

QUESTIONS & ANSWERS:

Visiting in Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 16-2021)

Why are visitor restrictions being updated now? Why are visiting allowances different in these settings compared to what is allowed for the rest of Albertans?

- All updates reflect feedback received in April town halls from residents, families, staff and operators and are based on clear evidence of the impact of vaccinations in these settings as an additional layer of protection.
- Vaccinations in licensed supportive living, long-term care and hospice settings have considerably reduced negative outcomes of COVID-19 for residents and staff in these settings. Outbreaks are not happening as often and, when they do, are more contained and not as widespread. There has been a significant, and visible, impact.
- Different expectations (increased visitor allowances in CMOH Order 16-2021) recognize the positive impact of COVID-19 vaccinations within this population and the extreme hardship and toll that COVID-19 has had on the physical and mental health and well-being of residents. Updated restrictions enable increased resident directed decision making.
 - Strong precautions remain in effect for these settings, including health assessment screening at entry; continuous masking; good hand hygiene; and other safe visiting practices.
- For clarity, any provincial restrictions to indoor or outdoor gatherings do not apply to settings under CMOH Order 16-2021; CMOH Order 16-2021 outlines the restrictions in these settings.

Questions related to changes in CMOH Order 16-2021

What are the main changes to the visiting order?

There have been several adjustments made to the visiting order, including:

- Consistent access for up to **four** designated family/support person(s)
 - These individuals continue to be supported as essential to maintaining resident mental and physical health
 - Now includes minors
- Where majority of responding residents desire, access to indoor social visitors (in addition to designated family/support persons)
 - Subject to operator process
 - Recognizes impact of vaccination on risk tolerance
- Continued access to outdoor social visits for residents and families who want them
 - Groups of up to 10 (including resident) may visit outdoors, where space permits
- Other visitors in extenuating circumstances continue to be supported
- Updated risk tolerance assessment to recognize impact of vaccination coverage

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- Operators must update their site process for enhanced visiting, based on resident directed risk tolerance, needs and preferences
- Clarification of authority and mechanism to restrict social visitors in an outbreak, and designated family/support person(s) in *rare* outbreak situations.

New expectations became effective on May 10, 2021.

How many people can visit a resident at one time?

- This will depend on the site and the situation of the resident.
- Up to four visiting persons are permitted in a **resident room** if space permits, unless it is an end of life visit.
 - For end of life visits, if all persons are from the same household, there is no maximum.
- For visits in **indoor shared spaces**, up to four people (not including the resident) are permitted per grouping if appropriate physical distancing can be maintained within and between groupings.
- For **outdoor social visits**, groups of up to ten people (including the resident), space permitting, are permitted if appropriate physical distancing can be maintained within and between groupings.
- Distancing is not required between persons from the same household.

Note: For indoor social visits, all visitors present at any one time for a resident must be from the same household. Visits in extenuating circumstances are not social visits.

Who can be a designated family/support person?

- A family/support person can be anyone who is designated by a resident or their alternate decision maker, for any reason. This could be a family member, friend, companion (privately paid or volunteer), minor, etc.
- Children under 14 must be accompanied.
 - The determination of who accompanies the child will depend on each specific situation. There is not a specific requirement for 'who' fills this role (e.g. staff, other designated family/support persons, child's guardian, etc.)
- The intent is that designated family/support persons provide ongoing supports; with up to four designated family/support persons, it is not expected that they would need to be regularly changed or replaced over time.

What is the difference between a designated family/support person and a visitor?

- A designated family/support person is anyone identified by a resident to support the maintenance of his or her mental and physical health. Access to the resident can be

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for any reason. Designated family/support people are not considered social visitors.

- Visitors are people other than the designated persons, who are permitted either for indoor social visits if desired and agreed to by the majority of responding residents at the site, for outdoor visits when desired, or in extenuating circumstances. *Visitors in extenuating circumstances are not social visitors.*

Are couples who share a suite able to each have four designated family/support persons? If yes, are they able to visit at the same time?

- Yes, each individual resident is allowed to designate four family/support persons, so a couple who shares a suite would be able to have a combined total of eight designated support persons.
- If the designated family/support persons are meeting with the residents in the couple's own room (one that is not shared with anyone else), up to four may visit at the same time, as long as there is space within the room to permit physical distancing between all persons who are not from the same household.
- Visits in suitable shared spaces are supported for up to 4 designated family/support persons (not including resident), space permitting, and outdoor visits for groups of up to 10 (including resident) are supported, space permitting.

Do visitors in extenuating circumstances have to be from the same household? Do designated family support people have to be from the same household?

- No, the same household requirement is for indoor *social* visitors. Designated family support persons and visitors in extenuating circumstances are not social visitors.

Can designated family/support persons not from the same household visit a resident at the same time?

- Yes, up to four persons are permitted to visit at one time, space permitting for physical distancing between persons not in the same household.

Can visitors (including accompanied minors) not from the same household visit a resident in extenuating circumstances at the same time?

- Yes, up to four persons are permitted to visit at one time, space permitting for physical distancing between persons not in the same household.

Do operators need to approve and/or schedule all visits?

- All visits must continue to be coordinated with the operator.

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- Any visit in shared spaces (indoor or outdoors) may be subject to scheduling based on the operator's process, developed in consultation with residents and families.
- Operators must seek to establish a standing visiting schedule (a schedule that is consistent week after week) for designated family/support persons based on resident needs and preferences and availability of the designated family/support person.
 - Designated family/support persons must not be subject to repetitive booking processes (see below), as they will have schedules established.

What is a standing visiting schedule?

- A standing visiting schedule is a set plan outlining the days and times a designated family/support person will be on site, which is consistent week after week based on designated family/support person availability and resident needs and preferences.
 - Operators must not limit resident access to designated family/support persons (e.g. only make certain times available if there is a desire for more time).
 - A standing visiting schedule is intended to eliminate the need for continuous coordination.
- Standing visiting schedules must include weekdays, evenings and weekends, and also accommodate where space might otherwise limit (e.g. use of suitable shared spaces).

Is it possible for a standing visiting schedule to be simply 'visiting hours'?

- As long as this is in alignment with resident need and designated family/support person availability, visiting hours (where designated family/support persons are welcome to drop in anytime between 8am and 8pm, for example) are supported.

Do outdoor visiting persons have to undergo Health Assessment Screening and does an operator have to collect their contact information?

- All persons permitted indoor entry must undergo Health Assessment Screening and have their contact information collected. If the suitable outdoor space is only accessible through the building, then outdoor visitors would have to undergo Health Assessment Screening and have their contact information collected. Otherwise, this is not required for outdoor visits.

Does a resident have to undergo Health Assessment Screening when coming back from an outdoor visit on facility property?

- Residents are not required to have screening completed when they leave the site to go outdoors on the facility property.

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- Residents will be screened upon re-entry only if they leave the facility property on a Resident Outing (refer to CMOH Order 32-2020, or any subsequent replacement).

Is the operator required to enforce visitors being from the same household?

- Operators are required to educate visiting persons entering the site on the rules and expectations. Visiting persons have a responsibility to follow the rules, including ensuring that indoor social visitors are from the same household. Operators are not required to enforce this.

To what degree and through what processes are operators expected to consult with residents, families and staff about the site-specific process for this visiting policy?

- Operators are expected to develop a process that is reflective of the needs and preferences of residents and families.
 - This means, for example, that if the majority of responding residents (or their legal decision makers) are wanting to have access to indoor social visitors (those in addition to designated family/support persons), this must be supported by the approach the operator develops.
- Processes to poll and gather feedback from residents and families might include through the Resident and Family Council, through online/paper surveys, small group meetings, meal time ballots, etc.
- Recognizing that individual resident preferences may ultimately vary from the developed site plan and process (i.e., if they don't agree with the direction from most other residents and families), customized individual approaches (to identify and mitigate concerns) must be supported to the greatest extent possible.
- Consultations must occur at least every six weeks to update/affirm resident preferences.

How will vaccination coverage of a site impact risk tolerance?

- High vaccination coverage in both residents and staff strongly reduces risk of introduction and transmission of COVID-19 within these settings.
 - All other public health measures continue to be required (including health assessment screening at entry; continuous masking and hand hygiene; physical distancing; not visiting with any other resident/staff).
 - Not all visiting persons may be vaccinated. There are sufficient protections in place to mitigate any increased risk of more people on site, with increased immunization.

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- This will not eliminate the risk of disease introduction, but higher levels of immunization in the facility will limit the potential impact of having a case on site.
- Visitors may be susceptible to diseases; however, with a highly immunized population, their risk of contracting COVID-19 from the facility residents is reduced.
- Indoor social visitors may be restricted by operators during any outbreak in the facility.
- Normally, designated family/support persons would not need to be restricted during an outbreak in the facility. However, in rare outbreak situations, designated family/support persons may also be temporarily restricted under the specific direction of a Medical Officer of Health or designate, or Alberta Health Services Communicable Disease Control).
- Any known, or otherwise understood, vaccination status of resident and staff will impact how people perceive their risk if exposed to COVID-19.
- Although vaccinations are not provincially mandated for anyone, high vaccine coverage of residents and staff greatly reduces the risk of introduction and transmission of COVID-19.
 - One of the strongest protective measures against COVID-19 is collective immunization of all eligible residents, families, designated family/support persons, other visitors and staff.
 - Disclosure of vaccination status is voluntary.
 - Vaccination status of residents, designated family/support person and other visitors must not be a barrier to access.

When will residents of supportive living facilities for seniors, receive their second doses?

- Evidence continues to accumulate and suggests strongly that even a first dose of a vaccine is significantly protective.
- Scheduling for second doses is underway for residents who have not yet received their second dose.

What is the current state of vaccination status of people impacted by this Order?

- Insofar as public health orders, vaccination remains voluntary for all (residents, staff, visitors and other Albertans).
- Disclosure of vaccination status is also voluntary.

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- All staff and residents in sites under this order are eligible for vaccination.
 - Designated supportive living and long-term care: 100% of those choosing to be vaccinated have received their second dose.
 - Licensed supportive living: The vast majority of residents and staff have had a first dose and most of them also a second dose already.
- All Albertans 12+ are eligible for vaccination as of May 10, 2021.

Can I ask residents to share their vaccination status with me, if I do not already know it, to help us all determine our site's risk tolerance?

- Yes, you can ask residents to share this; however, disclosure must be voluntary.

For others entering the site, like designated family/support persons and other visitors, can I ask them to declare their vaccination status? Can I ask them to undergo rapid antigen screening, should I have a program already in place?

- Yes you may ask; however, declaration of vaccination status and participation in a rapid antigen screening program must be voluntary and not be a barrier to access, unless outcome of the screen indicates otherwise.

What does it mean when you say “Where majority (51%) of responding residents desire...”?

- This means the operator has a duty to ask everyone, but the decision is based on those who wish to participate.

The term ‘resident’ is used throughout the order, but many of our residents are so physically or cognitively impaired that we can't ask them this kind of thing. What do you mean by that?

- The term resident is inclusive of legal decision maker, where relevant.

Even if a site has a “majority opinion” to allow social visitors, what about those in the minority who do not want this?

- Operators are expected to have risk and mitigation plans in place for managing differences in resident desires. This may include considerations for where social visits occur and site process (e.g. scheduling).

What should operators do when families/residents have very different values or perspectives on risk tolerance?

- As you work on the risk tolerance assessment and site-level plan and discuss it with

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residents and families, this is an opportunity to hear and address concerns and communicate that different perspectives are expected.

- Each operator should already have mechanisms in place for involving residents and families in site decisions and know what would work best at their site.
- This process is about communicating openly with residents, families, and staff regarding risks and benefits, and engaging with them to identify solutions that work for the majority and mitigate any risks for the few.

What should operators do if the majority of responding residents do not want indoor social visitors?

- Access to up to four designated family/support people, outdoor social visits and visitors in extenuating circumstances is a minimum requirement under Order 16-2021.
- If the majority of residents do not want indoor social visits, then operators are not required to support these.
- Operators are able to, based on the risk tolerance assessment in conversation with residents, determine the processes for outdoor social visits. The same is true for outdoor visits.

Can visiting persons be included in a site's rapid antigen screening program?

- There is no mandated expectation to offer rapid antigen screening for visitors; it is only mandated for staff in designated supportive living and long-term care (where staff participation is voluntary).
- Where a program does exist (i.e., set up by the operator), rapid antigen testing/screening programs may be directed to designated family/support persons or visitors but must be voluntary and **not** a barrier to access (unless the outcome of the screen indicates otherwise).

What is meant by, "Operators must identify suitable shared spaces for indoor and outdoor visits"?

- Each site must develop solutions to allow as much access as possible to meet the needs and preferences of residents.
- Identification of suitable shared spaces for visiting purposes may be informed by the site's risk tolerance assessment, including consideration of location of space, size of space and ability to safely accommodate more people.

As an operator, where can I direct residents and families who have concerns?

- The first place to start for concerns resolution is the site level.

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- Operators are expected to develop an approach to visiting that considers the needs and preferences of residents and families that is directed by the risk tolerance of residents. As you work on this plan, and discuss it with the residents and families, part of that conversation will enable you to hear and address those concerns.
- Operators are required to document all disputes in accordance with existing concern/complaints processes under the Accommodation Standards and/or Continuing Care Health Service Standards (where relevant).
- The dispute resolution process outlined in the Order includes at a minimum the following escalation:
 1. An operator must first work with the resident and designated family/support person(s) to address any concerns that arise regarding the site process and interpretation and implementation of the Order. This may include the Resident and Family Council, if applicable.
 2. Should concerns not be resolved at site level, the concern would go to the organizational/agency executive level, where applicable.
 3. Should the concern still be unresolved after speaking with the operator and an executive of the organization/agency, Alberta Health [Accommodation Standards and Licencing](#) or Alberta Health Services AHS [Patient Relations](#) (only for designated supportive living or long-term care) may be contacted for support.

What happened to the visiting order health screening assessment tool?

- Health assessment screening tools for adults and children are now found online at: <https://open.alberta.ca/publications/covid-19-information-alberta-health-daily-checklist>

Other Frequent Questions *Not specifically related to new content in CMOH Order 16-2021/changes from CMOH Order 29-2020

Where does Chief Medical Officer of Health (CMOH) Order 16-2021 apply?

- CMOH Order 16-2021 applies to licensed supportive living, long-term care, and hospice sites only.
- If a site contains both licensed supportive living spaces and unlicensed spaces, CMOH Order 16-2021 does not apply to the unlicensed areas of the site.
 - Anyone 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](#).

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What is a risk tolerance assessment?

- A risk tolerance assessment considers many different factors to determine a site's ability to mitigate the risk of increased people onsite.
- Factors include the site size and designation (e.g. group home, seniors lodge, supportive living), residents' health status, risk tolerance of staff and residents, vaccination status, etc. Refer to Table 1 in CMOH Order 16-2021.
- An operator led, resident directed risk tolerance assessment will assist in confirming resident desire for indoor social visits and access to shared spaces.

Why is there such variation in the approaches that operators are taking?

- Each site and resident population is different. While the revised provincial policy sets a consistent framework that outlines minimum parameters for visits, there will be ongoing differences between sites, based on resident needs and preferences and the risk tolerance assessment.

What space (resident room, common indoor spaces, outdoors) is the safest for a visit to occur? Can operators restrict visits in any of these spaces?

- All visits, following safety precautions, can be safe. However, in congregate settings, outdoor visits are considered the safest followed by visits in a resident's room, whenever possible.
- Indoor social visits in other shared spaces can also be made safe by following all the guidance in the order, including considerations of physical distancing and the implementation of all of the Safe Visiting Practices.
- Operators are expected to support visits in resident rooms and shared care areas and to identify suitable shared spaces for indoor and outdoor visits.

Where can indoor social visits take place?

- Social visits indoors, where desired by majority of responding residents, may take place in a resident room or in suitable shared spaces. Identification of shared spaces will depend on each site's risk tolerance assessments and will differ based on site configuration.

What are shared care areas? Are visitors or designated family/support persons allowed in shared care areas?

- Shared care areas are areas where direct care, such as assistance with eating, rehabilitation or recreation support, is provided at the time of interaction.
- Semi-private resident rooms (rooms with two residents) should be considered a

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resident room and not a shared care area.

- An operator must permit only one designated family/support person per resident at a time to provide support in shared care areas.

What are extenuating circumstances when visitors are permitted?

- These circumstances include:
 - end of life (last 4-6 weeks of life)
 - change in health status (physical or mental)
 - pressing circumstances (e.g. legal matters, family crisis)
- In the case of a hospice, all residents are permitted end-of-life visits starting at the time of admission.

When would a resident be considered at end of life to allow for end-of-life visits?

- While it is difficult to be precise around when an individual is at end of life, in the context of COVID-19, visits at end of life refers to the last four to six weeks of life.
- A suggested consideration to help make this determination would be to ask yourself, *would I be surprised if this resident were alive four to six weeks from now?*
- Once there has been an end of life determination by the operator, increased access under this parameter will continue, even beyond the four to six week timeframe.
- In the case of a hospice, all residents are permitted end-of-life visits starting at the time of admission.

What Personal Protective Equipment (PPE) requirements are there for designated family/support persons and other visitors during visits?

- Continuous masking is required indoors (with some exceptions) and, if physical distancing cannot be maintained, outdoors as well.
 - If the resident being visited is isolated or quarantined, or the site is under investigation for or experiencing an outbreak, masking and other PPE requirements may change.
- Public Health guidelines for [use of masks](#) must be followed.
 - Children under 2 years of age are not required to wear a mask.
- Operators or visiting persons may supply the PPE.
 - Each site's process may determine who supplies PPE, based on the site's consultation, risk tolerance assessment, and PPE availability.
- Additional PPE is required when visiting a symptomatic resident, or when the site is in outbreak, so please talk with the site contact. This may mean the site provides the PPE.

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Can residents go out to visit with people outside this site? Can I go overnight to stay with others?

- The scope of Order 16-2021 is specific to visiting restrictions on facility property.
- Please follow all provincial restrictions applicable to all Albertans for any visits off site.
- Where off-site overnight stays are part of a resident care plan or regular supportive activity, this continues to be supported.
- As per current Order 32-2020 and any subsequent order put in place succeeding that one, all residents are subject to 'Resident Outing' requirements upon return to the site, which may include safety precautions. Please discuss this with the operator.

Are residents allowed to visit other congregate care sites?

- Yes. Residents from congregate care sites may be a visitor or designated family/support person at another licensed supportive living, long-term care, or hospice site.
- They would be required to follow the same screening and PPE requirements as any other visitor or designated family/support person.
- As with all others, it is recommended that people not visit more than one other licensed supportive living, long-term care or hospice site in the same day (in addition to the one where they live).

I am a resident. What do I need to do to keep myself and other residents and staff around me safe from COVID-19?

- Assess your own health and check for COVID-19 symptoms, and report any symptoms immediately. **Follow all requirements if you have any symptoms or are isolated/quarantined for any illness, including COVID-19.**
- Protect yourself from exposure of COVID-19 both onsite and offsite, remaining vigilant in following all public health guidance.
- Assess your own risk and communicate that to the staff, your family and visiting persons who may wish to come and see you.
 - Participate in whatever discussions the site has to ask about your preferences.
- Remember that others' risk tolerance – those who live and work in the same site as you – may not be the same as yours, so what you do (or don't do) may also impact them.

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As a designated family/support person or visitor, what is expected of me?

- As a designated family/support person or visitor, you are expected to be educated on safe visiting practices and related site policies. This includes understanding your risk of unknown exposure to COVID-19, based on your behaviour in the past 14 days.
 - Vaccination, when you are eligible, is an important step to protect you and those around you. However, even if you have been vaccinated, you still must follow all of the safe visiting practices.
- On each visit, you must undergo active health assessment screening at entry and self-check for symptoms throughout your visit. Any person who fails the health assessment screening and questionnaire will not be permitted to enter. **Do not visit if you are sick.**
- Visits must be coordinated with the operator and you must wear a mask continuously throughout the building (with exceptions in certain circumstances) and any other required personal protective equipment.
 - The mechanism for designated family/support persons to have a standing visiting schedule eliminates the need for continuous coordination for each visit.
- Only visit the resident(s) you are supporting.
- Notify the operator if symptoms develop within 14 days of your visit.

I am a designated family/support person and the resident I support is in isolation/quarantine. Am I still able to visit?

- In most situations, yes. An outbreak does not prohibit you from visiting; however, the decision is at your discretion as it exposes you to risk.
 - If you do visit, you will need to follow additional Personal Protective Equipment (PPE) protocol and only visit the resident in their room.
- In rare outbreak situations, the local Medical Officer of Health or designate leading the outbreak response or Alberta Health Services Communicable Disease Control has the authority to make temporary restrictions based on their assessment of the situation.

Can I hold my loved ones' hands or give them a hug?

- Physical touch (such as holding hands or hugging) is supported following all safety precautions, including wearing a mask and practicing enhanced hand hygiene.
- Please review the specifics in the Order itself and ask your site contact if you have any questions.

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If I wear a mask, my loved one gets extremely distressed or can't hear me. Can I wear something else?

- If physical distancing can be maintained, it is okay to take your mask off in these scenarios. If the distance cannot be maintained, there may be some options for you.
- You will need to work with the site contact to understand what alternative options might be available to enable the visit.
- We recognize this is difficult and options may be limited or not ideal or feasible, depending on the person (e.g. resident wearing a medical grade mask themselves).

Am I allowed to bring my pet when visiting my loved one?

- Visiting animals are not prohibited.

Am I allowed to bring gifts when I visit a resident?

- Gifts are not prohibited.

Can designated family/support persons and/or visitors take off their mask to eat/drink? Can residents and visitors share food outdoors?

- If physical distancing is possible, visiting persons may take off their masks to eat/drink while visiting indoors or outdoors, following all Safe Visiting Practices, including hand hygiene and appropriate [use of masks](#).
- Sharing food outdoors is possible, adhering to Safe Visiting Practices, including physical distancing and hand hygiene before, during, and after visiting.

Can designated family/support persons and/or visitors have access to on-site washroom facilities?

- There is no restriction to visiting persons having access to on-site washroom facilities.

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. These

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operators are also receiving COVID-19 funding as announced in February 2021, which should be a consideration in determining whether 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.).
- Any concerns must be managed through the existing site concern resolution process.

As a designated family/support person or visitor, where can I go with concerns about visiting?

- The first place to start with your concerns is with the operator, as they create the site's process for implementing Order 16-2021 and are required to have a dispute resolution process in place.
 - The operator must work with you and your loved one to address your concerns. This may involve the Resident and Family Council, if there is one at your site.
- If the operator is unable to resolve your concern, the organization/agency's executive level support will get involved.
- If neither the operator nor the organization address your concerns, you may contact Alberta Health [Accommodation Standards and Licencing](#) or Alberta Health Services AHS [Patient Relations](#) (only for designated supportive living or long-term care) for support.

Some sites have shared rooms. How do you manage this if roommates have different preferences?

- Operators and staff should work with residents who live in a shared room, and their family/support persons, to develop an approach to visiting within that room that balances risk and safety for each resident.
- Visits in shared rooms may need to be pre-arranged or scheduled to accommodate the unique needs and preferences of all residents in the shared room.
- If residents in shared rooms cannot reach a resolution (e.g. a roommate does not wish to allow visitors into their room and does not wish to leave their room for their roommates' visitors), alternatives must be provided, including:
 - Exchanging in-room visits for visits in an alternative space
 - Cohorting residents who do not wish to have visitors in their room

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Who can staff or an operator turn to for advice and information around safe touch and/or Personal Protective Equipment (PPE) requirements?

- For additional information:
 - If the operator is a health-funded site (designated supportive living, long-term care, contracted hospice), a good first step is to consult with your usual Alberta Health Services (AHS) program contact, as they may be able to assist with options.
 - If the operator is not health-funded (e.g., licensed supportive living other than designated supportive living), contact AHS's Infection Prevention and Control at continuingcare@albertahealthservices.ca.

Do visits have to be supervised?

- Supervision is **not** required or expected.
- Designated family/support persons and visitors play an important role in residents' lives and must take on personal responsibility to follow the order and site policies.
- The operator's role is to communicate their site process, educate visiting persons, provide Personal Protective Equipment in some cases, and have considerations/ processes in place for when visiting persons are not following guidelines.

When will CMOH Order 32-2020 be updated?

- The Operational and Outbreak Standards are expected to be updated mid-late May 2021.

For more information, please refer to [CMOH Order 16-2021 and Appendix A](#).