

**RECORD OF DECISION – CMOH Order 14-2020 which rescinds CMOH Order 09-2020**

**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.

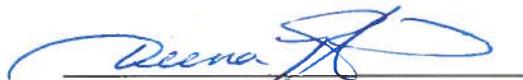
Whereas I made Record of Decision - CMOH Order 09-2020 on April 7, 2020.

Whereas having determined that it is necessary to balance the need to restrict the ability of persons to visit residents in health care facilities located in Alberta while ensuring residents' quality of life can be maintained to the greatest extent possible, I hereby make the following Order which rescinds Record of Decision - CMOH Order 09-2020:

1. Effective immediately, all operators of a health care facility, located in the Province of Alberta must comply with the visitation standards attached as Appendix A to this Order.
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*; and
  - (d) a lodge accommodation under the *Alberta Housing Act*.
3. Despite section 1 of this Order, an operator of a health care facility may be exempted from the application of this Order, by me, on a case-by-case basis.

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 This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 28 day of April, 2020.



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Deena Hinshaw, MD  
Chief Medical Officer of Health



**Document:** Appendix A to Record of Decision – CMOH Order 14-2020

**Subject:** Guideline regarding visitation in licensed supportive living and long-term care.

**Date Issued:** April 28, 2020

**Scope of Application:** As per Record of Decision – CMOH Order 14-2020

**Distribution:** All licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals).

**\*Amendments to previous orders are noted by highlighting**

**Purpose:**

This guidance supplements the application of CMOH Order 14-2020 (the Order), outlining the requirements for all operators<sup>1</sup>, staff<sup>2</sup>, residents<sup>3</sup>, 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), 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 and 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<sup>4</sup>, **no visitors**, including those designated as essential, are allowed entry into these facilities, **except for visits:**
  - Where the resident's **quality of life** and/or care needs cannot be met without their assistance, or
  - When a resident is dying (see below).
- **Outdoor visits** with the designated essential visitor and one other person (maximum group of 3, including the resident) should be supported, when desired.
  - As per Order 12, residents who are not required to isolate may spend time outdoors while observing physical/social distancing requirements.

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

<sup>2</sup> Any person employed by or contracted by the site, or an Alberta Health Services employee or other essential worker.

<sup>3</sup> A resident is any person who lives within one of these sites (sometimes called clients e.g., by group homes).

<sup>4</sup> This order rescinds and updates CMOH Order 09-2020.

- It is important for mental health to spend time outdoors. It is encouraged that residents be given an opportunity to spend time outdoors, where feasible and appropriate and have safe outdoor visits when desired.

## 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).
  - A resident may identify a temporary replacement designated essential visitor for approval if the designated essential visitor is unable to perform their role for a period of time (e.g. self-isolation, other caregiving duties, or otherwise unable).
    - To clarify, the intent is not for this designate to change regularly or multiple times, but to enable a replacement, when required.
- Visits from the designated essential visitor are **permitted in the facility** within the following parameters:
  1. Visits where the resident's **quality of life and/or** care needs cannot be met without the designated essential visitor's assistance.
    - Designated essential visitors may carry out **quality of life and/or** care related activities, as appropriate, where **staff are unable to provide** those due to emergent pandemic impacts, and where the designated essential visitors have been provided appropriate guidance, if needed.
    - Operators are encouraged to be responsive to resident unmet needs (which may be identified in care plans, where relevant) and utilize this option when it is in the best interest of the resident (e.g., for someone who has a cognitive impairment or dementia who is **unable** to understand the restrictions currently imposed **and** where the person's quality of care and life are directly supported by the involvement of the known and supportive visitor).
  2. Visits in circumstances where a resident is at the end of their life.
    - Residents who are dying should have the opportunity to have their family/visitors at their side, while following the guidelines in place to ensure everyone's safety.
    - While it is difficult to be precise around when a resident is at the end of their end of life, in the context of COVID-19, visitation at end of life refers to the **last two weeks of life**.
      - The site contact (e.g. director of care, case manager, facility administrator) is expected to be reasonable and use their best judgement in making determinations about residents who are dying with consideration given to providing a quality end of life for the resident and their visitors.
    - 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 exceptions to the requirement that "only one visitor enters the facility at a time," are:
        - 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; and

- if the room is of a sufficient size to accommodate two visitors who can be two metres distant from each other, two visitors may attend at the same time.
- 3. Residents and visitors who meet the above parameters will not be restricted unnecessarily; however, resident and site circumstance may mean that not all desired visits are able to be accommodated.
- 4. When there is disagreement on permitted visitors, the designated essential visitor should first discuss the situation with the operator. If the situation cannot be resolved, and the visit is allowed as per this document, please contact Alberta Health Services Patient Relations (in the case of designated supportive living and long term care) or Alberta Health's Accommodation Licensing Inspector ([asal@gov.ab.ca](mailto:asal@gov.ab.ca), in the case of non-AHS contracted sites) for direction.
- If several designated essential visitors meet this criteria in any one facility, it is acceptable for an operator to create a reasonable approach that responds to requests in a way that ensures both resident care needs and safe visitor presence (including consideration of operational feasibility and the availability of staff to facilitate the visits, as per requirements) to balance the needs of all. Operators must be transparent about their approach with residents and designated essential visitors.
  - This may include staggering visits, phasing visitors in on a unit-by-unit basis, or other creative approaches that ensure residents are receiving the essential quality of life and/or care they require in response to unmet needs.
- Designated essential visitors must:
  1. **Pre-arrange** visits with the operator (e.g., facility administrator or identified designate) and be expected.
  2. Be escorted by site staff to the resident's room and remain in the resident's room for the duration of the visit other than when assisting with required quality of life or care activities (e.g. meal time) or supporting an outdoor visit.
  3. Not visit with any other residents.
  4. Must wear a mask continuously throughout their time in the facility and shall be instructed how to put on and take off that mask and any other personal protective equipment (PPE) that might be required (by staff/operator).
  5. Perform hand hygiene (including hand washing and/or use of hand sanitizer) on entry and exit from rooms, when leaving and returning to the facility and as directed.
- Operators must:
  1. Ensure that only the designated essential visitor is allowed into the site at any time.
  2. Ensure that the Health Assessment Screening (see below) is conducted on every visit.
  3. 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).
  4. Prior to caring for, or entering the room of, a symptomatic resident, ensure that any designated essential visitors or family members are provided with the required PPE, are trained, and have practiced the appropriate use of PPE.
    - 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).
  5. Provide any other visitor (permitted only in circumstances when the resident is at the end of their life) with the appropriate PPE, including a mask that covers the visitor's mouth and nose, and instruct the visitor on how to safely put on and take off the mask as well any additional PPE (if it is required).

6. Ensure that all visitors wear the mask continuously while in the facility.

- Any individual who has had direct contact with a person who has 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 self-isolate as per direction from Public Health.

**Operators who determine that they need to further restrict the above guidelines must consult with AHS Continuing Care Zone Executive Director, or relevant designate (e.g. Alberta Health Accommodation Licensing Inspector, Seniors and Housing, or Community and Social Services).**

### **Outdoor Visitors**

- As per **Order 12**, residents who are not required to isolate may spend time outdoors while observing physical/social distancing requirements.
- It is important for mental health to spend time outdoors. It is encouraged that residents be given an opportunity to spend time outdoors, where feasible and appropriate and have safe outdoor visits when desired.
- Outdoor visits with the **designated essential visitor plus one other person** (total group size of 3, including the resident) should be supported, when desired. There is no age restriction for the other person (e.g. minors should be permitted) and the visit may include, as appropriate for the resident, going beyond the property (e.g. community walks).
  - Arrangements for the outside visit (including scheduling, frequency, feasibility, etc.) should be made by the designated essential visitor, or the resident, directly with the operator.
    - Operators must not unreasonably deny requests for an outdoor visit, however resident and site circumstance (and the requirements for physical distancing and other protective measures ordered) may mean that not all desired visits are able to be accommodated.
  - All outdoor visitors must continuously mask during the visit and follow appropriate physical distancing requirements, as appropriate (e.g. considerations for pushing wheelchair, being hard of hearing). Any type of mask (e.g. non-medical) should be permitted.
  - Up to three or fewer people (including the resident) may be permitted at an outdoor visit. The maximum number of visitors will be determined by the operator, based on the amount of space, the number of visit groupings happening, and the ability to maintain physical distance.
  - Visitors, other than the designated essential visitor, 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, and an outdoor visit is considered essential to quality of life, only a designated essential visitor is permitted and must follow all requirements for entering visitors. Staff must escort the visitor using the most direct path through the facility.
  - All Chief Medical Officer of Health [Guidance](#) must be followed.
  - Residents must, with staff assistance where necessary, wash their hands or use hand sanitizer immediately upon re-entry to the building and be screened per **Order 12**.

### 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 the designated essential visitor enters the site. Visitors who do not enter (i.e. outdoor visits) and 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 (see **below**)
3. Confirmation of identity and “designated essential visitor” status (only if entering the building)
4. Documentation of arrival and exit times (only if entering the building)

## COVID-19 Visitor Screening<sup>5</sup>

1.	Do you have any of the below symptoms:		
	• Fever ( <b>38.0°C</b> or higher)	<b>YES</b>	<b>NO</b>
	• Any <b>new</b> or <b>worsening</b> symptoms:		
	○ Cough	<b>YES</b>	<b>NO</b>
	○ Shortness of Breath / Difficulty Breathing	<b>YES</b>	<b>NO</b>
	○ Sore throat	<b>YES</b>	<b>NO</b>
	○ Runny Nose	<b>YES</b>	<b>NO</b>
	○ Feeling unwell/Fatigued	<b>YES</b>	<b>NO</b>
	○ Nausea/Vomiting/Diarrhea	<b>YES</b>	<b>NO</b>
2.	Have you, or anyone in your household travelled outside of Canada <b>in the last 14 days</b> ?	<b>YES</b>	<b>NO</b>
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 <b>in the last 14 days without</b> the use of appropriate PPE?	<b>YES</b>	<b>NO</b>
4.	Have you had close contact (face-to-face contact within 2 meters/6 feet) <b>in the last 14 days</b> with someone who is being investigated or confirmed to be a case of COVID-19 <b>without</b> the use of appropriate PPE?	<b>YES</b>	<b>NO</b>

- If any visitor answers **YES** to any of the screening questions, they will not be permitted to enter the facility.
- Visitors must be directed to self-isolate and complete the [AHS online assessment tool](#) to arrange for testing.

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](mailto:asal@gov.ab.ca).

<sup>5</sup> 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).