

RECORD OF DECISION – CMOH Order 27-2020 which amends CMOH Order 13-2020

Re: 2020 COVID-19 Response

Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health 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.

Whereas under section 29(2)(b)(i) of the *Public Health Act*, I may take whatever steps I consider necessary

- (A) to suppress COVID-19 in those who may have already been infected with COVID-19,
- (B) to protect those who have not already been exposed to COVID-19,
- (C) to break the chain of transmission and prevent spread of COVID-19, and
- (D) to remove the source of infection.

Whereas I made Record of Decision – CMOH Order 13-2020 on April 28, 2020.

Whereas having determined that it is necessary to revise Record of Decision – CMOH Order 13-2020 to:

- (a) revise the operational and outbreak standards attached as Appendix A; and
- (b) revise the COVID-19 questionnaires attached as Appendix B.

Therefore, I am taking the following steps to protect Albertans from exposure to COVID-19 and to prevent the spread of COVID-19:

Effective immediately, Appendix A and Appendix B of Record of Decision – CMOH Order 13-2020 are rescinded and the attached Appendix A and Appendix B are substituted.

This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 3 day of July, 2020.


Deena Hinshaw, MD
Chief Medical Officer of Health

Document: Appendix A to Record of Decision – CMOH Order 27-2020

Subject: Updated Operational and Outbreak Standards for Residential Addiction Treatment Service Providers under Record of Decision – CMOH Order 13-2020.

Date Issued: July 3, 2020

Scope of Application: As per Record of Decision – CMOH Order 27-2020.

Distribution: All licensed residential addiction treatment service providers under the Mental Health Services Protection Act (MHSPA).

New Content:
Resident Outings (pg. 14) <ul style="list-style-type: none"> Residents may leave facility for outings related to their treatment plan Guidance for safe resident outings
Safe Transportation (pg. 15) <ul style="list-style-type: none"> Guidance to support safe transportation for resident outings
Student Placements (pg. 18) <ul style="list-style-type: none"> Guidance to support safe student placements
Resources for Staff Wellbeing (pg. 19) <ul style="list-style-type: none"> Links to resources
Clarifying Content:
Admissions/Transfers (pg. 6) <ul style="list-style-type: none"> Clarification on admission when only staff have symptoms Updated protocols when residents have symptoms but test negative
Discharge (pg. 7) <ul style="list-style-type: none"> Updated protocols for re-admissions when facility under investigation
Resident Rooms (pg. 11) <ul style="list-style-type: none"> Clarification on high/low touch surface and resident room cleaning
Shared Dining (pg. 12) <ul style="list-style-type: none"> Updated protocols on resident use of self-serve food containers and appliances
Group/Recreational Activities (pg. 13) <ul style="list-style-type: none"> Updated protocols on recreation supplies and reintroduction of low risk activities
Visitor Requirements (p. 16) <ul style="list-style-type: none"> Updated visitation protocols for indoor and outdoor visits

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Purpose:

The operational expectations outlined here are required under the Record of Decision – CMOH Order 13-2020 (the Order) and are applicable to all service providers licensed under the MHSPA in Alberta, unless otherwise indicated. They set requirements for all operators¹ or service providers, residents², staff, as well as any visitors.

- These expectations outline the operational and outbreak standards that apply in order to support early recognition and swift action for effective management of COVID-19 to prevent spread amongst vulnerable populations.
- These expectations may change existing requirements (e.g., in the MHSPA), but are required for the duration of this Order. Otherwise, those expectations are unchanged.
- These expectations apply to all staff including any person employed by or contracted by the site, or an Alberta Health Services (AHS) employee, or another essential worker (e.g., physicians, critical maintenance person).

Key Messages:

- Facilities may continue admission of new residents according to processes defined in this order, as well as continue to transfer between settings in the usual way (e.g. from detox to treatment).
- To prevent the spread of respiratory viruses, including COVID-19, among vulnerable groups, we are setting a number of expectations that apply to operators, staff, residents and essential visitors.
- The intent of these expectations is to help ensure that vulnerable individuals living and working in residential addiction treatment settings are kept as physically safe as possible, mitigating the risks of COVID-19 – which are significant – as well as other infections.

Table 1: Outbreak Phases and Response

Table 1: Site Outbreak Phases

Outbreak Prevention	Under Investigation	Confirmed COVID-19 outbreak
No residents or staff showing any symptoms of COVID-19 as listed in Table 2.	At least one resident (see Table 2) or staff member (see Appendix B) who exhibit any of the symptoms of COVID-19.	Any one individual (resident or staff) laboratory confirmed to have COVID-19.

¹ Operator means any operator, service provider, site administration or other staff member responsible for areas impacted by these expectations.

² A resident is any person who lives within one of these sites (sometimes called clients).

Table 2 - Symptoms of COVID-19

Symptoms of COVID-19 (<i>Residents</i>)
<ul style="list-style-type: none"> • fever (38°C or higher) • Any new or worsening respiratory symptoms: <ul style="list-style-type: none"> ○ cough ○ shortness of breath/ difficulty breathing ○ sore throat ○ runny nose

- Note, there may be situations where individuals experiencing withdrawal from alcohol or drugs may exhibit symptoms that are the same or similar to COVID-19 symptoms, an investigation for a COVID-19 outbreak will only be considered if there are symptoms that are not consistent with withdrawal but are symptoms of COVID-19.
- All new residents are required to wear a mask (surgical or procedural) for 14 days from the time they are admitted to the facility.
- Anyone with symptoms listed in **Table 2** must be isolated and tested for COVID-19.
- [AHS Coordinated COVID-19 Response](#) is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms listed in **Table 2** for additional guidance and decision-making support at a site that does not already have an outbreak.
 - The AHS Coordinated COVID-19 Response team should only be contacted with the *first symptomatic person* in a facility. Sites that do not already have a confirmed COVID-19 outbreak should promptly report newly symptomatic persons.
 - The site must ensure the symptomatic person is swabbed, *preferably* through on-site capacity, if available. If not, AHS Coordinated COVID-19 Response will arrange for the resident to be tested.
 - Once the [AHS Coordinated COVID-19 Response](#) team has been informed and a COVID-19 outbreak has been declared, the AHS Zone Medical Officer of Health (or designate) will be the contact going forward.
 - If a resident’s test is negative, they may engage in all treatment activities once symptoms have resolved.
 - If a resident’s test is positive, the operator should immediately implement protocols for a confirmed COVID-19 outbreak, including continuing to isolate the individual.
 - Note that if test results are negative for COVID-19, usual influenza like-illness (ILI) or gastrointestinal illness (GI) outbreak protocols should be followed, as appropriate to the identified organism causing the illness/outbreak.
- If the infection is determined not to be COVID-19, the site **must implement** any additional guidance provided by public health (e.g., guidelines for another influenza-like illness).

Symptom Screening:

Health Assessment Screening

- Anyone (staff, visitors, and residents) entering the site, **must** be screened each time they enter (unless they have remained on the facility's property).
 - The only exception is in the case of an emergency where stopping to be screened would negatively affect the reason for their entry (fire, police, true medical emergency).
- Screening shall involve both of the following:
 1. Temperature screening, and
 - The temperature of all residents and staff must be taken by a non-invasive infrared or similar device (oral thermometers must not be used).
 2. COVID-19 Questionnaire (See **Appendix B** for forms)
 - If a resident answers **YES** to any of the screening questions on the COVID-19 questionnaire (see Table 2), the individual must immediately be given a procedure/surgical mask and isolated in their room, or an available isolation room. Resident should be tested with consent for COVID-19.
 - If any staff answers **YES** to any of the screening questions on the [COVID-19 questionnaire](#), they will not be permitted to enter the facility and they should be tested with consent for COVID-19. Testing can be facilitated by completing the [AHS online assessment tool for staff](#).
 - If any visitor answers **YES** to any of the screening questions on the [COVID-19 questionnaire](#), they will not be permitted to enter the facility. Visitors must be directed to isolate and complete the [AHS online assessment tool](#) to arrange testing.
- Note that the Health Assessment Screening asks residents to identify **new** or **worsening** respiratory symptoms and **new onset** atypical symptoms; pre-existing symptoms should not be considered symptoms for COVID-19.

Active Health Screening

- Operators must advise **residents** that they are required to conduct daily self-checks for symptoms of [COVID-19](#).
 - Resident Screening Questionnaire (see Appendix B) should be provided to the resident for their reference.
 - Residents must immediately notify facility staff if they are feeling unwell.
 - Resident who are unwell must be informed to immediately isolate and should be tested with consent for COVID-19.
 - [AHS Coordinated COVID-19 Response](#) is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms of COVID-19 for additional guidance and decision- making support.
- Operators must advise **staff** that they are required to conduct twice daily self-checks for signs of COVID-19, as well as a self-check immediately prior to coming to work.
 - Any staff member that determines they are symptomatic at any time shall notify their supervisor and/or the facility operator and should be tested with consent for

COVID-19. Testing can be facilitated by completing the [AHS online assessment tool for staff](#).

- Any staff member who develops symptoms while at work must continue to wear a mask and be sent home immediately by private transportation (i.e. not public transit).
- Volunteers or program alumni returning as part of their treatment programs, must undergo symptom screening per the above requirements and must be continuously masked while on site if they are in areas where client care is provided.

Admissions/transfers

- All new residents are **required to wear a mask (surgical or procedural) for 14 days from the time they are admitted to the facility**.
 - If a resident is asymptomatic, they may engage in all treatment activities as long as they are masked and practicing physical distancing requirements and hand hygiene.
 - If a resident has symptoms identified in **Table 2** upon admission, they are to be isolated and should be tested with consent for COVID-19. [AHS Coordinated COVID-19 Response](#) should be contacted immediately and they will arrange testing for COVID-19.
 - If the resident's test is negative, and no known exposure to COVID-19, they should remain separated from others and not be in contact with others until symptoms resolve. Once symptoms resolve they may engage in all treatment activities, while continuing to wear a surgical/procedure mask until 14 days after they have been admitted to the facility.
 - If the resident's test is negative, but they have had a known exposure to COVID-19 (e.g. close contact with a confirmed case), they must remain isolated for 14 days.
 - If a resident's test is positive, operator should immediately implement protocol for a confirmed COVID-19 outbreak, including continuing to isolate the individual.
- People will continue to move into these settings (e.g., as new residents), according to existing processes and will continue to transfer between settings in the usual way (e.g., from detox or the community). They are subject to the same Health Screening Assessments as all other residents/staff, with an assessment to be completed by the transferring site to ensure suitability for transfer.
 - If a new resident has transferred from another facility (e.g. detox) where they have been masked, they only need to be masked for a total of 14 days from their first admission (including the time they were masked at the other facility).
- If the site is **under investigation**, due to resident(s) only having symptoms (not staff), the operator should consult with AHS Zone Medical Officer of Health before accepting admissions and/or transfers into the site.
 - Having symptomatic staff member(s) only (i.e. no residents) should not restrict admissions to the site. Once a staff member has identified symptoms of COVID-19, they should no longer be working at the site, seek testing and follow the recommendations of public health.
- If the site has a **confirmed** outbreak, the operator **must stop admissions and/or transfers** into the site, unless they have explicit direction of the AHS Zone Medical

Officer of Health to continue admissions/transfers.

- Decisions should be made on a case-by-case basis while using consistent decision-making methods.
 - Considerations may include: number of people affected, type of symptoms, location of infected residents within the facility, number of shared staff between units, acute care capacity, etc.

Discharge:

- Should residents choose to discharge themselves and/or family members wish to take a resident home to care for them during a COVID-19 outbreak at the site, it is **strongly recommended** that resident and/or family understand the resident's care requirements.
 - This decision should be made in conjunction with the resident's care team (including outpatient counsellor, if applicable), physician, at-home supports, and any alternate decision maker (as applicable).
 - Residents may be re-admitted **ONLY** if the facility is in outbreak prevention phase. If a facility is under investigation residents will be readmitted on a **case-by-case basis** in consultation with the AHS Zone Medical Officer of Health. If the facility is in a confirmed outbreak, residents **will not** be re-admitted.
 - NOTE: Facilities may be in COVID-19 outbreak for extended periods of time (i.e. weeks to months)
 - The resident and/or their family must understand they will be responsible for the resident's care until the facility is able to re-admit the resident.

Expectations of Staff & Operators:

Staff and Operator Disclosure

- Staff must **immediately** tell their supervisor if they have worked in the last 14 days at or are currently working at a site (including but not limited to the sites to which this Order applies), where there is a **confirmed** COVID-19 outbreak.
- This disclosure is **mandatory**, for the purposes of protecting the health and safety of the disclosing staff member, other staff as well as the health and safety of the residents.
- Mandated disclosure **cannot** be used by an operator as the sole reason to dismiss a staff (e.g., lay off or fire); however, staff may be subject to work restrictions, depending on exposure and a risk assessment.
- Operators must **immediately** inform staff that disclosing exposure to COVID-19 to the facility is required and will not result in dismissal or job loss.
- Operators will notify all residents, staff, families, and identified supports if there is a **confirmed** outbreak. Operators should communicate transparently with residents, families and identified supports when their site is **under investigation** for COVID-19.

Staff Working at Single Facility

- When a facility is in a **confirmed** outbreak, staff are limited to working within one single health care facility. This will help to prevent the spread of illness between facilities.
 - The intent of this order is to limit the risk of transmitting **COVID-19** to our most vulnerable residents by reducing the number of different people that interact with residents.
 - This order is inclusive of all staff at the facility (e.g. treatment providers, health care workers, food service workers, housekeeping, administrative, etc.).
 - Essential Services persons permitted to enter the site include:
 - Physicians
 - Any emergency response personnel (police, fire, ambulance, etc.),
 - Urgent/emergent contracted building maintenance services (e.g. elevators, heating/cooling, fire alarms, etc.),
 - Group facilitators (e.g. AA facilitator)
 - Essential pick-ups and deliveries (e.g. laundry, food, supplies, etc.),
 - Emergency medical staff (e.g. paramedics),
 - Public Health,
 - Infection Prevention and Control,
 - MHSPA inspectors, and
 - Other similar essential services.
 - Where applicable, facility operators must determine the model of medical care that is appropriate for their residents that minimizes the number of physicians, nurse practitioners, or nurses physically attending patients in that facility. Physicians, nurse practitioners, and nurses should provide on-site, in-person care in only one facility to the greatest extent possible.
 - Expected to be extremely rare, any requests for a consideration of an exemption may be brought forward on a case-by-case basis for consultation with AHS Zone Medical Officer of Health. Only the Chief Medical Officer of Health may grant an exemption.
- Staff will be granted a leave of absence from their non-primary employers. Non-primary employers will not penalize staff.
- It is **strongly recommended** that residential addiction treatment operators, though not mandated, implement the above directive even when not in a confirmed outbreak.

Routine Practices and Additional Precautions

- Residents who first enter the residential addiction treatment facility are **required to wear a mask for 14 days** after they have been admitted to the facility.
- All **staff** providing **direct resident care** or **working in resident care areas** (i.e. any area where clients are present) must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either involved in direct resident care or cannot maintain adequate physical distancing (2 meters) from resident and co-workers.

- These staff are required to put on a surgical/procedure mask at entry to the site to reduce the risk of transmitting COVID-19 infection to residents and other workers, which may occur even when symptoms of illness are not recognized.
- Staff must perform hand hygiene before putting on the surgical/procedure mask and before and after removing the surgical/procedure mask.
- During a confirmed COVID-19 outbreak, where there is evidence of continued transmission (defined as at least 2 confirmed COVID-19 cases), continuous use of eye protection (e.g. goggles, visor, face shield) is recommended for all staff and designated essential visitors providing **direct resident care** or **working in resident care areas**.
- Any staff who do not work in resident care areas or who do not have direct resident contact are only required to use surgical/procedure mask if physical distancing (2 meters) cannot be maintained **at all times** in the workplace or if entry into resident care areas is required.
- Judicious use of all Personal Protective Equipment (PPE) supplies remains critical to conserve supplies and ensure availability.
- Additional PPE will be needed for those staff providing care to all isolated residents. This includes gowns, facial protection (mask, visor, eye protection), and gloves.
- Under the above direction:
 - When [putting on PPE](#), the following steps are required:
 1. Perform hand hygiene
 2. Cover body (i.e. gown)
 3. Apply facial protection (i.e. mask, visor, eye protection)
 4. Put on gloves
 - When [taking off PPE](#), the following sequence of steps is required:
 1. Remove gloves
 2. Perform hand hygiene
 3. Remove body coverings
 4. Perform hand hygiene
 5. Remove facial protection
 6. Perform hand hygiene
- Operators must immediately ensure that staff are provided with the required PPE, are trained, and have practiced the appropriate use (i.e. putting on and taking off) of PPE prior to caring for, or entering the room of, a symptomatic resident.
 - This may be done in partnership with Public Health and includes (but may not be limited to) the correct choice of, application (putting on) of and removal of the PPE (e.g., preventing contamination of clothing, skin, and environment).
- Staff who are performing frequent hand hygiene, using appropriate PPE and applying it correctly while caring for residents with suspected or confirmed COVID-19, are not considered “exposed” and may safely enter public spaces within the facility or other rooms.
- Any individual who has had direct contact with a person who is a confirmed case of COVID-19, without wearing recommended PPE (i.e., before they are aware that the person has a confirmed case of COVID-19), is required to isolate as per CMOH Order 05-2020.

Deployment of Staff and Resources

- In the case of a **confirmed** COVID-19 outbreak, operators must:
 - Identify essential care and services and postpone non-urgent care and services, if required, depending on the scope of the potential/confirmed outbreak.
 - Authorize and deploy additional resources to manage the outbreak, as needed, to provide safe resident care and services as well as a safe workplace for staff.
 - Assign staff cohort, to the greatest extent possible, to either:
 - Exclusively provide care/service for residents that are asymptomatic (no illness or symptoms of illness), or
 - Exclusively provide care/service for residents who are symptomatic (have suspected or confirmed COVID-19).
 - When cohorting of staff is not possible:
 - Minimize movement of staff between residents who are asymptomatic and those who are symptomatic, and
 - Have staff complete work with asymptomatic residents (or tasks done in their rooms) first before moving to those residents who are symptomatic.
 - Deploy other resources, which may include staff who do not normally work in the newly assigned area (e.g., assisting with meals and personal support/care), to assist.
 - An operator must ensure that deployed staff are provided with appropriate training before the task is delegated to them and that appropriate supervision is provided, if needed.
 - Continue to provide care and support for the symptomatic resident within the facility, when possible given the seriousness of the presenting symptoms and in alignment with the resident's care/treatment plan.
 - All staff are required to work to their full scope of practice to support residents.
 - Ensure that any required changes to the symptomatic resident's care (or treatment) plan, that may be required to treat COVID-19, or any other identified infection, are made and communicated to all staff who need to implement the care plan.
 - It is strongly recommended that, where necessary and applicable, the resident's physician, care team, community treatment team/supports, designated essential visitor and alternate decision-maker be consulted.
 - If **immediate medical attention** is needed, call 911 and inform emergency response that you have a resident with suspected or confirmed COVID-19.
 - The operator must ensure this transfer is consistent with the resident's goals of care, advanced care plan, or personal directive.

Enhanced Environmental Cleaning

Operators must:

- Communicate daily, to the appropriate staff, regarding need for enhanced environmental cleaning and disinfection and ensure it is happening.
- Use disinfectants that have a Drug Identification Number (DIN) issued by Health Canada and do so in accordance with label instructions.

- Look for an 8-digit number (normally found near the bottom of a disinfectant's label).
- **Common/Public Areas:**
 - Increase the frequency of cleaning and disinfecting of any “high touch” surfaces (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote), care/treatment areas, dining areas, lounges, and bathrooms as appropriate to the facility to a **minimum of three times daily**.
 - In addition, cleaning and disinfection should be performed at least **once per day** on all low touch surfaces (e.g., shelves, bedside chairs or benches, windowsills, headwall units, over-bed light fixtures, message or white boards, outside of sharps containers).
 - Immediately clean and disinfect any visibly dirty surfaces.
- **Resident Rooms:**
 - Residents who do not have staff or designated essential visitors entering their room on a regular basis **do not** require an increase to their regular scheduled weekly cleaning by the operator.
 - Residents who have staff and/or designated essential visitors entering their room on a regular basis, 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**.
 - Staff 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.
 - Visitors are expected to observe any infection prevention requirements set out by the facility (e.g., frequent hand hygiene, wearing surgical/procedure masks or face coverings).
 - There may be instances where residents express a personal preference not to have the additional cleaning occurring in their rooms multiple times a day.
 - Operators are encouraged to take a balanced approach in these situations and offer information that explains the purpose and benefit of the cleaning/disinfection, but that also respects the wishes of the resident.
 - The resident should also 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.
- Immediately clean and disinfect any visibly dirty surfaces.
- Staff should ensure that they perform **hand hygiene before** touching any equipment, and clean and disinfect:
 - Any health care equipment (e.g., wheelchairs, walkers, lifts), in accordance with the manufacturer’s instructions.
 - Any shared resident care equipment (e.g., commodes, blood pressure cuffs, thermometers) prior to use by a different resident.
 - All staff equipment (e.g., computer carts and/or screens, medication carts, charting desks or tables, computer screens, telephones, touch screens, chair arms) **at least daily and when visibly dirty**.

- Follow the manufacturer’s instructions for difficult to clean items, or consult with Alberta Health Services (AHS) Infection Prevention and Control (IPC).
- All IPC concerns, for all settings, are being addressed through the central intake email continuingcare@albertahealthservices.ca.

Shared Spaces

Operators must ensure the following (or communicate these expectations to the residents and/or staff, as required):

- Place posters regarding [physical distancing](#), [hand hygiene](#) ([hand washing](#) and [hand sanitizer use](#)) and [limiting the spread of infection](#) in areas where they are likely to be seen. At a minimum this includes placing them at entrances, in all public/shared washrooms, treatment and dining areas.
 - Post the physical distancing tips [fact sheet](#) in a place that is available to all residents, designated essential visitors and staff.
- No resident who is feeling unwell or under isolation should be in any of the building’s shared spaces except to directly come and go to essential appointments or other activities as set out in this document.

Shared rooms

- For communal sleeping quarters the minimum requirement for placement of beds is one metre apart, and beds must be arranged so that residents sleep with maximum distance between their heads, depending on bed arrangement this could be toe to toe or head to toe rather than head to head.
- Remove or discard communal products (e.g., shampoo, creams).
- Residents must have their own personal products.
- Where there are privacy curtains, change or clean, if visibly dirty.

Shared dining

Group dining may continue for **non-isolated** residents, if deemed appropriate and feasible, while maintaining the following standards:

- Minimize the size of the group of residents eating at any one time (e.g., increase the number of meal times, distribute groups eating into other available rooms, stagger the times when meals happen, etc.)
- Reduce the number of residents eating at a table to a maximum of two, with as much distance apart as possible or implement alternatives that allow the required distance of two meters.
- Have staff handle cutlery (e.g., pre-set tables).
- When not under investigation or in an confirmed COVID-19 outbreak:
 - Residents may use self-serve food containers (e.g. shared pitchers of water, shared coffee dispensers, salt and pepper shakers, etc.) and shared appliances (e.g. fridge, microwave) without staff assistance.
 - These items **must** be wiped down after each use by staff or residents who use the items.

- When in a confirmed outbreak:
 - Remove shared food containers from dining areas (e.g., shared pitchers of water, shared coffee cream dispensers, salt and pepper shakers, etc.)
 - Provide single service packets of condiments, provide packet directly to each resident, rather than self-serve in a bulk container.
 - Remove any self-serve food items made available in public spaces.

Group/Recreation Activities

- Continue recreational and group treatment for **non-isolated** activities while meeting these expectations:
 - Reduce the size of the group activity as much as is reasonable while maintaining as much distance as possible and a minimum of one metre physical distance between residents.
 - Facilitate access to phone calls and other technology to maintain the link between residents, family and friends
 - Moveable recreational supplies (e.g. books, art supplies, fitness equipment, etc.) may be reintroduced (rather than locked up in an area that only staff can access) as long as the operator is able to ensure cleaning and disinfection before and after each use.
 - Otherwise, continue to remove or secure (lock up or put in an area that only staff can access) any moveable recreational supplies. If you use any of these (e.g., for one-to-one or small group activities that meet existing physical distancing and other group/recreational expectations), ensure they are cleaned and disinfected before and after any use and re-secure.
 - It is recommended that previously cancelled activities are reintroduced incrementally (based on needs of the residents and operator), following all guidance and expectations to maintain safe and supported interaction.
 - Low risk activities should be introduced first (e.g. activities that do not use shared equipment and are suitable to physical distancing requirements).
 - Higher risk activities (such as group singing, etc.) should be avoided.
 - Follow [Safe Transportation](#) expectations when using facility-operated vehicles for group activities (e.g. sight-seeing excursion) .
 - Refer to [Resident Outings](#) for additional recommendations.
- Scheduled resident group recreational/special events are to be cancelled/postponed if a site is **under investigation** or in a **confirmed** outbreak.
 - Recreational activities for non-isolated residents should be one-on-one activities while maintaining [physical distancing](#).

Resident Outings

- It is **imperative** that residents remain vigilant in their actions when they are on outings to protect themselves and others around them from COVID-19.

- **Residents who are not required to isolate are encouraged (but not required) to stay on the facility’s property. Residents may leave the property if it is part of their treatment plan (e.g. community outing, recreational activities, etc.) or in cases of necessity³ (e.g., medical appointments, groceries, pharmacy, spend time outdoors, employment, etc.) while observing physical distancing requirements. Residents should be encouraged to wear face masks while off the property if they will be in close contact with others.**
 - Residents are **not** required to isolate after return from the above necessary appointments and outings, unless they meet the criteria for isolation (e.g., residents who answer yes to any questions on the Health Screening). See [Symptom Screening](#).
 - Residents returning must wash their hands or use hand sanitizer immediately upon return to the facility and are subject to Health Screening Assessments (See [Symptom Screening](#)).
 - Resident and site circumstances (e.g. site outbreak status, resident in isolation, etc.) and other protective measures ordered may mean that not all resident outings can be supported. Operators should be transparent with residents and staff regarding circumstances where resident outings are not recommended due to resident or site circumstances.
- As part of their treatment plan, residents may have home visits in their community.
 - Residents who have been off-site more than 24 hours and have remained in Household setting with a designated family/support person should increase the frequency of daily self-check of symptoms to twice per day upon return to the facility for 14 days.
 - Residents who have been off-site more than 24 hours and whose visit has included participation in public spaces or private events with large numbers of people must mask for 14 days upon return to the facility.
 - If a site is **under investigation** or in a **confirmed** COVID-19 outbreak, home visits must not occur.
- When a site is **under investigation** or in a **confirmed** COVID-19 outbreak, and for residents who are isolated, arrangements should be made, if possible, to support residents in obtaining necessities without them leaving the site. Operators must ensure the following (or communicate these expectations to the residents and/or staff, as required, and work to ensure compliance):
 - Residents who are isolated (even if asymptomatic) are required to make alternate arrangements for their necessities (e.g. groceries, medication refills, etc.) if they are not provided by the facility staff.
 - At the discretion of the operator, some items coming into the building may be required to be cleaned and disinfected by the person dropping off the items (or possibly quarantined for a time). All appropriate precautions must be taken when staff deliver to a resident’s room (e.g. items should be disinfected by the staff before touching it and bringing it to a resident’s room).

³ Residents’ perception of necessity will vary. However, when an outing is solely for the purposes of maintaining physical or psychological health, safety/security, or wellbeing, it is considered a necessity.

- When a resident leaves the facility the operators must advise the resident of their responsibility to:
 - Maintain physical distancing;
 - Wear a mask at all times;
 - Ensure safe transportation (See Safe Transportation below);
 - Maintain good hand hygiene; and
 - Inform the resident that they are subject to [Health Assessment Screening](#) upon re-entry.

Safe Transportation

Any transportation must be done as safely as possible. Operators must communicate the following Safe Transportation expectations to residents and families as appropriate. Residents, families and visitors are responsible for contributing both to their own safety and to the safety of the other residents and staff at the site to which the resident will return.

- Transportation within private vehicles (e.g., if resident drives self or when a visitor or family member picks up a resident)
 - The resident or visitor/family member will ensure that the vehicle has been cleaned and disinfected prior to the resident entering, with focus on high touch surfaces (e.g. handles, steering wheel, window controls, armrests, seat belts, etc.)
 - Driver and all passengers must be masked
 - The driver and resident/passengers will sit as far apart as possible, minimizing the number of passengers in the vehicle (e.g. one driver with resident sitting as far away as possible)
- Public Transit (including city busses, LRT, handi-bus, etc.)
 - Follow guidelines set out by municipal transit operators to maintain safety
 - Maintain proper physical distancing
 - Wear a mask
 - Frequently use hand sanitizer and especially after having contact with high touch surfaces (e.g. armrests, doors and railings, handles, etc.)
 - Refer to [physical distancing tips for public transportation](#)
- Transportation within facility operated vehicles (shuttle buses, vans, etc.)
 - Ensure vehicle has been cleaned and disinfected prior to residents entering, with a focus on high touch surfaces (e.g. handles, steering wheel, window controls, armrests, seat belts, etc.)
 - The driver and passengers must be masked (residents, staff, driver)
 - Sit as far apart as possible, minimizing the number of passengers in the vehicle
- Frequently use hand sanitizer and especially after having contact with high touch surfaces (e.g. armrests, vehicle doors and handles, etc.)

Visitor Requirements:

- It is no longer required for one essential visitor to be designated for indoor visits.
- Visitors may include resident's children.
- Operators, in accordance with their own operational policies, may choose to have more restrictive visitation policies based on the circumstances of their facility. If operators choose to be more restrictive, they should contact the MHSPA email at mhspa@gov.ab.ca to inform MHSPA Licensing Inspectors of their visitation policy.

Indoor Visits

- Indoor visits with immediate family may occur if **all visitors and the resident are masked**. There is a limit of 4 immediate family members, not including the resident, for the visitation.
 - Non-family members may continue to visit outside (see Outdoor Visitation).
- Physical distancing should be maintained as much as possible, but it is permissible for it not to be maintained at all times, particularly with minors.
- Where possible, operators should minimize visitor's contact with other residents at the facility by having an area designated for visits.
 - The visitor area should be cleaned after each visit.
- A washroom should be designated for visitors to use and should be cleaned with increased frequency.
- Visits must be prearranged with the facility.
- Each visitor must undergo a health screening prior to entering the facility. This includes a temperature check or a questionnaire (see Appendix B).
 - Facilities must have staff to conduct this screening.

Outdoor Visitation

- Residents who are not required to isolate may go outdoors as long as they remain on the facility's property and observe physical distancing requirements.
- Outdoor visits with family and non-family members should be supported, when desired and in alignment with the operator's regular visitation policies.
 - There is no age restriction for visitors (e.g. minors should be permitted).
 - Depending on their capacity and organizational policies, the service provider should determine the number of visitors that may visit at one time.
 - Physical distancing should be maintained as much as possible, but it is permissible for it not to be maintained at all times (e.g. with minors and those who are hard of hearing).
 - All outdoor visitors must continuously mask during the visit. Any type of mask (e.g. non-medical) is permitted.
- Arrangements for the outside visit (including scheduling, frequency, feasibility, etc.) should be made by the visitor or the resident directly with the operator.

- Operators must not unreasonably deny requests for an outdoor visit that would normally be permitted under the operator’s visitation policy, however resident and site circumstances (and the requirements for physical distancing and other protective measures ordered) may mean that not all desired visits are able to be accommodated.
- For outdoor visits, visitors will be asked to remain outdoors at all times (i.e. entry to the facility will not be permitted).
 - If the only suitable outdoor space is solely accessible through access to the facility, staff must escort the visitor using the most direct path through the facility.
 - Outdoor visitors should be discouraged from washroom use inside the facility.
- All Chief Medical Officer of Health [Guidance](#) must be followed.
- Residents must wash their hands or use hand sanitizer immediately upon re-entry to the building and be screened per this order.

Health Assessment Screening for Visitors

Any visitor who intends to enter a facility, and/or who cannot maintain physical distancing during an outdoor visit must be screened. This screening must be completed every time a visitor enters the site. Visitors who do not enter (i.e. outdoor visits) and who follow all physical distancing during the outdoor visit are not required to be screened. Screening shall involve the following:

1. Temperature screening
2. [COVID-19 Questionnaire](#)
3. Confirmation of identity and that visit is scheduled (only if entering the building)
4. Documentation of arrival and exit times (only if entering the building)

Operator Communication

The operator shall review [Alberta Health’s](#) and [Alberta Health Services’](#) websites regularly for updated information, and:

- Communicate transparently at all times with residents, families and staff and other allowed service providers.
- Communicate updated information relevant to their staff, residents, designated essential visitors, families and any allowed service providers and remove/replace posters or previous communications that have changed.
- Ensure all staff understand what is expected of them and are provided with the means to achieve those expectations.
- Ensure all visitors understand what they must do while on site (and what they cannot do) and who they can contact with questions.
- Communicate to residents any relevant changes in operation at their site.
 - This may include any adjustments made to house rules (i.e. site specific rules or guidelines in place), resident – operator agreements, handbooks etc.

Operators who would like consideration to further restrict Order guidelines due to site configuration, specialized populations, etc., must consult with the MHSPA Licensing Inspectors at mhspa@gov.ab.ca.

For any questions about the application of these updated operational standards, please contact Alberta Health: mhspa@gov.ab.ca

Access to Supplies

- Surgical/procedure masks required for staff and essential visitors use will be **procured** and **supplied to all residential addiction treatment facilities** (within the scope of this order).
- For a provider that is a contracted AHS provider, please contact AHS for access to supplies of personal protective equipment (PPE): AHS.ECC@albertahealthservices.ca.
- For a provider that is not a contracted AHS provider, orders can be placed through Provincial Emergency Social Services online form found at <https://ppe.sp.alberta.ca/Lists/Requests/New.aspx?IsDlg=1>

Student Placements

Students in healthcare fields who graduate build capacity in the workforce. Student placements should continue where safe and feasible to enable graduation and entry into the workforce. The following guidelines are required to ensure students have safe access to healthcare settings to finalize their training:

- Post-secondary institutions are permitted to make their own decisions about proceeding with student placements based on their institution's unique circumstances, but placements are allowed, following all existing CMOH orders and any additional guidance provided by Alberta Health and the receiving operator.
- Operators are permitted to make their own decisions about accepting student placements based on the unique circumstances at the site. Considerations include:
 - Ability to maintain the operator's operational activities.
 - Ability to meet the student's educational objectives and ability to achieve the learning outcomes.
 - Availability of staff and/or post-secondary instructors to offer appropriate supervision to students.
 - Type (which healthcare program) and number of students.
 - The extent to which normal operations are disrupted by the COVID-19 response.
 - Availability of required PPE.
 - Usual processes will remain in place for agreements, contracts, liability, etc.
- When a site is in outbreak, operators should work in consultation with the post-secondary institution to determine ability to proceed with student placements.
- Students who are already working in other health care facilities different from their proposed placement location may need to meet additional precautions, depending on their unique situation (e.g., may need to isolate for a time prior to initiating the student

placement at the placement location, etc.). This determination would be made by the receiving operator, considering the site circumstances and all available CMOH orders).

- As with all staff in **residential addiction treatment facilities with confirmed outbreak**, students in these settings can only work⁴ at one facility for the duration of their student placement.

Additional Guidelines for Consideration

Resources for Staff Wellbeing

- Check [Workplace Guidelines for Business Owners](#) on the Government of Alberta website
- Visit [Alberta Biz-Connect](#) for businesses preparing to reopen as part of Alberta’s relaunch strategies for resources to help keep you, your staff and your customers safe
- The [Canadian Mental Health Association](#) offers tips for employers to consider and [staying well in uncertain times](#)
- The [Conference Board of Canada](#) offers videos on reducing mental fatigue and mentally preparing to return to work
- The [Public Health Agency of Canada](#) offers tips and resources for taking care of your mental health during COVID
- The [Centre for Addiction and Mental Health](#) offers information, coping strategies and assessment tools
- Consider offering training and educational opportunities such as:
 - [Canadian Red Cross’ Psychological First Aid](#)
 - [Mental Health Commission of Canada’s Mental Health First Aid](#)
 - [Mental Health Commission of Canada Crisis Response Virtual Training](#)
 - [Canadian Mental Health Association](#)
- Alberta Health Services [Help in Tough Times](#) webpage offers links to supports and resources
 - 24-hour help lines:
 - Mental Health Help Line at [1-877-303-2642](tel:1-877-303-2642)
 - Addiction Help Line at [1-866-332-2322](tel:1-866-332-2322)
 - Suicide Prevention Service at [1-833-456-4566](tel:1-833-456-4566)
 - [Crisis Text Line Alberta](#)

For any questions about the application of these updated operational standards, please contact Alberta Health: mhspa@gov.ab.ca

⁴ Student placements are considered “work” for purposes of this order.

Appendix B – Health Screening Questionnaires

COVID-19 Resident Screening¹

1.	Do you have any of the below symptoms:		
	• Fever (38.0°C or higher)	YES	NO
	• Any new or worsening respiratory symptoms:		
	○ Cough	YES	NO
	○ Shortness of Breath / Difficulty Breathing	YES	NO
	○ Runny Nose	YES	NO
	○ Sore throat	YES	NO

- If any **resident** answers YES to any of the questions, the individual shall immediately be isolated in the facility.
 - Residents shall be taken to their room, or to an available isolation room, wearing a procedure/surgical mask.
- Resident must be tested for COVID-19, preferably through on-site capacity, if available. If not, AHS will arrange for the resident to be tested.

¹ 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).

COVID-19 Staff Screening²

1.	Do you have any of the below symptoms:		
	• Fever (38.0°C or higher)	YES	NO
	• Any new or worsening symptoms:		
	○ Cough	YES	NO
	○ Shortness of Breath / Difficulty Breathing	YES	NO
	○ Sore throat	YES	NO
	○ Chills	YES	NO
	○ Painful swallowing	YES	NO
	○ Runny Nose /Nasal Congestion	YES	NO
	○ Feeling unwell/Fatigued	YES	NO
	○ Nausea/Vomiting/Diarrhea	YES	NO
	○ Unexplained loss of appetite	YES	NO
	○ Loss of sense of taste or smell	YES	NO
	○ Muscle/Joint aches	YES	NO
	○ Headache	YES	NO
	○ Conjunctivitis (commonly known as pink eye)	YES	NO
2.	Has the person attending the facility travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close <u>unprotected*</u> contact (face-to-face contact within 2 metres/6 feet) with someone who has travelled outside of Canada in the last 14 days and who is ill**?	YES	NO
4.	Have you had close <u>unprotected*</u> contact (face-to-face contact within 2 metres/6 feet) with someone in the last 14 days and who is ill**?	YES	NO
5.	Have you or anyone in your household been in close <u>unprotected*</u> contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

* “unprotected” means close contact without appropriate personal protective equipment

** “ill” means someone with COVID-19 symptoms on the above list

- If any **staff** answers YES to any of the questions, the individual **MUST NOT** be permitted to enter the facility. Staff should be given a surgical/procedure mask and instructed to leave immediately.
 - Staff must be instructed to complete the online AHS Self Assessment Tool for Health care workers to arrange for testing.

² 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).

COVID-19 Visitor Screening³

1.	Do you have any of the below symptoms:		
	• Fever (38.0°C or higher)	YES	NO
	• Any new or worsening symptoms:		
	○ Cough	YES	NO
	○ Shortness of Breath / Difficulty Breathing	YES	NO
	○ Sore throat	YES	NO
	○ Chills	YES	NO
	○ Painful swallowing	YES	NO
	○ Runny Nose /Nasal Congestion	YES	NO
	○ Feeling unwell/Fatigued	YES	NO
	○ Nausea/Vomiting/Diarrhea	YES	NO
	○ Unexplained loss of appetite	YES	NO
	○ Loss of sense of taste or smell	YES	NO
	○ Muscle/Joint aches	YES	NO
	○ Headache	YES	NO
	○ Conjunctivitis (commonly known as pink eye)	YES	NO
2.	Has the person attending the facility travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you/your child had close <u>unprotected*</u> contact (face-to-face contact within 2 metres/6 feet) with someone who has travelled outside of Canada in the last 14 days and who is ill**?	YES	NO
4.	Have you/your child had close <u>unprotected*</u> contact (face-to-face contact within 2 metres/6 feet) with someone in the last 14 days and who is ill**?	YES	NO
5.	Have you/child or anyone in your household been in close <u>unprotected*</u> contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

* “unprotected” means close contact without appropriate personal protective equipment

** “ill” means someone with COVID-19 symptoms on the above list

- If any **visitor** answers YES to any of the questions, the individual **MUST NOT** be permitted to enter the facility and should be instructed to leave immediately.
 - Visitor should be directed to complete the online COVID-19 Self-Assessment tool or contact 811 to arrange testing for COVID-19.

³ 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).