RECORD OF DECISION – CMOH Order 09-2020 which rescinds CMOH Order 03-2020

Re: 2020 COVID-19 Response

Whereas 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.

Whereas the 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.

Whereas 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.


Whereas having further determined that it is necessary to further restrict the ability of persons to visit residents in health care facilities located in Alberta, I hereby make the following Order which rescinds my previous Record of Decision - CMOH Order 03-2020:

1. Effective immediately no visitors, except those identified in this order, are permitted to attend a health care facility in the Province of Alberta.

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. An operator or service provider of a health care facility shall ensure that the provisions of this Order and the guidelines attached as Appendix A to this Order are complied with.
4. Despite section 3 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.

5. An essential visitor of a resident may attend a health care facility only for the purposes of providing for the essential care needs of the resident that would otherwise be unmet.

6. Despite section 5, if a resident is dying, members of the resident’s family, the resident’s religious leader(s) and the resident’s friends may, subject to the approval of the essential visitor, attend a health care facility to visit the resident.

7. For the purposes of this order, an “essential visitor” is, in relation to a resident of a health care facility, an individual who is over 18 years of age and is designated by the resident or the resident’s alternate decision maker as their single essential visitor to:

   (a) provide care to meet the essential care needs of the resident that would otherwise be unmet; and

   (b) decide who among a dying resident’s family/religious leader(s)/friends may attend a health care facility for the purposes of visiting a resident.

8. Only one individual may attend to a given resident at any time within a health care facility. For greater certainty, the essential visitor of a resident and a family/religious leader/friend may not attend the health care facility in which the resident is located at the same time.

9. Despite section 8, if a resident is dying and the essential visitor approves a child to visit the resident, the child may be accompanied by the essential visitor or the child’s parent/guardian.

10. Every attendance of an essential visitor must be prearranged with the staff of the health care facility in which the resident is located.

11. Before allowing an individual to attend to a resident within the health care facility, the staff of a health care facility must:

   (a) confirm whether the individual is, in relation to the resident being attended to, the essential visitor of the resident;

   (b) record the individual’s visit, including the date, time and information required to be collected under section 11(c);

   (c) conduct a health assessment of the individual, including taking the individual’s temperature and requiring the individual to answer a questionnaire; and

   (d) confirm that the individual does not have a temperature over 38 degrees Celsius or any illness identified in the guidelines attached as Appendix A to this Order.

12. An essential visitor must:

   (a) be escorted at all times, by the staff of the health care facility, except when attending to the resident in their room; and

   (b) wear at all times, a face covering or mask that covers their mouth and nose while attending the health care facility.
13. Sections 10, 11(b), (c) and (d), and 12 of this Order apply to a member of the resident’s family, a religious leader and a friend, as if they were an essential visitor, when one of those persons attends a health care facility for the purposes of visiting a dying resident.

14. In addition to ensuring the requirements in section 13 of this Order are met, the staff of a health care facility must also ensure that a member of the resident’s family, a religious leader or a friend who attends a health care facility for the purposes of visiting a dying resident is approved by a resident’s essential visitor.

15. This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 7th day of April, 2020.

[Signature]

Deana Hinshaw, MD
Chief Medical Officer of Health
Document: Appendix A to Record of Decision – CMOH Order 09-2020

Subject: Guideline regarding visitation in licensed supportive living, long-term care and residential addiction treatment service providers licensed under the Mental Health Services Protection Act (MHSPA).

Date Issued: April 7, 2020

Scope of Application: As per Record of Decision – CMOH Order 09-2020

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:

This guidance supplements the application of CMOH Order 09-2020 (the Order), outlining the requirements for all operators\(^1\), staff\(^2\), residents\(^3\), as well as the families and friends of those residents who live within the facilities to which the Order applies. The intent of this guidance is to protect the health and safety of residents and staff in these facilities.

Key Messages:

Individuals over 60 years of age and those with pre-existing health conditions are most at risk of severe symptoms from COVID-19. To prevent the spread of respiratory viruses, including COVID-19, among seniors and vulnerable groups:

- Visitors, **in the limited instances** when they will be allowed to enter any continuing care (licensed supportive living or long-term care) or residential addiction and treatment facility in Alberta, are limited to a single individual designated by the resident or guardian (or other alternate decision-maker).
- Each designated essential visitor must be verified and undergo a health screening prior to entering the facility. This includes a temperature check or a questionnaire.
- Facilities must have security staff or a greeter to conduct this screening and verify the visitor as the designate.
- As of this Order\(^4\), no **visitors**, including those designated as essential, are allowed entry into these facilities, **except for visits**:

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1 Operator means any operator, service provider, site administration or other staff member responsible for areas impacted by these expectations.
2 Any person employed by or contracted by the site, or an Alberta Health Services employee or other essential worker.
3 A resident is any person who lives within one of these sites (sometimes called clients e.g., by group homes).
4 This order rescinds and updates CMOH Order 03-2020.
1. Where, in rare situations, the resident’s care needs cannot be met without their assistance, or
2. When a resident is dying (see below).

**Designated Essential Visitors**

- One essential visitor must be designated by the resident, or their alternate decision-maker.
  - This means only a single individual is designated.
  - The designated essential visitor can be a family member, friend or companion.
  - The designated essential visitor cannot be under 18 years of age (see #2 below for exception).
  - The site contact (e.g. director of care, case manager, facility administrator) will confirm each designated essential visitor and ensure that they meet the criteria in this document.
  - The site contact can make exceptions, and allow the designated essential visitor to approve others to visit, in circumstances where a resident is dying (see #2 below).

- Visits from the designated essential visitor are **limited to visits meeting one of the following two criteria:**
  1. Visits where, in rare situations, the resident’s care needs cannot be met without the designated essential visitor’s assistance.
     - Designated essential visitors may carry out care related activities, as appropriate, where staff are unable to provide those due to emergent pandemic impacts, and where the designated visitors have been provided appropriate guidance, if needed.
  2. Visits in circumstances where a resident is dying.
     - The designated essential visitor may enter and can approve others, including the resident’s family, their religious leader(s), a child (under 18 years of age), and their friends to enter, so long as only one visitor enters the facility at a time.
       - The only exception to the requirement that “only one visitor enters the facility at a time,” is if the approved visitor is a child. In those circumstances, the child must be accompanied by either the designated essential visitor or the child’s parent/guardian.

- Designated essential visitors must:
  1. Pre-arrange visits with the operator (e.g., facility administrator or identified designate) and be expected, and
  2. Be escorted by site staff to the resident’s room and remain in the resident’s room for the duration of the visit, and
  3. Not visit with any other residents.

- Operators are expected to ensure that only the designated essential visitor is allowed into the site at any time.
- Operators are expected to ensure that the Health Assessment Screening (see below) is conducted on every visit.
- Operators must instruct any visitors permitted to enter the site to wash their hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer (greater than 60% alcohol content).
- Operators will ensure that visitors have a mask or face covering that covers the visitor’s mouth and nose, and will instruct the visitor on how to safely put on and take off the mask or face covering.
Health Assessment Screening
All facilities shall have a security person or greeter to assess the designated visitor. Any visitor who intends to enter a licensed supportive living, long-term care facility or licensed residential addiction and treatment facility must be screened. This screening must be completed each time the visitor enters the site.

Screening shall involve the following:
1. Temperature screening:
   o The temperature of all designated visitors must be taken by a non-invasive infrared or similar device (oral thermometers must not be used).
   o For reference, normal temperatures are:
     • Ear/forehead 35.8-38.0°C (96.4-100.4°F)
     • Anyone with a measured temperature of 38.0°C or higher MUST NOT be admitted to the facility and should be advised to leave the building in order to protect the health of the residents.

2. COVID-19 Questionnaire

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have any of the below symptoms:</td>
<td></td>
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<tr>
<td>• Fever</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>• Cough</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>• Shortness of Breath / Difficulty Breathing</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>• Sore throat</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>• Runny Nose</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>• Feeling unwell / Fatigued</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>• Nausea/Vomiting/Diarrhea</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>2. Have you, or anyone in your household travelled outside of Canada in the last 14 days?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>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?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>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?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

If a designated visitor answers YES to any of the questions, the individual MUST NOT be admitted to the facility and should be advised to leave the building in order to protect the health of the residents.

3. Confirmation of identity and “designated visitor” status
4. Documentation of arrival and exit times.

Operators must be aware of, and follow, any applicable privacy legislation (e.g., Freedom of Information and Protection of Privacy Act, Health Information Act, Personal Information Protection Act, etc.), should they document/retain the Health Assessment Screening completed with residents and staff (or others).

Operators are encouraged to visit Alberta Health’s website to [www.alberta.ca/COVID19](http://www.alberta.ca/COVID19) for updated information. If there are any questions, please contact asal@gov.ab.ca.