

QUESTIONS & ANSWERS:

Variant of Concern (VOC) Outbreak Protocol for Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 03-2021)

General

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, CMOH Order 03-2021 does 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](#).
 - Where an accommodation has both licensed and unlicensed spaces, it is the operator's responsibility to mitigate risk through consultation with residents, families and staff. Communication with Alberta Health and/or Alberta Health Services, where appropriate, is expected.

When did the order take effect?

- The order became effective on February 24, 2021 and is only applicable to facilities who are experiencing a Variant of Concern (VOC) Outbreak.

Management of Residents who have a COVID-19 VOC

What should we do if we have no extra rooms to create private rooms with bathrooms?

- We recognize that facilities are supporting residents who live in a variety of circumstances.
- A Medical Officer of Health (or designate) leading the outbreak response will be available to discuss any specific requirements within a facility based on any unique circumstances, configuration considerations, specialized populations, etc.
- Contact AHS Senior's Health/Continuing Care zone leads if additional accommodations are needed (e.g. additional space, etc.).

We provide care based on a cottage model where there is are limited bathroom spaces and we would be unable to give all residents a private bathroom. Would we have to move residents out to other facilities?

- We recognize that facilities are supporting residents who live in a variety of circumstances.
- A Medical Officer of Health (or designate) leading the outbreak response will be available to discuss any specific requirements within a facility based on any unique circumstances, configuration considerations, specialized populations, etc.
- Household contacts (e.g. other residents in a cottage setting) of individuals with variants of concern have additional quarantine requirements if they either choose not to or are unable to quarantine in a separate location:

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- Each day the resident with a VOC is isolating (14 days from symptom onset or positive test if asymptomatic) is considered a new day of exposure to household contacts.
- Household contacts must quarantine for 14 days from the last day of exposure (e.g., another 14 days after the last day of the VOC resident's isolation ends).
- If any additional residents become infected, quarantine requirements will continue to be extended and could result in prolonged quarantine requirements.
- Contact AHS Senior's Health/Continuing Care zone leads if additional accommodations are needed (e.g. additional space, etc.).

What about residents who are live together (e.g. married couples) who do not want to be separated for a quarantine period?

- We recognize that facilities are supporting residents who live in a variety of circumstances including cottage settings, etc.
- A Medical Officer of Health (or designate) leading the outbreak response will be available to discuss any specific requirements within a facility based on any unique circumstances, configuration considerations, specialized populations, etc.
- Household contacts (e.g. spouses) of individuals with variants of concern have additional quarantine requirements if they either choose not to or are unable to quarantine in a separate location:
 - Each day the resident with a VOC is isolating (14 days from symptom onset or positive test if asymptomatic) is considered a new day of exposure to household contacts.
 - Household contacts must quarantine for 14 days from the last day of exposure (e.g., another 14 days after the last day of the VOC resident's isolation ends).
- Contact AHS Senior's Health/Continuing Care zone leads if additional accommodations are needed (e.g. additional space, etc.).

How available will an MOH be during a VOC outbreak to ask questions and seek clarification of expected measures to be taken?

- Each zone has an MOH assigned to each outbreak. The outbreak management team will have contact information for the MOH assigned. The MOH and/or their designate may also attend the site outbreak management meetings.

Will the MOH be the primary point of contact for a VOC outbreak site?

- The primary point of contact will be established by the site outbreak management team.
- There is always an AHS Public Health/CDC contact provided for each outbreak investigation.

Can residents who have the same VOC be cohorted in the same room?

- Ideally, each resident who is confirmed to have a VOC should be isolated in a private room that has a private bathroom.
 - If this is not possible, the Medical Officer of Health (or designate) leading the outbreak response can provide direction about the appropriateness of cohorting residents.

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Laboratory Testing & Rapid Antigen Screening

Where can operators access a supply of Rapid Antigen Screening kits so they are onsite in the case of a VOC outbreak?

- Access to the kits required to enable serial rapid antigen screening in the event of a VOC outbreak, for residents who are not quarantined but live within the affected unit, may vary depending upon the type of unit experiencing the VOC outbreak.
- **Designated supportive living, long-term care and hospices**
 - These sites are providing rapid antigen screening for asymptomatic staff, a program coordinated through AHS.
 - In the event of a VOC outbreak, these sites may use available kits and appropriately trained (for rapid antigen screening) staff, for the required non-quarantined resident screening.
 - All access to kits is through AHS, as per program direction.
 - The MOH (or their designate), assigned to the outbreak, may provide additional direction as the outbreak proceeds.
- **Other licensed supportive living (LSL)**
 - These sites have the opportunity to set up a voluntary rapid antigen screening program for asymptomatic staff, if they so choose.
 - If the VOC outbreak is in an LSL unit that **has set up** this voluntary staff program:
 - They will need to consult with the MOH (or their designate) assigned to the outbreak who will provide direction regarding the required resident screening (for those not quarantined).
 - Under that direction, they may use already available kits and appropriately trained (for rapid antigen screening) staff, for this purpose.
 - If the VOC outbreak is in an LSL unit that **has not set up** the voluntary staff program:
 - They will need to consult with the MOH (or their designate) assigned to the outbreak who will provide direction regarding the required resident screening (for those not quarantined).
 - Any testing kits required will be made available under the direction of the MOH (or their designate) assigned to the VOC outbreak.
 - Any LSL site that wishes to set up a voluntary rapid antigen screening program for asymptomatic staff can contact rapidtesting@gov.ab.ca for more information about requirements.

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Safety Precautions

Are face shields and masks considered enough protection for staff who are caring for residents in their pre-infectious period to prevent possible staff exclusions?

- 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](#).
- The use of a mask and eye protection, together with diligent hand hygiene, are most critical for preventing respiratory infections. Thus, HCWs who wore a mask and eye protection but were not wearing gloves or a gown at the time of their patient interaction, will no longer be excluded from work and may not be considered a close contact (something that continues to be assessed on a case-by-case basis). This would also apply in assessing potential exposures between HCWs, though no symptomatic HCW should be at work.

With a VOC outbreak, is it still permissible for staff to clean eye protection (e.g. when eye protection is removed and cleaned when staff go on break)?

- Cleaning of eye protection can occur in accordance with current IPC practice recommendations on [Use and Reuse of Eye Protection during the COVID-19 Pandemic](#).

What evidence do we need to provide to any auditors regarding weekly PPE and hand hygiene education to all staff?

- 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.).
- Monitoring will include reviewing available evidence (e.g., the education or “just in time” plan for the week, training records, etc.) that weekly education has occurred, as well as looking at PPE and hand hygiene practices during a site visit to ensure that staff are adhering to guidelines.
- Based on that review both of practice and records, the audit may recommend that more education be provided, if needed.

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Admissions & Transfers

In an emergency situation, how do we communicate the resident's COVID-19 VOC status with the receiving facility?

- It is imperative that the relevant information to keep the resident and staff safe is communicated.
- The communication should happen to the telephone operator (e.g. 911), the transporting team (e.g. EMS or other, etc.) and should be included on any documentation that would be sent with the resident (e.g. resident information sheet, etc.).

Designated Family Support Persons (DFSP) & Visitors

What does “imminent” mean in regards to DSFP visits at end of life?

- Please see ‘End of Life’ in [CMOH Order 29-2020](#).

How will DFSP be notified that they are a close contact?

- Contact tracing occurs jointly by the site and AHS Public Health/CDC. All members of the public, including the DFSP, will be notified by CDC if they are deemed a close contact. CDC relies on the site to tell them about anyone who was visiting at the site who could be a close contact of a case, and then CDC will follow-up with those public close contacts.

What are the expectations in regards to mask usage for residents in a VOC outbreak site wherein the Order states “where possible”?

- Residents must be supported when feasible and appropriate. 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.
- Ultimately it is the residents’ choice, but staff/operators should be supporting (e.g. providing supply, education on appropriate use, etc.)
- The [AHS Guidelines for Continuous Mask and Eye Protection Use in Home Care and Congregate Living](#) additional resources for sites to use to support conversations with residents regarding mask wearing.

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Staff Work

Does “immunization status” have any impact on staff exclusions?

- As per the COVID-19 VOC Outbreak Protocol, “Vaccinated individuals are still required to follow all public health measures including physical distancing, masking, isolation and quarantine requirements, etc. at this time.”
- For additional information, please see ‘Management of Individuals Immunized Against COVID-19’ and ‘Testing and Management of Resolved Cases’ in [Alberta Public Health Disease Management Guidelines](#).

Staff who are working on the VOC outbreak unit cannot work at any other workplace. How long is that restriction in place?

- The intent of the staffing restriction in the case of a VOC outbreak is ‘strong containment’ and is only required for staff who work on the affected VOC outbreak unit (i.e. not necessarily the entire building).
 - Units are defined by the facility, usually by geographical area.
- The restriction remains in place for the duration of the outbreak. Depending on the circumstances of the outbreak, this can be up to 28 days from the onset of symptoms in the last confirmed case.