

Policy, Practice, Access and Case Management
Seniors Health, CSAMH

Addendum to Outbreak Management and Pandemic Planning Resources for COVID-19

May 29, 2020

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Original Version - March 20, 2020
Revised April 2, 2020
Revised April 6, 2020
Revised May 29, 2020

This resource has been prepared by Seniors Health, CSAMH in partnership with Infection Prevention Control, Public Health and Capacity Management.

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Introduction

The purpose of this document is to provide concise reference to current best-practice/evidence-based guidelines for outbreak control and management of COVID-19 respiratory illness in non-designated living (e.g. lodge, retirement residences), designated living (designated supportive living, long term care and auxiliary hospitals), and acute care sites. This addendum will also provide information related to exceptions and provide direction on activation of emergency management plans.

The notification of communicable disease or another illness or health condition that is caused by a nuisance or other threat in Alberta is mandated under Section 26 of the provincial Public Health Act and each Medical Officer of Health (MOH) is accountable for outbreak investigation and management (Section 29).

Early recognition of unusual clusters of illness and swift actions in response to these episodes are essential for effective management of outbreaks.

One confirmed case of COVID-19 in a staff or client will be declared an outbreak in a non-designated or designated living option. Public health care workers (inclusive of environmental public health), infection control professionals/infection control designates, and health care providers must work collaboratively with facility administrators and Alberta Health Services leadership to facilitate prompt response to help minimize the impact of the outbreak. Contact **1-844-343-0971** immediately if you have a resident with influenza-like or COVID symptoms, you need assistance or guidance in managing symptomatic residents, or if you have any COVID-related questions or concerns.

This addendum will also provide information related to exceptions and provide direction on activation of emergency management plans.

Current Resources and Exceptions

[Accommodation standards](#): applies to buildings or units in buildings where accommodation related services (cleaning, maintenance, food services, etc.) are offered or provided to the clients. Examples of accommodations may include, but are not limited to: supportive living accommodations, long-term care accommodations and auxiliary hospitals. The Accommodation Standards provide additional detail for operators on the requirements for continuation of services.

[Continuing Care Health Service Standards](#): encompasses the Co-ordinated Home Care Program, Publicly Funded Supportive Living Facilities and Long-Term Care Facilities. The CCHSS provide minimum requirements for care provision to clients within the publicly funded system.

[Public Health Act](#): The Act addresses the duties of the Chief Medical Officer of Health, deputy and medical officers of health; outlines the responsibilities of regional health authorities; deals with the treatment of communicable diseases; addresses epidemics; and deals with public health emergencies. The Act provides provision for the Medical Officer of Health to take whatever steps considered necessary to suppress, protect and break the chain of transmission.

[Continuing Care Communicable Disease Emergency Response Plan \(CDERP\)](#): Provides guidelines for [AHS and AHS wholly owned subsidiaries](#) to ensure an appropriate level of care is being provided to all clients during the event of a Communicable Disease (CD) response, of how to manage bed capacity and surge capacity expectations (additional bed capacity) if additional spaces are required and provides role clarification to seniors health zone operations and continuing care service providers, funded by AHS. The CDERP was created based on the operational fundamentals of the Continuing Care Pandemic Operational Guide below. It provides guidance on when to initiate the protocols contained within the Pandemic Plan.

[Continuing Care Pandemic Operational Guide \(CCPOG\)](#): Provides guidance and direction to all publicly funded operators of continuing care for issues such as:

- Controlling the spread of disease and reducing illness (morbidity) and death (mortality) by providing access to appropriate prevention measures, care, and treatment
- Mitigating societal disruption in Alberta through ensuring the continuity and recovery of critical services
- Minimizing adverse economic impact
- Supporting an efficient and effective use of resources during response and recovery

Business and continuity plans, inclusive of pandemic plans, should include at minimum the following elements:

- Planning documents (checklists, forms, procedures, processes, guidelines, protocols, algorithms, flowcharts, lists) i.e. Surge Capacity guidelines, Care and Treat in Place, etc.
- Human resource strategies (staff recruitment/deployment; volunteers – recruitment/roles, if applicable; competencies/skills inventory; training / orientation plans, tools and delivery)
- Contact lists (staff fan-outs, non-contract/contracted partners, agencies, suppliers);
- Equipment and supplies
- Care of the deceased
- Policies (reference only)
- Legislation / Acts (reference only) (CCHSS, Accommodation Standards, etc.)

[Outbreak Management Guidelines](#): There are three publicly available outbreak management guidelines that can be utilized to apply to all respiratory illnesses, including COVID-19, for

clients in care. Each guideline is applicable to different care streams. Select the guideline that is applicable to your care stream.

Acute Care and Facility Living: [Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites](#)

Emergency Shelters and Transitional Housing: [Guidelines for Outbreak Prevention, Management and Control in Emergency Shelters and Transitional Housing](#)

Lodge, Retirement Residences, Designated Supportive Living and Home Living: [Guidelines for Outbreak Prevention, Control and Management in Supportive Living and Home Living Sites](#)

Exceptions in COVID-19 Outbreaks

This section of the outbreak management guidelines **do not apply**:

- Section III - Antiviral Chemoprophylaxis guidelines during influenza outbreaks

These sections of the outbreak management guidelines **are modified** to relate to COVID-19:

- Section 1.1 - Surveillance
 - COVID-19 [testing criteria](#) to identify staff or clients at high risk (person under investigation).
 - Adjustment of section 1.1 – Attempt to [cohort](#) clients to prevent outbreak spread. Review transfers with MOH or outbreak lead. See additional information below related to transfer of clients.

- Section 1.3 – Case and Outbreak Definitions

A COVID-19 outbreak is defined as any of the following:

1. A site in **outbreak prevention** is defined as:

- No residents or staff showing any symptoms of COVID-19.

2. A site **under investigation** is defined as:

- At least one resident or staff member who exhibit any of the symptoms of COVID-19.

3. A **confirmed** COVID-19 outbreak is defined as:

- Any one individual (resident or staff) laboratory confirmed to have COVID-19
*Note that sites with two or more individuals with confirmed COVID-19 will be included in public reporting

**Note – a staff member under investigation for or with confirmed COVID-19 MUST inform their employer immediately and not attend to work.

An additional resource to support COVID-19 outbreak management has also been developed. This guideline provides information pertaining to outbreak prevention and management with specific details related to COVID-19. This document is applicable to all licensed supportive living (SL), long-term care (LTC) facilities and service providers licensed under the Mental Health Services Protection Act (MHSPA) in Alberta:

[Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites](#)

*Duration of additional precautions and additional measures for a COVID-19 outbreak is directed by an MOH.

*Staff can access the [online self-assessment](#) tool for healthcare workers as well as the [Fit for Work](#) screening.

Transfer of Clients

The continuing care *Communicable Disease Emergency Response Plan (CDERP)* Appendix H and Appendix O within CCPOG states: **During a communicable disease response, clients will be decanted from acute care. Waitlist management procedures will be suspended and facilities with available beds will be used to decant ALC clients.** Each Zone Emergency Operations Center will be responsible to establish a process to activate the CDERP upon the authority of the zone medical officer of health. A [Directive](#) has been developed to support this process.

This decision, while in effect, will suspend the AHS [Access to a Designated Living Option Policy](#). Once a decision is made in your zone to activate Appendix H in the continuing care CDERP, clients that are waiting to be assessed/ waiting to be approved/approved and waiting for a designated living option (DLO) or alternate level of care (ALC) can be notified of the need to be transferred to the alternate temporary living accommodations. Coordination with the zone continuing care transition services team will occur and allocation of accommodation spaces based on the clinical health needs of the clients will occur. Notification must be provided to all impacted clients and caregivers.

Factors to consider prior to suspending the ADLO policy:

1. Acute care capacity - is current capacity/overcapacity routine operations or are additional admissions for COVID-19 resulting in capacity strain?
2. Acute care outbreak status - are ALC clients at risk of contracting COVID-19 while in acute care?
3. Surge capacity - is utilization of surge capacity in acute care due to admissions of COVID-19 positive clients maximized?
4. Home care capacity - is home care capacity strained due to the additional need for home care services related to treatment of community COVID-19 positive clients? It is routine practice to assess ALC clients for the ability to be transferred home with

additional home care services prior to deciding to stay in acute care to be assessed and wait for DLO.

5. DLO capacity - Is utilization of surge capacity spaces in facility living at maximum? Are staffing resources available to provide safe care to clients?

**Note - the waitlist and capacity management process for DLO is provincial and access to available capacity in other zones should be considered.

Placement & transition of clients within/ between designated living option sites

Clients may remain in their semi-private space while under investigation for COVID-19, with contact and droplet precautions in use by all individuals entering that space (otherwise known as “isolation without walls”). Once a client is deemed to be positive for COVID-19, all efforts shall be made to move the client to a private room. Cohorting will be coordinated through IPC and/or the MOH/designate.

The [Recommendations for Cohorting Clients](#) in continuing care has additional principles and guidance as well as recommendations on PPE use and conservation.

The [MOH Guidelines for Transfers, Discharges and Admissions](#) should also be utilized to inform decisions related to transition of clients.

Additional Resources for specific information on COVID-19

AHS Website - Information for Health Care Providers and Public:

<https://www.albertahealthservices.ca/topics/Page16944.aspx>

Insite website for AHS staff: <https://insite.albertahealthservices.ca/tools/Page24291.aspx>

IPC Emerging Issues: <https://www.albertahealthservices.ca/info/Page10531.aspx>

Government of Alberta: <https://www.alberta.ca/coronavirus-info-for-albertans.aspx>

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