all safety precautions (including hand hygiene, disinfecting shared items).

Do residents at the same site have to maintain physical distance from one another?

- Residents who are not required to isolate or quarantine are permitted to visit with one another without physical distancing in place if the site is not in a confirmed outbreak or under investigation for an outbreak.

When can larger group/recreational activities start up again?

- Recreational and group activities for **non-isolated/quarantined** residents are permitted and encouraged.
 - Both indoor and outdoor group sizes can be determined by the operator, based on size of their space and ability to adhere to public health guidance.
 - NOTE: DFSP/Visitor limits do not apply to operator organized activities.
- If a site is experiencing an outbreak, the cancelling of group/recreational activities should only be done based on the direction of the MOH/ or their designate leading the outbreak.

Can designated family/support persons (DFSP) or other visitors participate in facility recreational activities?

- One DFSP per resident may support resident at recreation activities, as directed by resident need.
- At this time, other visitors may not participate.

Are there some group/recreational activities still not recommended?

- Low risk activities should be resumed (e.g. [worship services](#), crafts, [exercise](#), games, [indoor and outdoor performances including singers, music](#), etc.)
- Higher risk activities (such as [indoor group singing](#), preparing food, etc.) should be avoided.
 - If singing is part of a [worship service](#) (e.g. congregational singing, choirs and performances), they are required to following applicable guidance.
- Residents must have access to recreational supplies (e.g. books, playing cards, art supplies, fitness equipment, etc.).
 - Operators must ensure cleaning and disinfection between each use and instruct people who are touching the items to sanitize their hands immediately before and after using the item and throughout the period of use should the situation require (e.g. coughing, touching face, etc.).

QUESTIONS & ANSWERS:

Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 23-2021)

How many residents can sit at each table for dining?

- There are no restrictions to the number of residents who can sit at a table for dining, as long as the tables are spaced 2 meters apart.
 - One DFSP per resident may support mealtime, directed by resident need.
 - At this time, family are not able to join for a social mealtime.
- Operators are encouraged to set up cohorts for meals (e.g. sit with the same people)
- When the site is in confirmed outbreak, group size should be minimized and additional precautions taken (see order).
- If a facility has a restaurant or deli on site, residents are to follow provincial and municipal guidance regarding in person services and in person dining.

For information on DFSPs and social visits on site, please refer to [Order 16-2021](#)

Personal Choice Services and other Amenities

Are personal choice services (hairdressing, barbering, manicures, pedicures, massages and facials) allowed in these settings?

- Yes. If there is a resident need for these services and the operator is ready to allow this to happen, services in these setting are permitted.
- All service providers must follow all [workplace public health guidance](#) as well as any CMOH order to ensure the safety of clients.
- Where there are differences in standards from this order and that of the workplace guidance or public health orders applicable to those services/businesses, the higher standard must prevail, unless exemptions are noted.

Are personal choice service providers required to provide their own PPE?

- Yes, these service providers are responsible to provide and wear their own PPE according to [industry guidance](#), ensuring it is suitable for the service being provided and any additional requirements of the site.

Can personal choice service providers work in multiple licensed supportive living/long-term care facilities?

- Where feasible, they should limit their work to one facility per day.

Can a resident arrange to have a service provider (e.g. foot care) come into the facility to provide care?

- Yes, operators must support access for service providers as determined by residents' needs.
- Services should be provided virtually where possible and appropriate.
- See Staff and Service Providers section in the Order for further details.

QUESTIONS & ANSWERS:

Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 23-2021)

Communication

What are the expectations regarding communication between operators and impacted parties?

- Operators must communicate transparently at all times with residents, families, designated family/support persons, visitors, staff, volunteers and other impacted service providers.
- Communication includes:
 - Updated information relevant to their staff, residents, designated family/support persons and/or visitors, families and any impacted service providers.
 - To residents, any relevant changes in operation at their site, including any adjustments made to house rules (i.e. site specific rules or guidelines in place), resident/operator agreements, handbooks etc.

Staff Wellbeing

What can be implemented by operators to address staff wellbeing?

- Workers in these settings are facing unique and additional challenges during the COVID-19 pandemic.
- Operators are encouraged to regularly reinforce directly to their staff that staff wellbeing is a priority and implement positive work environment organizational policies and processes to address wellbeing at work.
- The order includes several suggestions for what this might include, such as regular team check-ins, ensuring open communication lines and a resource listing that can be used and/or shared with staff.
- Additional resources have been added to the Order regarding staff wellbeing and mental health. See order for more information.

Miscellaneous

How does an operator provide proof of staff self-checking for symptoms twice daily?

- Auditors/inspectors may ask for proof that an employer provided the information to their staff (e.g. an email, memo, etc.) and/or may ask staff how many times they are required to check for symptoms each day. Other acceptable proof would include a process in place within an electronic chart system or regular announcements over an intercom.
- Please reach out to your licensing contact or asal@gov.ab.ca if you have other questions.

Do we need to screen and track the residents' time in and out each time they leave the building?

- Residents will be screened upon re-entry only if they leave the facility property on an outing. They are not required to have screening completed when they leave the site to go outdoors on the facility property (e.g. outdoors for fresh air, etc.).
- See Resident Health Assessment Screening for further details.

QUESTIONS & ANSWERS:

Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 23-2021)

Do residents need to maintain physical distancing from each other?

- Physical distancing is not required between non-isolated/non-quarantined residents who are participating in self-directed activities. Higher risk activities organized by the operator should have physical distancing considered in their planning.

Is eye protection mandated by this order?

- Please refer to [AHS Infection Prevention and Control](#) for direction on required PPE.
- Eye protection is recommended when there is evidence of continued transmission (defined as at least two confirmed COVID-19 cases)

Where can I find the decision tree to help determine when healthcare workers can return to work in various scenarios?

- Please refer to the [COVID-19 Return to Work Guide for Healthcare Workers](#).
- If you are still unsure, please contact 811.

I have some questions and concerns about the COVID-19 vaccines, where can I get more information.

- The Health Canada approved vaccines are safe, effective and help prevent serious illness from COVID-19. High vaccine uptake has proven to reduce the risk of introduction and transmission of COVID-19 in continuing care settings.
- For more information about COVID-19 Vaccines see [Health Canada](#), [Alberta Health](#) and Healthcare Excellent Canada for resources about [vaccine preparedness for long-term care and retirement homes](#).

Has the testing strategy changed with the release of the new order?

- The testing strategy is evolving as we learn more about COVID-19.
- Please see [Testing Strategy in Alberta](#) and the [COVID-19 Disease Management Guidelines](#) for the most up-to-date information.
- Table 5 within the order will help to guide your decision making after receiving test results.

Should residents be tested for COVID-19 upon admission?

- There has been no changes to this testing strategy. Residents should continue to be offered testing upon admission.
- Indications for testing symptomatic and asymptomatic persons are outlined in the current version of the [Alberta Public Health Disease Management Guidelines](#) and as directed by Public Health. These guidelines are updated from time to time, so please ensure that you are referencing the most current version.

For more information, please visit alberta.ca/protecting-residents-at-congregate-care-facilities or contact asal@gov.ab.ca