

*(Updates according to CMOH Order 03-2021 – February 24, 2021)*

## 1.0 Personal Safety Practices

- All staff working in a residential home must continually mask, wear eye protection and maintain physical distancing as much as possible both with co-workers and people served. Reference Cleaning of Safety Glasses Procedure. Appendix A
- In non - residential settings when working with clients where physical distancing cannot be maintained staff must continually mask and wear eye protection.
- Staff must perform hand hygiene before putting on the mask and before and after removing the mask.
- Staff are encouraged to bring a change of clothes to change into at the start of their shift and change out of when they end their shift prior to going home or to their next destination.
- Staff Wellbeing - Taking care of your mental and physical health is of the utmost importance. Some resource sites available:
  - Alberta Health <https://www.alberta.ca/coronavirus-info-for-albertans.aspx>
  - Alberta Health Services <https://www.albertahealthservices.ca/>
  - CSS Employee Assistance Program Homewood Health 1-800-663-1142 / 604-689-1717 <https://homeweb.ca/>

## 2.0 Screening Tool and Temperature Monitoring

- Health screening tool and temperature monitor is to continue at all sites utilizing the appropriate forms:
  - COVID-19 Screening Tool - Staff/Student/Volunteer Appendix B
  - COVID-19 Screening Tool – Designated Family/Support Person/Visitor Appendix C
  - COVID-19 Screening Tool - Person Served Appendix D
  - COVID-19 Screening Tool – Service Provider Appendix E
- If “Yes” is indicated on any assessment form that individual is not permitted to enter the site/facility. If it is a staff or person served, that answers “yes” on the assessment, Outbreak Precautions will be followed as outlined in Appendix D. If it is a designated support person who answers “yes” they will be asked to rebook their visit for another time.

\*As noted on the Screening Tool for staff, a health care worker in an occupational setting wearing the recommended the personal protective equipment is not considered to be a close contact.
- The Screening Tool no longer has to be completed if a person served or staff just goes outdoors but stays on the property (e.g. to smoke, mow the lawn, go for a walk, etc.). Staff and persons served will only be re-screened if they leave on a Resident Outing.

## 2.1 Person Served

- Staff must take the individual’s temperature at least once daily and record on their Screening Tool and file it.
- Staff must continually observe and record any unusual behaviour and/or additional symptomology indicative of COVID-19 such as indicated on the attached Screening Tool.
- If a person served has a temperature of over 37.8 degrees or answers yes to any of the screening questions, they will be required to self-isolate in their room if possible and wear a mask if they are able to. If the person served lives alone, they do not need to isolate to their room.
- 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. Also the supervisor and Manager of the home need to be contacted. The Supervisor/Manager will then fill out the “Client Illness Tracker” on ShareVision.

## **2.2 Staff Members**

- If YES is identified on any of the screening questions or if the temperature of the staff member is higher than 38.0, that individual will not be permitted to enter the facility. If the staff member has any symptoms of COVID-19, they will be asked to consent to testing. Testing can be facilitated by completing the AHS online assessment tool for staff - see link <https://myhealth.alberta.ca/Journey/COVID-19/Pages/HWAssessTool.aspx#>
- The supervisor will ask for the staff member's contact number and will call 1-844-343-0971 and inform AHS. Following the call to AHS, the Supervisor will notify the Manager and Catholic Social Services' Disability Management.
- If staff member utilizes public transit, CSS will send staff home via taxi with a mask.

## **2.3 Service Providers**

- Agency CSS staff will work collaboratively with all Service Providers to ensure that all infection prevention control protocol are adhered to. Service providers are defined as, but not limited to, homecare, foot care, massage, trade contractors, etc.
- CSS Staff will make available to the Service Provider the screening tool and the infection control precautionary steps. The Service Provider will review, complete and sign off acknowledging that they will adhere to the stated precautionary steps.

### **Appendix E**

- Once screening is conducted and the Precautionary Steps document is signed off the Service Provider will be granted access to the site. All Service Providers will be responsible for adhering to their industry service guidelines.

## **3.0 Cleaning Procedures**

- Staff must ensure that their hands are cleaned prior to doing any cleaning procedure and any soiled surface must be cleaned with soap and water prior to disinfecting.
- All high touch areas in both bedrooms and common areas must be disinfected a minimum of 3 times a day with an approved cleaning product (must contain an 8 digit Drug Identification Number-DIN and virucidal claim). Example of high touch areas are light switches, sinks, office computer, telephones, microwaves, countertops, doorknobs television remotes, computer, medication scanner, log books, computer screens, telephones, touch screens, chair arms etc.
- In addition all low touch areas in both common spaces and bedrooms low touch areas must be cleaned and disinfected a minimum of once a day with approved cleaning products (e.g. shelves, bedside chairs or benches, windowsills, headboard, over-bed light fixtures, message or white boards, outside of sharps containers).
- After every meal, the chairs and tables must be fully cleaned and disinfected, including the arms and legs of the chairs.
- Staff are to clean and disinfect the following equipment as per stated requirements:
  - Health care equipment (wheelchairs, walkers, lifts) according with manufacturer's instructions.
  - Any shared person served care equipment (commodes, blood pressure cuffs, thermometers) prior to use by a different person served.

## **4.0 Meal Preparation and Eating Meals**

- Staff and persons served must use personalized cups, mugs, plates and cutlery and not use shared dishes. Where this is not possible, disposable plates, cups and cutlery must be used.

- Eating must be done ensuring physical distancing is being maintained. This could mean individuals at least 6 feet apart at the table, in a living room or once the food is served the person can eat in their room. Meal times can also be staggered to allow more people to eat at the table and the table and chairs must be disinfected after each person has eaten and left the table.
- It is recommended that one staff person prepares the food and serves it to the individual. If condiments are requested, the staff who prepares the food must also provide condiments to individual.
- If table cloths are used they need to be laundered after each use.
- In residences where the person requires support with feeding and where physical distancing is not possible, staff must wash their hands before and after feeding the individual.
- Ensure that persons served use hand sanitizer immediately before their meal and immediately after their meal.
- When a site is confirmed in an outbreak, stagger meal times to ensure that either one person is at the table at a time or that physical distancing is maintained between the people eating.

## **5.0 Outings & Visits**

- According to **CMOH 32-2020**, persons served who are not required to isolate are still encouraged but not required to stay on the facility property, except in case of necessity (eg. Medical appointments, groceries, pharmacy, spending time outdoors, employment, etc.) while observing physical distancing requirements. Refer to the appropriate Safe Visiting Practice document for your service area: CSS Safe Visit Practice Edmonton/North Central PDD Homes; CSS Safe Visit Practice – Non-Licensed Homes.
- It is recommended that persons served do not participate in unnecessary outings, however, they may choose to do so as activities open up. Should the persons served leave the staff must advise them of their responsibility to:
  - maintain physical distancing;
  - wear a mask at all times and ask anyone that you might be with to also wear a mask;
  - ensure safe transportation; Appendix F
  - maintain good hand hygiene;
  - discuss and explain the CMOH 32-2020 Table 9 “Risk of Unknown Exposure”; Appendix G
  - inform the person served that they are subject to a health screening upon reentering.
- On a case by case basis, residents who do not follow Resident Outing requirements may be asked to follow additional safety precautions as per CMOH 32-2020 Table 10 “Resident Returning from Same Day Off-Site Activity – Safety Precautions” & Table 11 “Resident Returning from Off-Site Stay – Safety Precautions”. Appendix H
- As per **the current order from the Minister of Health**, persons served, who are not required to isolate may spend time outdoors with a maximum of 4 visitors while observing physical/social distancing requirements.
- Designated support people must pre-arrange visits with the supervisor in order to accommodate scheduling (see above). Outdoor visits may also be arranged.

## 6.0 Outbreak Requirements

- Staff or people served with symptoms listed on the screening forms or a temperature above the recommended level, must be isolated and asked to consent for COVID-19 testing which is available to all congregate settings. AHS must be contacted as soon as there is a person showing symptoms, for additional guidance and decision-making support at a site that does not already have an outbreak of COVID-19.
- If there is a new confirmed outbreak of COVID-19, all persons served and staff in the affected site should be asked to consent to testing for COVID-19.
- In a confirmed COVID-19 outbreak, staff must increase the active screening for persons served to twice daily (day shift and evening shift).
- Additional PPE will be needed for those staff providing care to an isolated person. This includes gowns and gloves in addition to the continuous masking and eye protection (see Appendix E for cleaning instructions) staff are already wearing for the duration of their shift. To the greatest extent possible, the same staff should provide care to persons' who are isolated. Staff need to change their gloves and gowns with each new person they work with.
- In the case of a confirmed COVID-19 outbreak; staff must work at only one congregate living setting for the duration of the outbreak.
- **CONGREGATE CARE - COVID 19 VARIANTS OF CONCERN (VOC)** *As per the Office of the Chief Medical Officer of Health directive – February 24, 2021* Appendix I

**Cleaning of Safety Glasses Procedure**

**Appendix A**

1. Safety glasses are a piece of Personal Protective Equipment that can be used repeatedly. If they are taken care of, they should last for years in our industry.
2. To disinfect safety glasses, soak them for 10 minutes in any disinfectant solution such as bleach (1 part bleach to 1000 parts water). Alternately, soak them in any other disinfectant and water solution such as Mr. Clean or any other household disinfectant. Remember the solution does not have to be strong to be effective.
3. Once the glasses are disinfected, rinse them under water to remove any haze or film that may be on them from the disinfectant.
4. Then dry them – preferably with a lint free cloth.
5. If they still have a bit of a film on them, clean them using any glasses cleaner (if you don't have specific glasses cleaner you could use Windex).
6. If you have someone that is very sensitive/allergic to the smell of cleaning product, they should speak to their supervisor for alternative products to use.

2020 04 16 Approved by Director Health and Safety

**References:**

The most current AHS resources are available on the Agency Portal – COVID-19 webpage.

COVID-19 SCREENING TOOL - STAFF/STUDENT/VOLUNTEER

Appendix B

Taken From CMOH 32-2020

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

**Screening Questions:**

1.	Do you have any new onset (or worsening) of any of the following symptoms: cough, shortness of breath/difficulty breathing, runny nose, sore throat, chills, painful swallowing, nasal congestion, feeling unwell/fatigued, nausea/vomiting/diarrhea, unexplained loss of appetite, loss of sense of smell or taste, muscle/joint aches, headache, and/or conjunctivitis (commonly known as pink eye)?	YES	NO
2.	Temperature _____ Do you have a fever 38.0°C or higher?	YES	NO
3.	Have you travelled outside of Canada in the last 14 days?	YES	NO
4.	Have you had close contact * with a confirmed case of COVID-19 in the last 14 days?	YES	NO
5.	Have you had close contact with a symptomatic ** close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO

If you have worked at a site with a confirmed COVID-19 outbreak; staff must work at only one congregate living setting for the duration of the outbreak.

\*Close contact is defined as face-to-face contact within 2 metres. A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

\*\*Ill/symptomatic means someone with COVID-19 symptoms on the list above.

If any individual required to use this tool answers YES to any questions, they will not be permitted to enter the facility and should be directed to complete the AHS online assessment tool for staff to determine if they require testing.

**If any individual has worked at a site with a confirmed COVID-19 outbreak; they must work at only one congregate living setting for the duration of the outbreak.**

Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days as per CMOH Order 05-2020 unless they receive a negative COVID-19 test and are feeling better. Use the AHS Online Assessment Tool to determine if testing is recommended.

COVID-19 SCREENING TOOL – DESIGNATED FAMILY/SUPPORT PERSON & VISITOR

Appendix C

Taken from CMOH 29-2020

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Duration of Visit: \_\_\_\_\_

Relationship to Person Visiting: \_\_\_\_\_

**All visitors must:**

- Be expected by the site to prearrange visits with the home
- Complete hand hygiene (wash for 30 sec and/or use hand sanitizer) and wear a mask
- Remain in assigned visitation space (resident's room, shared space or outdoor space)
- Maintain physical distance from other visitors and residents

If any individual answers YES to screening questions 1-5, they will not be permitted to enter the site. Individuals must be directed to self-isolate and complete the AHS online assessment tool to arrange for testing.

If any individual answers NO to screening questions 6-7, they w they will work with the operator to understand their responsibilities before being permitted to enter the site.

**Screening Questions:**

1.	Do you have any new onset (or worsening) of any of the following symptoms: <b>cough, shortness of breath/difficulty breathing, runny nose, sore throat</b> , chills, painful swallowing, nasal congestion, feeling unwell/fatigued, nausea/vomiting/diarrhea, unexplained loss of appetite, loss of sense of smell or taste, muscle/joint aches, headache, and/or conjunctivitis (commonly known as pink eye)?	YES	NO
2.	Temperature _____ Do you have a fever 38°C or higher?	YES	NO
3.	Have you travelled outside of Canada in the last 14 days?	YES	NO
4.	Have you had close unprotected * contact (face-to-face contact within 2 meters/6 feet) with someone who has travelled outside of Canada in the last 14 days and who is ill?	YES	NO
5.	Have you had close unprotected * contact (face-to-face contact within 2 meters/6 feet) in the last 14 days with someone who is ill **?	YES	NO
6.	Have you assessed your personal risk of unknown exposure based on the last two weeks of activities (low, medium, high)? Assess your personal risk of unknown exposure based on your last two weeks of activity (refer to Risk of Unknown Exposure Checklist)?	YES	NO
7.	Do you understand Safe Visiting Practices and related site policies?	YES	NO

\* Unprotected means close contact without appropriate personal protective equipment

\*\* Ill means someone with COVID-19 symptoms on the list above

**COVID-19 SCREENING TOOL - PERSON SERVED**
**Appendix D**

Taken from CMOH 32-2020

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

**Screening Questions:**

1.	Do you have any new onset (or worsening) of any of the following respiratory symptoms: Cough, Shortness of Breath/Difficulty Breathing, Runny Nose or Sneezing, Nasal Congestion/ Stuffy Nose, Hoarse Voice, Sore Throat/Painful Swallowing, Difficulty Swallowing?	YES	NO
2.	Temperature _____ Is there a fever 37.8 °C or higher?	YES	NO
3.	Any <b>new</b> symptoms including but not limited to: Chills, Muscle/Joint Aches, Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite, Feeling Unwell/Fatigue/Severe Exhaustion, Headache, Loss of Sense of Smell or Taste, Conjunctivitis (commonly known as pink eye), Altered Mental Status?	YES	NO
4.	Have you travelled outside of Canada in the last 14 days?	YES	NO
5.	Have you had close contact * with a confirmed case of COVID-19 in the last 14 days?	YES	NO
6.	Have you had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO

\*Close contact is defined as face-to-face contact within 2 metres. A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

\*\* Ill/symptomatic means someone with COVID-19 symptoms on the list above.



**COVID-19 SCREENING TOOL – SERVICE PROVIDER**
**Appendix E**

Taken from CMOH 29-2020

Service Provider Name: \_\_\_\_\_ Industry Name: \_\_\_\_\_

Duration of Service: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

**All visitors must:**

- Prearrange service visit with staff of the facility
- Complete the precautionary steps and sign-off on the acknowledgement form
- Remain in assigned service area

If any individual answers YES to screening questions 1-5, they will not be permitted to enter the site.

**Screening Questions:**

1.	Do you have any new onset (or worsening) of any of the following symptoms: <b>cough, shortness of breath/difficulty breathing, runny nose, sore throat</b> , chills, painful swallowing, nasal congestion, feeling unwell/fatigued, nausea/vomiting/diarrhea, unexplained loss of appetite, loss of sense of smell or taste, muscle/joint aches, headache, and/or conjunctivitis (commonly known as pink eye)?	YES	NO
2.	Temperature _____ Do you have a fever 38°C or higher?	YES	NO
3.	Have you travelled outside of Canada in the last 14 days?	YES	NO
4.	Have you had close unprotected * contact (face-to-face contact within 2 meters/6 feet) with someone who has travelled outside of Canada in the last 14 days and who is ill?	YES	NO
5.	Have you had close unprotected * contact (face-to-face contact within 2 meters/6 feet) in the last 14 days with someone who is ill **?	YES	NO

Proceed with the following precautionary steps provided in the visual posters:

<b>✓</b>	<b>Service Provider Precautionary Steps</b>
	Hand Hygiene (washing with soap and water and/or sanitizing with alcohol based hand rub).
	Donning (putting on) of Personal Protective Equipment (PPE) as per current CMOH Order; i.e. continuous masking (surgical/procedural masks); protective eye wear); outbreak protocols where required.
	Enhanced environmental cleaning and use of shared equipment requirements.
	Follow physical distancing guidelines.
	Provide sufficient time scheduling between clients if applicable.
	Only provide service to intended client; do not visit with other clients or staff.
	Restrict movement to necessary spaces.
	Doffing (taking off/discarding) of PPE.

By signing below I acknowledge that I have read and understand the precautionary requirements.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CSS Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CMOH 23-2020 Insert - 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, taxi, uber, etc.):
  - Follow guidelines set out by municipal transit operators to maintain safety.
  - Maintain safe 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 AB Government Site:](https://open.alberta.ca/dataset/80c3fda3-7bd8-41c2-8724-c476c1b54a5b/resource/76ae4870-5dc1-4ae4-b89c-b4377d045d3d/download/covid-19-public-transportation-tips-poster-11x17-colour.pdf)  
<https://open.alberta.ca/dataset/80c3fda3-7bd8-41c2-8724-c476c1b54a5b/resource/76ae4870-5dc1-4ae4-b89c-b4377d045d3d/download/covid-19-public-transportation-tips-poster-11x17-colour.pdf>
- 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, and 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.).

CMOH 32-2020 - Table 9: Risk of Unknown Exposure

Appendix G

Low Risk	Medium Risk	High Risk
<p>To be considered at low risk of unknown exposure, all the following conditions must be met:</p> <ul style="list-style-type: none"> <li>• Lives in an area of low COVID- 19 exposure (refer to <a href="#">Risk designation of region</a>)</li> <li>• Transferred from a hospital or setting with no outbreak or cases under investigation</li> <li>• Part of a small <a href="#">cohort</a> (15 or less) who consistently practice physical distancing and use masks when cannot maintain distance</li> <li>• Not had guests at home in the past 14 days</li> <li>• Takes essential outings only</li> <li>• Uses own vehicle (not public transit)</li> <li>• Consistently maintains 2 metres of distance from those outside household in all activities</li> <li>• Mask worn when cannot maintain physical distancing</li> <li>• Consistent hand hygiene</li> <li>• No interprovincial travel within the last 14 days</li> </ul>	<p><i>There will be many variations that arise between the extremes of high and low risk of unknown exposure</i></p> <p><i>Individuals must use their best judgement to determine risk of unknown exposure where neither low nor high is appropriate.</i></p>	<p>To be considered at high risk of unknown exposure, any one or more of the following may be met:</p> <ul style="list-style-type: none"> <li>• Lives in an area of high COVID-19 exposure (refer to <a href="#">Risk designation of region</a>)</li> <li>• Transferred from a hospital or other setting with an outbreak or cases under investigation anywhere in the setting</li> <li>• Visited a location with a declared COVID-19 outbreak in last 14 days</li> <li>• Part of a large <a href="#">cohort</a> (more than 15)</li> <li>• Cohort inconsistently practices physical distancing and use of masks when cannot maintain distance</li> <li>• Had guests in home in last 14 days</li> <li>• Outings where contact with others outside household is likely</li> <li>• Use of public transit or carpooling where distancing is not consistently maintained and masking is not consistently used</li> <li>• Does not maintain physical distancing and does not wear a mask</li> <li>• Infrequent or inconsistent hand hygiene</li> <li>• Interprovincial travel within the past 14 days</li> </ul>

CMOH 32-2020 - Table 10: Resident Returning from Same Day Off-Site Activity – Safety Precautions

Risk of Exposure	Activity Off-Site	Safety Precautions
<b>Low</b>	<ul style="list-style-type: none"> <li>Infrequent or selective outings</li> <li>Consistently maintain two (2) metres of distance from others</li> <li>Mask worn during outings</li> <li>Consistent hand hygiene</li> <li>Private vehicle used</li> <li>All Resident Outing requirements followed</li> </ul>	Twice daily self-check of symptoms for 14 days after returning
<b>Medium</b>	<p><i>There will be many variations that arise between the extremes of high and low risk of exposure</i></p> <p><i>Residents and Operators are encouraged to use their best judgement to determine risk of exposure</i></p>	Continuous use of a mask for 14 days while out of resident room
<b>High</b>	<ul style="list-style-type: none"> <li>Does not maintain physical distancing and does not wear a mask</li> <li>Attends large gatherings with known or unknown people</li> <li>Infrequent or inconsistent hand hygiene</li> <li>Use of public transit or carpooling where distancing is not consistently maintained and masking is not consistently used</li> <li>Did not follow Resident Outing Requirements</li> </ul>	14 day quarantine after returning

CMOH 32-2020 - Table 11: Resident Returning From Off-Site Overnight Stay – Safety Precautions

<b>Low</b>	<ul style="list-style-type: none"> <li>Household with persons who have low risk of unknown exposure (refer to Table 9)</li> <li>Followed Resident Outing requirements</li> </ul>	Twice daily self-check of symptoms for 14 days after returning.
<b>Medium</b>	<ul style="list-style-type: none"> <li>Household with persons who have medium risk of unknown exposure (refer to Table 9), and</li> <li>Followed Resident Outing Requirements.</li> </ul>	Continuous use of a mask for 14 days while out of resident room.
<b>High</b>	<ul style="list-style-type: none"> <li>Household with persons who have high risk of unknown exposure (refer to Table 9), or</li> <li>Stay included participation in public spaces or private events with 15 or more people, known or not known to resident; or</li> <li>Did not follow Resident Outing Requirements.</li> </ul>	14 day quarantine after returning

**APPLIES TO CSS CONGREGATE CARE - COVID 19 VARIANTS OF CONCERN (VOC)**

**Appendix I**

*As per the Office of the Chief Medical Officer of Health directive – February 24, 2021*

Re: COVID-19 Variants of Concern (VOC)

*Effective immediately, the VOC Outbreak Protocol is now in place and will direct the response to any VOC cases that may arise in your setting. Please review the protocol in detail and make any necessary preparations to implement the Protocol immediately should a COVID-19 VOC be identified at your facility.*

**Purpose**

- The Operational and Outbreak Standards as set out in [CMOH Order 32-2020](#) remain in effect, as well as the Safe Visiting Policy as set out in [CMOH Order 29- 2020](#).
- The COVID-19 VOC Outbreak Protocol comes into effect in the case of a VOC being confirmed in an individual (resident or staff).
- The Protocol is no longer effective once outbreak is declared over.
- The Protocol is applicable to all licensed supportive living (including group homes and lodges), long- term care (LTC) facilities and hospices, unless otherwise indicated. They set expectations for all operators, residents, staff, students, service providers' volunteers, as well as any designated family/support persons (DFSP) and/or visitors.
- The Protocol may change other existing requirements (e.g., in the [Supportive Living and Long Term Care Accommodation Standards, the Continuing Care Health Service Standards](#)), but are required for the duration of this Order. Otherwise, those expectations are unchanged.

**Key Messages**

- Due to the potential increased transmissibility, potential increased severity of illness, and other unknown aspects of COVID-19 VOCs, stricter protocol is necessary in these facilities as soon as a COVID-19 VOC outbreak is confirmed.
- A COVID-19 VOC outbreak is defined when one individual (resident or staff) is laboratory confirmed to have a COVID-19 VOC.
- A Medical Officer of Health (MOH) leading each outbreak response will direct all actions that are required to be put into place within a facility based on any unique circumstances, configuration considerations, specialized populations, etc.
- It is imperative for all persons entering and living in these facilities to remain vigilant in their actions, inside and outside the facility, to protect themselves and others around them.
- Vigilance is of utmost importance in the areas of hand hygiene and high touch cleaning and disinfection in any shared spaces.
- Vaccinated individuals are still required to follow all public health measures including physical distancing, masking, isolation and quarantine requirements, etc. at this time.

**Definition of a COVID-19 VOC Confirmed Outbreak**

- An outbreak may be declared over after 28 days (two incubation periods) from date of onset of symptoms (or test date if asymptomatic) in the last case, with the following exception:
  - If a staff member is the only confirmed case at the outbreak facility, the outbreak can be declared over after 14 days from their last day they attended the facility.

**Management of Residents who are a Confirmed COVID-19 VOC Case**

- If a resident confirmed to have a COVID-19 VOC is not already isolated, they must be immediately isolated using contact and droplet precautions for 14 days from symptom onset or test date if asymptomatic.
- Any resident who is a confirmed COVID-19 VOC case and was isolated in a shared room, must be immediately relocated to a separate room with access to their own bathroom, using contact and droplet precautions for 14 days from symptom onset or test date if asymptomatic.
- All roommates must be treated as close contacts and quarantined in additional separate rooms that have private bathrooms.
- Residents who are confirmed to have a COVID-19 VOC and who, in the previous 90 days have tested positive for COVID-19, must be isolated in accordance with this Protocol.
- Close contacts of cases who are confirmed to have a COVID-19 VOC and who, in the previous 90 days have tested positive for COVID-19, will be determined in accordance with this Protocol.

**Contact Tracing & Quarantine**

- Identification of close contacts and those who are potentially exposed to a COVID-19 VOC case will be done in conjunction with AHS Public Health and AHS Infection Prevention and Control.
- Each resident close contact must immediately be quarantined for 14 days from last date of exposure in a separate room that has a private bathroom, wherever possible.
- DFSP/visitors who are determined to be a close contact, are legally required to quarantine in accordance with [CMOH Order 05-2020](#).
- Staff members (including students and volunteers) are not considered close contacts or exposed if there has not been any breach in personal protective equipment (PPE) use and they have adhered to the 4 moments of hand hygiene. Any breach (e.g. incorrect donning/doffing including hand hygiene practices) must be immediately identified to the operator by the employee. If there has been a breach, the staff is considered exposed and should be considered a close contact and must quarantine in accordance with [CMOH Order 05-2020](#).

**Safety Precautions**

- Everyone who enters the facility/residence must wear a **surgical/procedure mask and eye protection** continuously, at all times (except when eating/drinking) and in all areas of the facility and resident rooms.
  - Surgical/procedural mask and eye protection must be put on at entry to the facility.
  - Hand hygiene must be performed before putting on the mask and eye protection and before and after removing the mask and eye protection.
  - Once removed, the mask and eye protection must be disposed of (or disinfected, if reusable) immediately and appropriately (e.g. not left hanging out of garbage containers; placed in appropriate location for sanitization and reuse, etc.).
- Where appropriate and feasible, all residents should be supported to wear a surgical/procedural mask while in any common spaces (for non-isolated/non-quarantined residents) and while receiving essential care, direct care and/or support (isolated, quarantined and non-quarantined/isolated).
  - Residents must be supported or instructed to perform hand hygiene before putting on the mask and before and after removing the mask.
- Attention to PPE compliance and hand hygiene is imperative to prevent further spread. Operators must provide PPE and hand hygiene education for each staff member weekly (this can be a group session, one on one, virtual, live demonstration, etc.).

**Designated Family/Support Persons (DFSP and/or Visitors)**

- As per [CMOH Order 29- 2020](#), access by DFSP/Visitors **may** be temporarily restricted as directed by the MOH leading the outbreak response to protect safety of residents and staff and to prevent the spread of the COVID-19 VOCs.
  - This must not be a barrier to end of life visits when death is imminent.
  - Residents and families must be given an update on status of DFSP/visitors restrictions at minimum weekly.

**Staff Work**

- Staff who are working within a unit that has a COVID-19 VOC outbreak, must not work at **any** other workplace for the duration of the outbreak. This includes any workplace within or outside of healthcare settings.
- Staff must be extremely vigilant; especially in places where transmission is more likely (e.g. break rooms).
  - Unless eating and/or drinking, surgical/procedural masks and eye protection must be worn in the break room and strict adherence to appropriate removal and handling of the mask/eye protection is imperative.
  - Physical distancing of a minimum of 2 meters must be observed at all times when mask is removed for eating and/or drinking.
  - No shared items (water coolers, condiments, coffee pots, etc).
  - Disinfectant wipes are to be used to clean/disinfect all high touch areas (e.g. door handles, tables, chair arms, light switches, etc.) before and after use.