

RECORD OF DECISION – CMOH Order 03-2021

Re: 2021 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 10-2020 on April 10, 2020, which was subsequently amended by

- (a) Record of Decision – CMOH Order 12-2020 on April 28, 2020;
- (b) Record of Decision – CMOH Order 23-2020 on May 25, 2020; and
- (c) Record of Decision – CMOH Order 32-2020 on September 3, 2020.

Whereas having determined that additional measures are necessary to protect Albertans residing in congregate living settings from COVID-19 Variants of Concern, I hereby make the following Order:

1. This Order is effective February 24, 2021 and applies to all operators of a health care facility located in the Province of Alberta.
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*;
 - (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.

3. In the event of a confirmed outbreak as described in the COVID-19 Variant of Concern Outbreak Protocol within a health care facility, an operator of a health care facility must comply with the COVID-19 Variant of Concern Outbreak Protocol attached as Appendix A to this Order for the duration of the confirmed outbreak.
4. For greater certainty, an operator of a health care facility must comply with the COVID-19 Variant of Concern Outbreak Protocol in addition to any requirements set out in Part 2 of Record of Decision – CMOH Order 10-2020 and Record of Decision – CMOH Order 29-2020.
5. In the event of a confirmed outbreak as described in the COVID-19 Variant of Concern Outbreak Protocol within a health care facility, an individual who is employed or contracted to provide services within the health care facility is authorized to be absent from any other employment if the individual continues to provide services to the health care facility for the duration of the outbreak.
6. Notwithstanding anything in this Order, the Chief Medical Officer of Health may exempt an operator of health care facility from the application of this Order.
7. This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 24 day of February, 2021.



Deena Hinshaw, MD
Chief Medical Officer of Health

Subject: COVID-19 Variant of Concern (VOC) Outbreak Protocol

Date Issued: February 24, 2021

Scope of Application: As per Record of Decision – CMOH Order 03-2021

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.

Purpose

- The Operational and Outbreak Standards as set out in [CMOH Order 32-2020](#)¹ remain in effect, as well as the Safe Visiting Policy as set out in [CMOH Order 29-2020](#). The COVID-19 VOC Outbreak Protocol (the Protocol) comes into effect in the case of a VOC (including B.1.1.7, B.1.351, P.1 and any other COVID-19 VOC that is identified in the future) being confirmed in an individual (resident or staff of a facility subject to the order). The Protocol is no longer effective once outbreak is declared over. This is a necessary protocol at this time to protect all persons in these facilities in the event that more transmissible strains of COVID-19 are confirmed.
- 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 operators², residents³, staff⁴, students⁵, service providers⁶, volunteers, as well as any designated family/support persons (DFSP) and/or visitors⁷.
 - Should a facility contain both licensed supportive living spaces and unlicensed spaces, this Order does not apply to the unlicensed spaces/areas of the building/campus, though adoption of the Protocol in these settings is not prohibited and should be thoughtfully considered and communicated. The Protocol outlines the outbreak standards that apply to support early recognition and swift action for effective management of COVID-19 VOC amongst vulnerable populations.
- The Protocol may change other existing requirements⁸ (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.

¹ CMOH Order 32-2020 amended Part 2 of CMOH Order 10-2020.

² Any operator, service provider, facility administration or other staff member responsible for areas impacted by these expectations.

³ Any person who lives within one of these facilities (sometimes called clients or patients).

⁴ Any person employed by or contracted by the facility, or an Alberta Health Services employee or other essential worker.

⁵ Any person who is participating in a student placement or practicum allowed by the operator and the post-secondary institution.

⁶ Any person who is on-site to deliver a service who is not an employed or contracted staff member.

⁷ As per [Order 29-2020](#)

⁸ Expectations may be required by Alberta Health or contractually by Alberta Health Services.

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 (including B.1.1.7, B.1.351, P.1 and any other variant of concern that is identified in the future).
- A cautious approach is being used in these high-risk settings to ensure the protection of vulnerable residents and the safety of staff is maintained.
- 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.
- Operators must transparently communicate changes to existing requirements, expectations, and relevant changes to operations to all impacted parties at all times.
- 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

- A COVID-19 VOC outbreak is defined when one individual (resident or staff) is laboratory confirmed to have a COVID-19 VOC (including B.1.1.7, B.1.351, P.1 and any other variant of concern that is identified in the future).
- 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.
 - Contact AHS Senior's Health/Continuing Care zone leads if additional accommodations are needed (e.g. additional space, etc.).
- 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.
 - Close contacts are defined in accordance with [CMOH Order 05-2020](#) and must be quarantined for 14 days with contact and droplet precautions.
 - If there is any doubt as to who should be considered a close contact of a confirmed case of a COVID-19 VOC, the MOH leading the outbreak shall make the determination.
 - Other residents (who are not close contacts) in the unit⁹ or other parts of the facility (e.g. shared dining, common areas, recreation activities, etc.) may also be potentially exposed.
- 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.
 - Contact AHS Senior's Health/Continuing Care zone leads if alternative accommodations are needed to create additional space or if following this requirement will cause increased risk to residents of other poor outcomes.
- 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](#).

Laboratory Testing & Rapid Antigen Screening

- Residents who are confirmed to have COVID-19 VOC and are in isolation do not need to have further polymerase chain reaction (PCR) testing completed unless directed by the Medical Officer of Health (MOH).
- Quarantined residents (close contacts) must be:
 - Offered PCR laboratory testing as soon as possible (immediately on being notified of COVID-19 VOC case); and
 - Offered a repeat PCR laboratory test on day 5¹⁰ and day 10 (or later) post exposure.
 - If both of these test results are negative and the resident is asymptomatic, they can be released from quarantine after 14 days from exposure.
 - If any additional COVID-19 or COVID-19 VOCs are identified, contact tracing and management of any close contacts should occur per above directions.
- Residents who are not quarantined but live in the unit⁹ (can be extended to residents in other parts of the facility at the discretion of the MOH leading the outbreak response) must be:

⁹ Units are defined by the facility, usually by geographical area.

¹⁰ This additional testing on day 5 is offered to identify any spread as quickly as possible and implement measures to contain any additional spread.

- Offered serial rapid antigen screening on days 0, 3, 5, and 8.
 - Any person who receives a positive result from serial rapid antigen screening must be offered confirmation with a laboratory PCR test. If laboratory PCR test is refused, they are to be treated as positive and isolated for 14 days from the screening date.
 - If any additional COVID-19 or COVID-19 VOCs are identified, contact tracing and management of any close contacts should occur per above directions.
 - If all of the results from the serial rapid antigen screenings are negative for **all** non-quarantined residents, the serial testing can be discontinued after the day 8 screening.
 - If there have been **any** positive results from the serial rapid antigen screenings in any non-quarantined resident, the serial screening should continue to be offered on day 10 and 12.
- There may be additional quarantine/testing/management recommendations directed or provided by the MOH leading the outbreak response based on any epidemiological links in positive tests/screens.

Safety Precautions

- Everyone (including DFSP/visitors) who enters the facility must wear a **surgical/procedure mask and eye protection** continuously, at all times (except when eating/drinking) and in all areas of the workplace/building, including 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 feasible¹¹, 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.).

Admissions/Transfers

- In the case of a COVID-19 VOC outbreak, all incoming admissions/transfers are on hold unless **explicit written direction** is provided by the MOH leading the outbreak response.
- No person either infected with a COVID-19 VOC or with a known exposure to a COVID-19 VOC will be admitted or transferred into any facility within the scope of this Order (licensed supportive living, long-term care, or hospice) unless **explicit written direction** is provided by the MOH leading the outbreak response.

¹¹ Masking may not be feasible or appropriate for residents for a multitude of reasons including difficulty breathing, inability to remove mask independently, cognitive impairments, physical abilities, level of consciousness, etc.

- If a resident with confirmed with a COVID-19 VOC requires a transfer to another facility (e.g. acute care for medical treatment), explicit communication (e.g. phone call or written notice) should occur between the sending and receiving facilities to ensure plans are in place for a safe transfer and management at the receiving facility.

DFSP/Visitors

- As per [CMOH Order 29- 2020](#), access by DFSP/Visitors **may** be temporarily¹² 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 unit¹³ 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.

Resources

- [CMOH Order 29- 2020](#)
- [CMOH Order 32- 2020](#)
- [Disease Management Guidelines](#)
- [Alberta Health COVID-19 Variants](#)
- [AHS COVID-19 Variants](#)

¹² As per [CMOH Order 29-2020](#), any restriction must not exceed 14 days without re-evaluation.

¹³ Units are defined by the facility, usually by geographical area.