

QUESTIONS & ANSWERS:

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

General

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.
 - Not all parts of the Order apply to all sites, please ensure you read sections carefully to ensure applicability to your setting.
- 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.
- Operators have authority¹ to implement additional site-based policies and processes for COVID-19 prevention (including requiring proof of vaccine or rapid antigen 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.

¹ [Supportive Living Accommodation Licensing Act](#), [Nursing Homes Act](#)

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Personal Protective Equipment (PPE)

What are the changes to PPE requirements?

- Continuous masking remains a requirement.
 - All staff, students, service providers, and volunteers must continuously wear either a well-fitting surgical/procedure mask OR a well-fitting KN95 facemask while on shift, at all times, and in any areas of the site where care/treatment is being provided, along with any non-care areas of the site except when working alone in an office or when a barrier is in place.
 - All staff, students, service providers or volunteers providing direct care to a probable or confirmed case of COVID-19 are required to wear PPE consisting of eye protection, gown, gloves. In addition, a well-fitted KN95 or N95 facemask must be worn.
 - Staff must always complete a point of care risk assessment prior to care provision to determine appropriate Personal Protective Equipment (PPE) for each circumstance.
 - If the point of care assessment determines that a respirator is required to provide adequate protection, a fit-tested N95 respirator or other NIOSH approved respirator must be used by all affected staff, students, service providers, and volunteers.
 - Visiting persons must wear a well-fitting surgical/procedure mask or they may use a well-fitted KN95 or N95 facemask or a respirator.
 - LTC, DSL and hospice operators are required to provide visitors a surgical/procedure mask if visitors do not have their own mask.

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?

- **Not fully immunized** 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 **10 days** while outside of their room, except when eating and drinking, post-return or post-exposure, whichever is relevant.
- Fully immunized licensed supportive living residents are required to wear a well-fitting surgical/procedure mask continuously when outside of their room following their shortened isolation period to a maximum of 10 days (e.g. an additional 5 days following their 5 day isolation period). Please note that there are no exceptions to wearing a mask (i.e. residents cannot remove their mask outside of their room to eat or drink, etc.).
- Operators must supply residents with a sufficient amount of masks.

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Symptoms and Health Screening

Why are group homes no longer required to contact the AHS Coordinated COVID-19 Response line?

- By nature of the facility size and health status of the residents, these settings are typically at lower risk and therefore are no longer required to complete additional reporting beyond their existing protocols.
 - Group homes are defined as licensed supportive living facilities with a maximum occupancy between 4 and 10 residents.
- When there is a complex or unusual circumstance relating to cases in their settings, they may continue to contact the response line for additional guidance or support.

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 \(Visitors\)](#), or
 - [COVID-19 Continuing Care Daily Checklist \(LTC/DSL/Hospice Staff, Service Providers, Students and Volunteers\)](#)
 - [COVID-19 Continuing Care Daily Checklist \(LSL Staff, Service Providers, Students and Volunteers\)](#)
 - 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, Students and Volunteers 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/volunteers 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.
- 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 antigen test for 10 days following their exposure.
 - Persons who tested positive for COVID-19 in the past 21 days are not required to be rapid antigen tested and are permitted to enter. Requirements for LTC, DSL and hospice staff who are not fully immunized remain the same and they are excluded for a **10 day** period following the last exposure.

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

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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 **10 days** post-return or post-exposure, whichever is relevant. Where onsite capacity allows, rapid antigen testing on days 1, 3 and 7 is recommended.

- Persons who tested positive for COVID-19 in the past 21 days are not required to be rapid antigen tested to prevent false positives. No additional testing is required.
- 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 details of the rapid antigen testing requirement for long-term care, designated supportive living and hospice staff?

- Requirements are outlined on the [COVID-19 Continuing Care Daily Checklist](#).
- LTC, DSL and hospice staff who are asymptomatic and who are known close contacts of a confirmed case of COVID-19 are managed according to their immunization status.

Fully Immunized plus a booster dose ²	Fully Immunized	Not Fully Immunized
<ul style="list-style-type: none"> ● No restrictions on work and no rapid testing required prior to work 	<ul style="list-style-type: none"> ● Daily rapid testing is <u>required</u> prior to each shift for 10 days following exposure. ● Persons who tested positive for COVID-19 in the past 21 days are not required to be rapid tested and are permitted to enter. 	<ul style="list-style-type: none"> ● Do not enter the site for 10 days from the last day of exposure. ● Persons who tested positive for COVID-19 in the past 21 days are not required to be work restricted

- Staff who test positive on a rapid antigen test are not to be permitted to work and need a confirmatory molecular test. If the molecular test is negative, they can return to work if they are

² A fully immunized person who has also received an mRNA vaccine (i.e. a “booster dose”) after the recommended time interval AND more than 14 days have elapsed since receiving their “booster dose”.

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asymptomatic. If the molecular test is positive, then the staff would be managed as a confirmed case of COVID-19. Regardless of rapid antigen test result, exposed staff who develop symptoms need to isolate immediately and undergo molecular testing.

How are LTC/DSL/Hospice operators expected to fulfill the requirement to perform rapid antigen testing?

- The requirement for LTC, DSL and Hospice workers to perform rapid antigen testing can be fulfilled via existing or new rapid antigen testing programs that are set up on-site. To order rapid antigen 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.

Can licensed supportive living operators perform rapid antigen testing onsite for their staff?

- Yes. Please visit <https://www.alberta.ca/rapid-testing-program-for-employers-and-service-providers.aspx> for further information on accessing rapid antigen tests for workplace screening.

Testing and Isolation

What are the **RESIDENT** isolation requirements for a confirmed case of COVID-19?

Resident Setting	Fully Immunized	Not Fully Immunized
<ul style="list-style-type: none"> • Long-term Care • Designated Supportive Living • Hospice 	10 days or until symptoms resolve, whichever is longer.	10 days or until symptoms resolve, whichever is longer.
<ul style="list-style-type: none"> • Licensed Supportive Living 	5 days or until symptoms resolve, whichever is longer, plus up to 5 days (for a total of 10 days) of wearing a mask at all times when outside of their room (no exceptions to removing mask) *If symptoms resolve on day 6 or later, their mask needs to be worn only until the end of 10 days from their positive test or symptoms start date.	10 days or until symptoms resolve, whichever is longer.

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Why have isolation requirements for LTC/DSL and Hospice residents not been changed?

- Because of the higher prevalence of complex medical conditions in residents of long term care, hospice, and **designated** supportive living, residents in these facilities must still complete a 10 day isolation period if they have COVID-19, independent of their immunization status, in order to continue to minimize the risk of COVID transmission in these settings.

What are the **STAFF** isolation requirements for a confirmed case of COVID-19?

- Requirements are the same as for all Albertans, per current CMOH Orders

Fully Immunized	Not Fully Immunized
5 days or until symptoms resolve, whichever is longer, plus up to 5 days (for a total of 10 days) of wearing a mask at all times when outside of their home (no exceptions to removing mask) *If symptoms resolve on day 6 or later, their mask needs to be worn only until the end of 10 days from their positive test or symptoms start date.	10 days or until symptoms resolve, whichever is longer.

Fully immunized residents are required to continuously wear a well-fitted mask for a period of 5 days following their shortened isolation period. Can they still participate in activities and dine in a shared dining space?

- There are no exceptions permitted for the mask use in the period following their shortened isolation period. This means that residents cannot participate in any activities where they remove their mask including shared dining, restaurants, personal services (e.g. facials), etc. Residents will require continued tray service to their rooms for this period of time.
- Residents can participate in other activities where masks remain on, including recreation activities.

How should operators of mixed campuses of care manage varying isolation periods between residents in their site?

- We recognize that this can be challenging to manage where there are different requirements for residents in one site.
- Residents in long-term care, designated supportive living and hospices generally have a higher prevalence of complex medical conditions than residents in licensed supportive living settings.
- Sites have the ability to set local policies for consistency within a site, should they wish to do so.
- Transparent communication with residents regarding these changes is important in operationalizing these updated public health directions.

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If licensed supportive living residents meet the criteria for shortened isolation, can they leave their room and move to masking when outside their room?

- Yes, if residents are asymptomatic and fully vaccinated, their isolation period is complete after 5 days have passed from the start of their symptoms.
- They can complete the rest of their 10 day period with masking when outside of their rooms.
- Residents are still unable to participate in any activities where their mask will be removed (e.g. shared dining).

When staff return to work, and are required to mask with no exceptions for the period up to day 10, how can they eat and drink when they working?

- Operators should provide support to allow staff to comfortably return to work.
- Workers should be provided with a private space to eat in where they are not in the company of others.
- If it is not possible to give each COVID-19 positive staff on day 6-10 isolation a private space to eat in, they can cohort together for meals and breaks in the same well-ventilated room. Distancing is recommended and individuals should remain masked at all times when not actively consuming food and drink.

If licensed supportive living residents complete their isolation period on day 6 or later because of longer lasting symptoms, how long do they need to wear a mask outside their room?

- Masks need to be worn until the end of the 10th day from either their symptom start date or their confirmed test date. For example, if a resident has symptoms until day 8, they are only required to mask for 2 additional days until day 10.

Can rapid antigen tests be used in place of a molecular test in these settings?

- Rapid antigen testing continues to play an important role in pandemic management; however, PCR testing typically remains the preferred testing approach for residents and staff. Molecular testing continues to be available through AHS for those living and working in these settings.
- Rapid antigen tests can be used on residents when clinically appropriate (e.g. screening purposes, etc.)
- Persons who tested positive for COVID-19 in the past 21 days are not required to be rapid antigen tested to prevent false positives.

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 antigen testing or other measures in

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- these settings as an additional site-based policy and process. Where onsite capacity allows, rapid antigen 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.
 - Persons who tested positive for COVID-19 in the past 21 days are not required to be rapid antigen tested to prevent false positives. No additional testing is required.
- 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 molecular 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.

How do operators manage test results?

- Appendix 1: Management of **Symptomatic** LTC/DSL/Hospice Resident COVID-19 Test Results
- Appendix 2: Management of **Asymptomatic** LTC/DSL/Hospice Resident COVID-19 Test Results
- Appendix 3: Management of **Licensed Supportive Living** 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](#).

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.

When are staff permitted to work across multiple congregate care settings?

Setting	No outbreak	Confirmed Outbreak
LTC/DSL	<u>Fully immunized</u> staff can work across multiple sites <u>Not fully immunized</u> staff are limited to only work within one single LTC/DSL	No additional restrictions
LSL/Hospice	No restrictions based on immunization status of staff	No additional restrictions

Note: operators/employers may have their own policies further to what is noted above - that limits their staff to only those who are fully immunized

For more information, please visit alberta.ca/protecting-residents-at-congregate-care-facilities or contact asal@gov.ab.ca