

RECORD OF DECISION – CMOH Order 16-2021 which rescinds CMOH Order 29-2020**Re: 2021 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 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 29-2020 on July 16, 2020.

Whereas having determined that it is desirable to allow for further visitation to take place within certain health care facilities.

Therefore, effective May 10, 2021 Record of Decision - CMOH Order 29-2020 is rescinded and I am taking the following steps to protect Albertans from exposure to COVID-19 and to prevent the spread of COVID-19:

1. Despite Part 3 and Part 4 of CMOH Order 12-2021, or any other applicable CMOH Order prohibiting or otherwise limiting indoor private social gatherings, indoor social visits for residents in settings under this Order may occur, following all outlined requirements, when the majority of responding residents are in favour, informed by an updated risk tolerance assessment.
2. Beginning April 26, 2021 but no later than May 10, 2021, all operators of a health care facility located in the Province of Alberta must comply with the requirements of this Order. For greater certainty, unless otherwise indicated in this Order, Appendix A to this

Order represents the leading practices that Alberta Health expects operators of health care facilities to follow while carrying out the requirements of this Order.

3. For the purposes of this Order, a “health care facility” is defined as:
 - (a) an auxiliary hospital under the *Hospitals Act*;
 - (b) a nursing home under the *Nursing Homes Act*;
 - (c) a designated supportive living accommodation or a licensed supportive living accommodation under the *Supportive Living Accommodation Licensing Act*;
 - (d) a lodge accommodation under the *Alberta Housing Act*; and
 - (e) any facility in which residential hospice services are offered or provided by Alberta Health Services or by a service provider under contract with Alberta Health Services.
4. All operators of a health care facility must develop and implement a visiting process that enables visitors to attend to residents within the health care facility during the COVID-19 pandemic.
5. Every attendance of a visitor must be coordinated with the staff of the health care facility in which the resident is located.
6. Before allowing a visitor to attend to a resident within the health care facility, the staff of a health care facility must:
 - (a) record the individual’s visit, including the date, time and contact information;
 - (b) conduct a health assessment of the individual, including taking the individual’s temperature and requiring the individual to answer a questionnaire;
 - (c) discuss and explain to the individual the *Safe Visiting Practices* guidance set out in Appendix A; and
 - (d) ensure the individual has any necessary personal protective equipment and instruct the individual as to how to use the personal protective equipment.
7. When visitors attend to a resident within the health care facility, in an area other than a resident’s room, the operator must:
 - (a) post signage visible to individuals entering the area, informing individuals that the area is a shared visiting space; and
 - (b) limit the number of visitors and residents that are able to access the area, to ensure that two metres distance can be maintained between every person accessing the area, at all times.
8. Despite section 7 of this Order, individuals from the same household are not required to maintain a two metre distance from each other.

9. If before May 10, 2021 an operator of a health care facility in the province of Alberta is in compliance with this Order, the operator is deemed to not be in contravention of CMOH Order 29 -2020.
10. Despite section 2 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.
11. This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 26 day of April, 2021.


Deena Hinshaw, MD
Chief Medical Officer of Health



Document: Appendix A to Record of Decision – CMOH Order 16-2021

Subject: Guidance for enhanced visiting in licensed supportive living, long-term care and hospice settings.

Date Issued: April 26, 2021

Scope of Application: As per Record of Decision – CMOH Order 16-2021

Distribution: All licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals), and facilities offering or providing a residential hospice service model.

Summary of Changes	
Clarification updates	<ul style="list-style-type: none">• Definition of resident includes legal decision maker, where relevant• Operator requirements• Designated family/support persons and visitor responsibilities• Dispute resolution• Safe Visiting Practices
Designated Family/Support Persons	<ul style="list-style-type: none">• Each resident may name up to four (4)
Social Visitors	<ul style="list-style-type: none">• Must be supported if desired by majority (51%) of responding resident population
Risk Tolerance Assessment	<ul style="list-style-type: none">• Operator led, resident directed• Inclusive of vaccination consideration
Indoor and Outdoor Visiting Spaces	<ul style="list-style-type: none">• Addition of suitable shared spaces for visiting• Updated maximum number of persons, space permitting
Restricted Access	<ul style="list-style-type: none">• Social visitors may be restricted temporarily, in outbreak situations, by operators• Designated family/support persons may be restricted in rare outbreak situations, directed in writing by local Medical Officer of Health or designate leading outbreak response, or Alberta Health Services Communicable Disease Control advising outbreak response

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Purpose

This Appendix supplements the application of CMOH Order 16-2021 (the Order), outlining the requirements for all operators¹, staff², residents³, as well as the families, friends and support persons 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 while ensuring connection with the persons that support them.

Key Messages

- Restrictions for licensed supportive living, long-term care and hospice settings are different from those for the rest of Albertans. This recognizes the impact of COVID-19 vaccinations within a collective and the extreme hardship and toll that COVID-19 has had on the physical and mental health and wellbeing of residents.
- Vaccinations in licensed supportive living, long-term care and hospice settings have considerably reduced negative outcomes of COVID-19 for residents and staff in these settings. Outbreaks are not happening as often and, when they do, are more contained and not as widespread.
 - It is **strongly** recommended that all **eligible** residents, staff and visiting persons choose to be vaccinated to protect not only themselves but the collective site population.
 - Vaccination status is **not** a barrier for visiting persons to access the resident they support as other protective measures are in place to offset risk.
- The impact of high vaccination coverage in both residents and staff strongly reduces risk of introduction and transmission of COVID-19 within these settings.
- While vaccination offers an additional layer of protection to residents and staff, as well as designated family/support persons and other visitors (when eligible), it is imperative that all public health measures continue to be implemented and observed by all persons impacted by this Order to prevent the spread of COVID-19, including Variants of Concern⁴. This includes health assessment screening, continuous masking, hand hygiene, physical distancing and other Orders applicable to all Albertans.
- Access to support from designated persons (other than staff) continues to be supported as essential to maintenance of resident mental and physical health, while still retaining necessary safety precautions.
 - Designated family/support persons **must not** be restricted from accessing the resident(s) they support, except in rare outbreak situations.
- Access to social visitors (other than designated persons), where desired by the majority of residents, helps support family caregivers and provides vital social interaction for residents who have been disproportionately impacted by the COVID-19 pandemic.
- Individual site capacity for visiting varies. All operators must assess risk tolerance when developing a site process, including consideration of site configuration and ability to maintain physical distancing, as well as any disclosed or otherwise known vaccination coverage of the resident population.
 - While site configuration and ability to maintain physical distancing is a significant factor, sites are under an obligation to develop solutions to allow as much access as possible to meet the needs and preferences of residents.
- Temporary limitations may occur in outbreak situations where threat of COVID-19 is imminent.
 - In an outbreak, operators may temporarily restrict social visiting based on an assessment of the outbreak situation.

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

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

³ A resident is any person who lives within one of these sites (sometimes called clients e.g., by group homes), or their legal decision maker where relevant.

⁴ Variants of Concern, for COVID-19, are a change or mutation of the originally detected COVID-19 virus.

- In rare outbreak situations, any restrictions to designated family/support persons must be temporary and directed in writing by a local Medical Officer of Health or designate leading the outbreak response, or Alberta Health Services Communicable Disease Control advising the outbreak response.
- As of this Order⁵, visiting restrictions are as follows:
 - Indoor access for **designated family/support person(s)**
 - Residents may name up to **four** individuals for this role
 - Individuals may be minors
 - Access to other **visitors** in extenuating circumstances:
 - End of life (last 4-6 weeks, except in the case of hospice)
 - Change in health status (due to medical/social/spiritual crisis)
 - Pressing circumstances (including financial or legal matters, family crisis, etc.)
 - Where majority (51%) of responding residents desire, indoor social visits with **visitors** must be supported.
 - Outdoor social visits of up to 10 persons, space permitting, in suitable spaces must be supported for any resident or family that desire these to happen.
- It remains imperative that all persons entering these settings:
 - Understand the risk of exposure to COVID-19 (for self and others);
 - Follow all related site processes and public health measures in place; and
 - Remain vigilant in protecting themselves and others both while on site as well as off site.
- All operators must develop, maintain, implement and continuously assess a process for the implementation of this visiting policy, directed by the needs and preferences of the resident population.

Designated Family/Support Persons

- An **operator** must proactively and collaboratively work with residents to confirm up to four (4) **designated family/support persons** per resident, ensuring each resident has the level of support they desire and/or require.
 - Designated family/support persons may attend to a resident simultaneously, while maintaining physical distancing (unless they are from the same household) and all other safe visiting practices.
- These persons may be a family member, friend, companion (privately paid or volunteer), support worker (privately paid or volunteer), or any other person identified by the resident, including minors.
 - Children under 14 years of age must be accompanied.
- It is possible for multiple residents to have the same designated family/support persons.
- All designated family/support persons must be supported as essential to maintenance of resident mental and physical health.
- Indoor and outdoor in-person access to a resident by designated family/support persons can be for any reason and all persons should be verified by the operator upon entry for indoor visits.
 - **Operators must** seek to confirm a standing visiting schedule (a schedule that is consistent week after week) with each designated family/support persons based on resident needs and preferences and availability of designated family/support persons, that is reflective of weekday, evening and weekends, that also accommodates where space might otherwise limit.
 - Designated family/support persons must not be subject to repetitive booking processes.
 - **Operators must** support designated family/support persons to maintain access to the resident they support, even in the midst of an outbreak if desired by resident and designated family/support person.
 - In rare outbreak situations, refer to [Restricted Access](#).

⁵ This order rescinds and updates CMOH Order 29-2020.

- An **operator must** educate all designated family/support persons on [Safe Visiting Practices](#) and related site policies.

Visitors

- An **operator must** permit visitors (i.e. those other than designated persons) access to indoor and outdoor visits with a resident according to the parameters in this section.
 - While site configuration and ability to maintain physical distancing is a significant factor, sites are under an obligation to develop solutions to allow as much access as possible to meet the needs and preferences of residents.
- Access to indoor visitors shall be determined by (details below):
 - resident circumstance, in the case of extenuating circumstances, and
 - the desire of the majority (51%) of responding residents for social visitors, informed by resident directed risk tolerance assessment.
- Access to outdoor visitors **must** be permitted, when desired by a resident or family (details below).
- Visitors (other family, friends, accompanied minors, support persons, professionals, etc.) **must** be permitted entry in circumstances identified as extenuating:
 - End of Life:
 - Within the context of supportive living and long-term care: While it is difficult to be precise around when a resident is at the end of their life, end of life in this context refers to the last four to six weeks of life.
 - The **operator** must be reasonable and use their best judgement in making determinations about residents who are at end of their life with consideration given to providing a quality end of life for the resident and their visitors.
 - Once there has been an end of life determination, increased access under this parameter will continue, even beyond the four to six week timeframe.
 - To clarify, a physician's note is not required for the determination of end of life.
 - Within the context of hospice: Increased access under end of life parameters above apply from the time of admission to hospice.
 - Significant change in health status: Any instance of sudden change in physical/mental/cognitive/spiritual health status, extreme loneliness or depression, or other situation where resident health has been or is suddenly compromised.
 - The **operator** must be reasonable and use their best judgement in making determinations about residents having a significant change in health status, in consultation with the resident and designated family/support person(s).
 - Pressing circumstance: Any life event where on site access to someone other than the designated family/support persons might be necessary (e.g. financial or legal matters, family crisis, etc.).
 - The **operator** must be reasonable and accommodate visitors in a pressing circumstance.

- An **operator** must not restrict entry to visitors in extenuating circumstances. All visits must be coordinated with the operator.
 - These visitors shall not be subject to duration or frequency limitations in place by the operator to manage visitors.
 - Visits in these situations are subject to [Indoor Visit](#) requirements regarding number of people at one time.

- Where desired by majority (51%) of the responding resident population, visitors **must** be permitted for indoor social visits.
 - While site configuration and ability to maintain physical distancing is a significant factor, sites are under an obligation to develop solutions to allow as much access as possible to meet the needs and preferences of residents.
 - Visits in these situations are subject to Indoor Visit requirements regarding number of people at one time.
- Other visitors **must** be permitted for outdoor social visits for any resident or family that wants these to happen.
 - While site configuration and ability to maintain physical distancing is a significant factor, sites are under an obligation to develop solutions to allow as much access as possible to meet the needs and preferences of residents.
 - Visits in these situations are subject to Outdoor Visit parameters regarding number of people at one time.
- An **operator must** educate all visitors on Safe Visiting Practices and related site policies.

Operator Requirements

- To assist⁶ with enhanced access during the COVID-19 pandemic, an **operator must**:
 1. Post and communicate CMOH Order 16-2021 with Appendix for residents and families to access and make residents and families aware of the updated provincial policy and site process developed to support implementation.
 2. Develop, implement, maintain, and communicate a principle-based process for implementing access to visits (CMOH Order 16-2021) during the COVID-19 pandemic. This process **must** be developed in collaboration with residents and families⁷, consider all guidance provided within this Order and, at minimum:
 - a. Consider the needs and preferences of residents and families;
 - i. Parameters for visits must be flexible, supportive and reflective of the voice of the resident⁸.
 - ii. Unless otherwise compromised due to health status, residents should be supported to identify their own risk tolerance.
 - b. Outline the method of coordinating visits to ensure presence and movement of people and equitable access to visits for all residents;
 - i. Confirm a standing visiting schedule (reflective of weekday, evening, and weekend) with each designated family/support person, based on the needs and preferences of the resident and availability of the designated family/support person, ensuring that designated family/support persons are not subject to repetitive booking processes and are expected by both resident and staff.
 - ii. Develop a method for scheduling visits in shared spaces (indoor and outdoor), in consultation with residents and families.
 - iii. While site configuration and ability to maintain physical distancing is a significant factor, sites are under an obligation to develop solutions to allow as much access as possible to meet the needs and preferences of residents.

⁶ Operator Requirements cannot be used as a barrier to enhanced access.

⁷ Via involvement of Resident and Family Council, where established, survey, etc.

⁸ Where there is a difference in desire for visits between a resident and their family/visitors, the resident's preferences will be paramount.

- c. Identify the method of regular engagement with residents, families and staff to assess risk tolerance⁹ and site process, minimally every 6 weeks or sooner upon change in site circumstance;
 - i. Document risk tolerance, including risks and mitigation plans for differences in resident desires or site circumstance.
 - ii. Document updates to site process.
 - d. Identify the method to collect individual resident input regarding their desire for indoor social visits¹⁰.
 - i. Offer all residents the opportunity to provide input minimally every 6 weeks or sooner upon change in circumstance as identified by risk tolerance assessment process.
 - ii. Document percentage of responding resident population in support of indoor social visits upon each collection point.
 - e. Outline process that may be used to restrict visits for non-complying persons;
 - f. Outline dispute resolution process¹¹, including method of documentation and timeline; and,
 - g. Communicate regularly to residents, staff, and designated family/support persons, at minimum every time it is updated.
3. Proactively and collaboratively work with residents to confirm up to four (4) designated family/support persons per resident, ensuring each resident has the level of support they desire and/or require.
 4. Keep a list of all designated family/support persons for verification purposes.
 5. Ensure that the Health Assessment Screening is conducted on every person upon entering the site under this Order and instruct persons to proceed directly to the expected location of visit.
 6. Discuss and explain [Safe Visiting Practices](#) and related site process to all residents, designated family/support persons and visitors and instruct all persons to adhere to them.
 7. Identify suitable shared spaces for indoor and outdoor visits and mark them as such with appropriate signage.
 8. Ensure that, where established, rapid antigen testing/screening programs directed to designated family/support persons or visitors are voluntary and are **not** a barrier to access (unless the outcome of the screen indicates otherwise).
 9. Ensure that vaccination status of resident, designated family/support persons or visitors is **not** a barrier to access.
 10. Ensure residents, designated family/support persons and/or visitors have or are provided with the required PPE (based on precaution required), have been trained to use, and have practiced the appropriate use of the PPE.

Designated Family/Support Persons and Visitor Responsibilities

- All designated family/support persons and visitors must be instructed to:
 1. Undergo Active Health Assessment Screening at entry and self check for symptoms throughout visit.
 2. Coordinate all visits with operator, unless done by the resident.
 - Mechanism for designated family/support persons is to have a standing visiting schedule, which eliminates the need for continuous coordination.
 - Ensure all indoor social visitors present at any one time for a resident are from the same household.
 3. Be educated on and adhere to [Safe Visiting Practices](#) and related site policies.
 4. Only visit with the resident(s) they are supporting.

⁹ Refer to [Risk Tolerance Assessment](#) for guidance.

¹⁰ Via Resident and Family Council, where established, survey process, included in care plan, etc.

¹¹ Refer to [Dispute Resolution](#) for minimum expectations for this process.

- 5. Notify the operator of any symptoms that arise within 14 days of visiting with a resident.
- An operator may refuse entry if there is reason to believe an individual is not abiding by these responsibilities.

Indoor Visits

- An operator **must** permit visits in resident rooms and shared spaces within the following parameters:
 - Resident Room:
 - **Up to four at one time**, space permitting for physical distancing between designated family/support persons not from the same household.
 - For indoor social visits, all visitors present at any one time for a resident must be from the same household (physical distancing required from designated family/support person(s) if present, unless from same household).
 - The only exception to “up to four at one time” is in the case of end of life, where if all persons are from the same household, there is **no maximum**.
 - In the case of a semi-private room, physical distancing from the other resident(s) must be maintained and the other resident must consent to allow in-room visits. If physical distancing cannot be maintained, the operator must do their best to make accommodations to support the residents (e.g. temporary relocation of resident for period of visit, etc.) to achieve the desired visit.
 - Shared care areas (where direct care, such as assistance with eating, rehabilitation support, bathing support, is provided at the time of interaction):
 - **One at a time** (designated family/support person only) when space is being used as a shared care area.
 - Semi-private resident rooms should be considered a resident room and not a shared care area.
 - Other shared spaces:
 - **Groupings of up to four individuals** (not including resident), space permitting.
 - For indoor social visits, all visitors present at any one time for a resident must be from the same household (physical distancing required from designated family/support person(s) if present, unless from same household).
 - Identification of suitable shared spaces for visiting purposes may be informed by the site’s risk tolerance assessment, including consideration of location of space, size of space and ability to safely accommodate more people (e.g. maintain physical distancing (for persons not from the same household) and space between groupings).
 - While site configuration and ability to maintain physical distancing is a significant factor, sites are under an obligation to develop solutions to allow as much access as possible to meet the needs and preferences of residents.
- A designated family/support person is not required to be present for indoor social visits.

Outdoor Visits

- There are no limits on resident ability to visit beyond the property (e.g. community walks), other than another Chief Medical Officer of Health restriction that may apply to all Albertans and other settings.
 - Arrangements with the operator are only required if the resident requires staff support to prepare for or be transported to the visit.
 - For greater clarity, if a resident requires a designated family/support persons’, or visitors’ assistance to be transported to the visit, arrangements with the operator should not be required beyond any existing operator policy for social leave notification (where that exists).

- An **operator must** support outdoor social visits with **up to ten people** (including resident), space permitting, for any resident or family that wants an outdoor social visit.
 - Identification of suitable shared spaces for visiting purposes may be informed by the site's risk tolerance assessment, including consideration of location of space, size of space and ability to safely accommodate more people (e.g. maintain physical distancing for persons not from the same household).
 - While site configuration and ability to maintain physical distancing is a significant factor, sites are under an obligation to develop solutions to allow as much access as possible to meet the needs and preferences of residents.
- A designated family/support person is not required to be present for the outdoor social visit.

Extended On-Site Visits

On-Site Overnight Stays

- In extenuating circumstances (i.e. end of life; change in health status or pressing circumstance), when requested and where feasible, an operator may implement a process for overnight stays for one or more designated family/support persons and/or other visitors.
 - Prolonged overnight stays (i.e. night after night) should be supported, following all [Safe Visiting Practices](#) and related site policies, in hospice situations.
- An **operator** must instruct the designated family/support person(s) and/or visitors(s) to follow all additional site protocols that may be in place above and beyond this Order to ensure a safe overnight visit on-site.

Restricted Access

- In outbreak situations, **operators** may quickly (i.e., without taking time to complete engagement with residents, families and staff) and temporarily (up to 14 day) limit **indoor social visitors** (not including designated family/support persons).
 - This restriction should not persist indefinitely and must be re-assessed at a minimum, every 14 days.
- In rare outbreak situations, a local Medical Officer of Health or designate leading the outbreak response, or Alberta Health Services Communicable Disease Control advising the outbreak response, may advise a temporary (up to 14 day) limitation for **designated family/support persons**, if required.
 - This **must** be done in writing.

Risk Tolerance Assessment

- An **operator must** lead a resident-directed risk tolerance assessment process.
 - Risk tolerance is the ability of a site, as an entity (physical accommodation and the collective of residents and staff), to accept increased potential of exposure to COVID-19.
 - A risk tolerance assessment is a tool to inform resident-directed decisions about access to social visitors and to inform related site processes.
 - Risk tolerance is fluid (i.e. is not constant; will continuously change) and will depend on many factors, outlined in [Table 1](#).

Dispute Resolution

- Entry may be refused if there is reason to believe an individual is not abiding by [Designated Family/Support Person Responsibilities](#), including [Safe Visiting Practices](#).

- An **operator must** document all disputes related to site process as per existing concern/complaints processes under the Accommodation Standards and/or Continuing Care Health Service Standards (where relevant).
- An **operator must** develop, implement and share (in an accessible way) a process for dispute resolution that includes the following escalation, at minimum:
 1. An **operator** must work with the resident and designated family/support person(s) to address any concerns that arise regarding the site process for visiting, and the interpretation and implementation of this Order. This may include addressing through the Resident and Family Council, where a Council is established and representative of the collective.
 2. Should concerns not be resolved at site level, **organizational/agency executive level position** (where applicable) support shall be sought.
 3. Should the concern still be unresolved after speaking with the operator and an executive of the organization/agency, Alberta Health [Accommodation Standards and Licencing](#) or Alberta Health Services [AHS Patient Relations](#) (only for designated supportive living or long-term care) may be contacted for support.

Table 1. Risk Tolerance Assessment Table

Risk Factors	Description and Site Assessment
Number of People on site and Layout of Site	<p>To ensure safe movement of people, operators may assess the site in terms of layout and number of people on site at any one time. For example:</p> <ul style="list-style-type: none"> ▪ Spacious hallways, common areas and rooms may indicate a higher risk tolerance ▪ Prevalence of semi-private rooms may indicate a lower risk tolerance ▪ The number of floors may mean increased use of access points (e.g. elevators) which may indicate a lower risk tolerance <p>Site Notes:</p>
Collective Vaccination Status of Site (Residents and Staff), where disclosed and/or known	<p>Although vaccinations are not provincially mandated for anyone, high vaccine coverage of residents and staff greatly reduces risk of introduction and transmission of COVID-19.</p> <ul style="list-style-type: none"> ▪ Being immunized is one strong protective measure through which all eligible residents, families, designated family/support persons, other visitors and staff can assist with collective protection ▪ Disclosure of vaccination status is voluntary ▪ Vaccination status of residents, staff, designated family/support person and other visitors must not be a barrier to access <p>Site Notes:</p>
Collective Health Status of Residents, where known	<p>This may be actual or perceived health status.</p> <p>If the majority of residents have complex health conditions, this may indicate a lower risk tolerance.</p> <p>Site Notes:</p>
Number of residents actively leaving site for outings	<p>If there are a high number of residents leaving the site for outings involving contact with others, this may indicate a lower risk tolerance.</p> <p>Site Notes:</p>
Any disclosed resident directed assessment of risk tolerance	<p>Though it is recognized not everyone will assess themselves the same way, residents will have a sense of their health and the risks they would be willing to take for more visitors on site. Though this is a subjective measure, the risk tolerance of the site should be directed by the risk tolerance of the residents, where disclosed.</p> <p>Site Notes:</p>
Any disclosed staff directed assessment of risk tolerance	<p>Though this is a subjective measure, the risk tolerance of the site should be informed by the risk tolerance of the staff, where disclosed.</p> <p>Site Notes:</p>
Understanding of COVID-19 prevalence in the surrounding community	<p>This may be informed by local or regional advice by public health officials, AHS or program partners.</p> <p>Site Notes:</p>
Other:	

Safe Visiting Practices

Risk of Unknown Exposure to COVID-19

- It is important for all persons to consider their risk of unknown exposure to COVID-19, based on their behaviour in the last 14 days, prior to entering the site and modify their behaviour accordingly.
 - It is imperative that active Health Assessment Screening is completed at entry, is answered completely and accurately, and anyone with symptoms or recent known exposure to COVID-19 not enter the site at all, even if they have been vaccinated.
 - Individuals should limit the number of different sites they enter and provide in-person visits to only one site per day to the greatest extent possible.
- Considerations when considering risk of unknown exposure include:
 - Personal vaccination status
 - Adherence to all provincial CMOH Orders and public health advice directed to all Albertans
 - Employment related risks (e.g., at home work is lower risk; in-person raises risk)
 - Transportation related risks (e.g., travelling on a bus or shared ride is higher risk)
 - Recent interprovincial travel (continues to not be recommended)

Hand Hygiene

- All persons visiting, including residents, must 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) before, during as appropriate, and after all visits.
 - An operator may require the visiting person to provide their own hand sanitizer.

Use of PPE – General Practices

- All designated family/support persons and visitors are required to wear a mask continuously throughout their time indoors and be instructed how to put on and take off that mask and any other PPE that may be required. A mask may be provided by the operator.
 - Public Health Guidelines for [use of masks](#) must be followed.
- Continuous use of a mask is not required for outdoor social visits unless physical distancing cannot be maintained.
- Use of eye protection is not required for visiting persons.
- When visiting a resident on isolation precautions, operators must ensure that the designated family/support persons and/or visitors have or are provided with the required PPE (based on precaution required), have been trained to use, and have practiced the appropriate use of the PPE.

Use of PPE to Enable Safe Physical Touch

- The risk of transmission of COVID-19 increases with close proximity. If a resident and their designated family/support person(s) or visitor(s) understand this and they wish to include physical touch in their visits (e.g. hand holding, hugging), this may be done by following the additional guidance:
 - Stop close contact with the resident and inform staff immediately for further direction if any visiting person is or becomes symptomatic during the visit (or resident does).
 - Continuously wear a mask that covers the nose and mouth while within 2 metres of the resident.
 - Though a resident does not need to also wear a mask, they may choose to do so based on their own risk of unknown exposure from off-site activity.
 - Perform hand hygiene (hand washing and/or use of alcohol based hand sanitizer) both before and after direct physical contact with the resident.
 - If resident is isolated due to symptoms of COVID-19:

- Operators must ensure that the designated family/support persons and/or visitors have or are provided with the required PPE (based on precaution required), are trained, and have practiced the appropriate use of the PPE.

Use of PPE for those with Cognitive/Sensory Impairments or Traumatic Experiences

- Residents who have sensory deficiencies or cognitive impairment must be supported to have safe and meaningful visits that support their health and wellbeing.
- Where use of PPE is disruptive, it is acceptable to remove the PPE if physical distancing can be maintained.
- If physical distancing cannot be maintained, it is acceptable to use creative strategies to overcome barriers in situations where the use of PPE by the visiting person is inappropriate or disrupts communication.

Adaptation of facial PPE may be considered as described below:

- Facial PPE must provide respiratory droplet source control (e.g. if face shields are being considered, they must provide protection that wraps under the chin).
- Adaptations must be discussed/approved by the operator and facility medical director, if applicable, or local Medical Officers of Health on a case-by-case basis.