

QUESTIONS & ANSWERS:

COVID-19 Requirements for Licensed Supportive Living, Long-Term Care and Hospice Settings

General

What updated requirements are effective immediately?

- The use of updated Daily Checklists for Staff, Students and Service Providers is effective immediately.
- The implementation of update Operational and Outbreak Standards is recommended to be as soon as possible, and no later than January 5, 2022. Operators are strongly encouraged to implement as many of the changes as possible, as soon as possible.

Are these settings safe to live in, work at, and visit?

- Yes, given the ongoing public health measures that remain in place, these settings continue to be safe to live in, work at, and visit.
- While there continues to be a risk of exposure to and transmission of COVID-19, a number of safety precautions continue to be in place to ensure continued protection for vulnerable populations.
 - These safety measures include continuous masking for visitors and staff (even in resident rooms), enhanced cleaning and disinfection, health screening upon entry, testing guidelines, isolation/quarantine when required, and management of outbreaks to prevent further spread.
- It is imperative to ensure appropriate use of personal protective equipment (donning, doffing, hand hygiene) among staff and remain vigilant in physical distancing from others, including in breakrooms.

What facilities does this order apply to?

- All licensed supportive living (including group homes, lodges and designated supportive living), long-term care (nursing homes and auxiliary hospitals), and hospice settings.
- If a site contains both licensed supportive living spaces and unlicensed spaces, Orders do not apply to the unlicensed areas of the site.
 - Operators, and others, can determine whether a site is a licensed supportive living accommodation (according to the [Supportive Living Accommodation Licensing Act](#)), or is a long-term care site, by visiting Alberta Health's [public reporting site](#).
- If you have specific questions about how orders apply in your site (e.g. active screening, shared spaces, etc.), please reach out directly to asal@gov.ab.ca or (780) 644-8428 to discuss.

Is there a broad provincial restriction prohibiting presence of family and friends who are not fully immunized?

- No, however, family and friends who are not fully immunized are strongly encouraged to reconsider their need to attend to the resident onsite, indoors and in-person.
 - Alternatives to onsite indoor in-person visits include outdoor visits, virtual visits, telephone calls, etc.

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- Operators have authority¹ to implement additional site-based policies and processes for COVID-19 prevention (including requiring proof of vaccine or rapid testing) as appropriate to local context and consideration of resident preferences. Once the site-based policies and processes have been developed, they will apply to all persons entering the site.
 - If you have concerns about any site-based policies, please discuss with site administration.

Personal Protective Equipment (PPE)

What are the changes to PPE requirements?

- Continuous masking remains a requirement.
- Effective immediately, and as supplies allow, it is recommended that all staff use either a well-fitted surgical/procedure mask OR a seal-checked respirator continuously while on shift.
- Any staff member providing direct care to a suspect, probable or confirmed case of COVID-19 is required to wear PPE that is comprised of eye protection, gown, gloves and a respirator.
 - Options for respirator include a fit-tested, seal-checked N-95 mask, OR a non-fit tested, seal-tested N-95 mask OR a seal-checked KN-95 mask.
- Visiting persons may use their own seal-checked KN-95 mask. If they do not have one, a well fitted surgical/procedure mask is required.
 - LTC, DSL and hospice operators are required to offer visitors a surgical/procedure mask if visitors do not have their own KN-95.
 - While all other operators are not required to offer surgical/procedure masks, they may choose to do so.

Are masks required for in room visiting?

- Visiting persons in all settings are required to wear a mask in all indoor areas of the building (including resident rooms).
 - Visiting persons who are spending time with residents with communication challenges (e.g. hearing concerns, etc.) where a mask would inhibit communication being provided, can remove the mask while in a private space in the building if the resident consents and a distance of two metres is maintained between the visitor and the resident at all times.

When are residents required to wear a mask?

- Residents returning from an absence of greater than 24 hours or who are an asymptomatic fully immunized close contact are required to wear a surgical/procedure mask for 14 days while outside of their room, except when eating and drinking, post-return or post-exposure, whichever is relevant.
- Operators must supply residents with a sufficient amount of masks.

¹ Supportive Living Accommodation Licensing Act, Nursing Homes Act

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Symptoms and Health Screening

What is meant by 'close contact'?

- Close contact means a person who: without the consistent and appropriate use of personal protective equipment, provides care to, lives with, or has close physical contact with, a person who is a confirmed case of COVID-19; or has come into contact with the infectious body fluids of a person who is a confirmed case of COVID-19.

What are the screening requirements for residents?

- Residents returning from an absence of greater than 24 hours or who are an asymptomatic fully immunized close contact must actively screen daily for 14 days post-return or post-exposure, whichever is relevant. Where onsite capacity allows, rapid testing on days 1, 3 and 7 is recommended.
 - Residents who are not fully immunized and have been in close contact with a confirmed case of COVID-19 are required to quarantine (no change).
- Active screening involves a satisfactory COVID-19 screening using:
 - [COVID-19 Continuing Care Daily Checklist \(Residents\)](#)
- **It is critical to remind residents that, should they develop symptoms, they must remain in their room and notify you. The Resident Daily Checklist may be used as a resource for all residents.**

What are the screening requirements for working or visiting individuals?

- Staff, Service Providers and Students are to be actively screened prior to the start of each shift.
- Visiting persons and volunteers are to be actively screened at entry to the site.
- Active screening involves a satisfactory COVID-19 screening using:
 - [COVID-19 Continuing Care Daily Checklist \(Visitors and Volunteers\)](#), or
 - [COVID-19 Continuing Care Daily Checklist \(LTC/DSL/Hospice Staff, Service Providers and Students\)](#)
 - [COVID-19 Continuing Care Daily Checklist \(LSL Staff, Service Providers and Students\)](#)
 - This screening **must be confirmed** by the screener upon entry.
- It is absolutely critical that if any symptoms, no matter how mild and regardless of your vaccine status, are identified on health screening, then **YOU MUST NOT ENTER.**

What are the changes to the Staff, Service Providers and Students Checklist?

- The [COVID-19 Continuing Care Daily Checklists](#) have been updated to separate the screeners to reflect the changes to different settings. One screener has been created for LTC, DSL & hospice staff/service providers/students and another screener has been created for licensed supportive living settings. Please ensure you are using the correct screener for your setting and most up-to-date version.

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- Asymptomatic fully immunized LTC, DSL, and hospice staff who are known close contacts to a case of COVID-19 will be required to take a daily rapid test for 10 days following their exposure.
- Requirements for LTC, DSL and hospice staff who are not fully immunized remain the same and they are excluded for a 14 day period following the last exposure.

What are the details of the rapid testing requirement for long-term care, designated supportive living and hospice staff?

- Fully immunized asymptomatic LTC, DSL, and hospice staff who are known close contacts to a case of COVID-19 will be required to take a daily rapid test for 10 days following their exposure. If staff test negative on the rapid test, remain asymptomatic, and pass the remainder of the active health screening, they will be permitted to continue working.
- Staff who test positive on a rapid test are not to be permitted to work and need a confirmatory PCR test. If the PCR test is negative, they can return to work if they are asymptomatic. If the PCR test is positive, then the staff would be managed as a confirmed case of COVID-19. Regardless of rapid test result, exposed staff who develop symptoms need to isolate immediately and undergo PCR testing.
- Requirements for staff who are not fully immunized remain the same and they are excluded for a 14 day period following the last exposure.

How are operators expected to fulfill the requirement to perform rapid testing?

- The requirement for LTC, DSL and Hospice workers to perform rapid testing can be fulfilled via existing or new rapid testing programs that are set up on-site. To order rapid test kits, please contact CPSMOperations.EOC@albertahealthservices.ca.
- Testing may be done on-site, or operators may repackage individual tests for staff to complete at home, prior to attending the site.

Testing and Isolation

What are the COVID-19 testing guidelines for new and existing residents?

- All LTC and DSL residents must be tested within 48 hours of hospital discharge (pre or post discharge). Residents are to remain in their rooms and be placed on contact/droplet precautions until they receive a negative test result. This test can be taken either at hospital or in the facility, however hospital discharges cannot be held up for testing or awaiting test results.
 - This is required for both new admissions and returns from acute care. This includes all admissions or emergency room visits over 24 hours.
- This is not required for residents in other licensed supportive living setting (e.g. lodges) or hospices although some operators may implement rapid testing or other measures in these settings as an additional site-based policy and process. Where onsite capacity allows, rapid testing on days 1, 3 and 7 is recommended for residents who have returned from an absence of more than 24 hours or who are asymptomatic fully immunized close contacts.

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- Indications for testing symptomatic and asymptomatic persons are outlined in the current version of the [Alberta Public Health Disease Management Guidelines](#) and as directed by Public Health. These guidelines are updated from time to time; please ensure you are referencing the most recent version.
 - Note that tests should not be completed on persons who have tested positive for COVID-19 in the previous 90 days. They also do not need to remain in their room upon return as long as they have completed their initial isolation period.

What does 48 hours pre or post hospital discharge mean?

- All LTC and DSL residents must be tested within 48 hours of hospital discharge either pre (before) or post (after) discharge.
- To clarify, the swab can be taken anytime in the period of 48 hours prior to hospital discharge or 48 hours following hospital discharge.

How do operators manage test results?

- Please refer to:
 - Appendix 1: Management of Fully Immunized Resident COVID-19 Test Results
 - Appendix 2: Management of Not Fully Immunized Resident COVID-19 Test Results

Cleaning and Disinfecting

What are the cleaning and disinfection requirements?

- Common/public areas are required to have high touch surfaces cleaned and disinfected twice per day.
 - Common areas are not defined by this order. It is up to each site to determine which areas of their sites are considered common based on site configuration, space, and what is safest for the residents. If you wish to further discuss what spaces in your facility are common, please reach out directly to asal@gov.ab.ca or (780) 644-8428 to discuss.
- High touch areas include doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remotes, care/treatment areas, dining areas, lounges, etc.
- Resident rooms are not common/public areas and do not require enhanced cleaning.

What are auditors looking for to ensure cleaning is being completed?

- Auditors are looking for evidence such as cleaning schedules, logs or flow sheets including what surface cleaning is required and evidence that it has been completed. Auditors will also be completing visual inspections of different areas of the building.
- Auditors may also have discussions with staff who are responsible for the cleaning to ensure that staff are aware of the required processes.

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Group Recreation, Activities, Singing and Shared Dining

It is recommended that large, discretionary gatherings of residents, or residents and visitors, are cancelled at this time.

If the site has an outbreak, will these activities and shared dining be paused?

- In the event of an outbreak, the MOH or their designate will identify if group activities and shared dining will need to be restricted.
- Operators will communicate any changes to residents and family/friends.

Miscellaneous

I have some questions and concerns about the COVID-19 vaccines, where can I get more information?

- The Health Canada approved vaccines are safe, effective and help prevent serious illness from COVID-19. High vaccine uptake has been proven to reduce the risk of introduction and transmission of COVID-19 in continuing care settings.
- For more information about COVID-19 vaccines contact your primary healthcare provider or see [Health Canada](#), [Alberta Health](#) and Healthcare Excellence Canada for resources about [vaccine preparedness for long-term care and retirement homes](#).

Can residents go off site and engage in any activity they desire?

- Yes, like all Albertans, residents are able to engage in any activity off site that they desire within the limits of any current public health orders. New measures to protect the health care system, stop the spread, and increase vaccination rates come into effect starting December 24; operators are encouraged to be a conduit for up to date information being shared with residents to support decision making with respect to off-site activities.
- Residents that are absent for more than 24 hours are required to actively screen daily for symptoms of COVID-19 and wear a surgical/procedure mask when outside of their room for 14 days post-return.

How is the mental health of residents and staff being addressed?

- The impact of the pandemic on the mental health of residents and staff is well recognized. Clear and honest conversations are encouraged at a local level to support the individual needs of persons impacted.

What is the role of risk assessments going forward?

- Risk assessment process were established in July 2020 as a method of balancing the need to protect persons against COVID-19 with the need to protect quality of life. The risk tolerance

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assessment tool was intended to encourage involvement of residents and families in site-based assessments of risk due to facility design, health of residents, and staff preferences.

- Risk assessment processes are no longer required however operators may choose to continue using this tool in their sites.

What is being done to address the issues that COVID-19 highlighted in DSL/LTC in Alberta?

- The Facility Based Continuing Care review is underway in Alberta and seeks to address many of the issues that COVID-19 has brought to the forefront (e.g. impacts on mental health and quality of life for residents). In addition, there is a review of the legislative framework in Alberta which will also seek to enable broad system change for the future of the continuing care system.
- More information is available online at: <https://www.alberta.ca/facility-based-continuing-care-review.aspx>.

For more information, please visit [alberta.ca/protecting-residents-at-congregate-care-facilities](https://www.alberta.ca/protecting-residents-at-congregate-care-facilities) or contact asal@gov.ab.ca