

Continuing Care and COVID-19 Resources and Frequently Asked Questions

May 11, 2020

Disclaimer: As information related to COVID-19 is evolving the information in this document can only be confirmed as of the date created. Links to resources are included throughout and those should be utilized to verify current practice information.

Version History

Date	Action Taken	Revised by
March 20, 2020	Inclusion of all questions from Town hall	Kimberly Nickoriuk
March 27, 2020	Update links based on recent CMOH Orders.	Kimberly Nickoriuk
April 2, 2020	Edited to incorporate additional questions related to visitors, screening, isolation, testing, PPE provision, staff health and symptom management and education for untrained workers. Updated case definition and essential visitor.	Kimberly Nickoriuk
April 6, 2020	Updated based on CMOH Order	Kimberly Nickoriuk
April 13, 2020	Updated based on CMOH Order	Kimberly Nickoriuk
May 11, 2020	Modified content to streamline resources and based on CMOH May 8 requirements	Kimberly Nickoriuk

Contact

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Introduction

Information related to the global coronavirus (COVID-19) pandemic is evolving moment to moment. It is essential that leaders, educators, staff, clients and the public are keeping up to date by accessing the most recent information. For quick access, bookmark relevant resources from [AHS](#) and [Government of Alberta \(GOA\) website](#) as well as the [Continuing Care Connection](#) site. This resource and FAQ is applicable to home care, lodge, retirement residences and designated living options. It was compiled in response to questions from continuing care operators from multiple sources.

AHS has a toll-free line for Congregate Living Setting Operators. Use this line to reach AHS directly if you do not already have an outbreak identified at your site and:

- You have a client with influenza-like or COVID symptoms and/or
- You need assistance or guidance in managing symptomatic clients.

COVID-19 Coordinated Response Line for Congregate Living Setting Operators 1-844-343-0971.

Zone Contact

Coordination and collaboration with AHS Zone leadership and Zone Emergency Operation Centres (ZEOC) is an essential and integral component of successful outbreak management response. Please use existing methods of communication to contact designated zone leaders. If you are not aware of who to contact or have questions please reach out to the below emails for your zone/area to receive additional information.

North Zone: NZ.CCA@albertahealthservices.ca

Edmonton Zone: Carol.Anderson@ahs.ca

Central Zone: CC.AC@albertahealthservices.ca

Calgary Zone: SCP.Calgary.SPCC@albertahealthservices.ca

South Zone: Coordinated Access South West 403-388-6380

Coordinated Access South East 403-529-8084

Visitation - Screening and Restrictions

Topic	Resources
Visitor Restrictions	CMOH Order Information for People Visiting Clients Tip Sheet for Family and Visitors COVID-19 Visitor Guidance
Notification	Signage
Screening	Self-assessments

	Visitor Screening Questionnaire Resident Daily Screening Questionnaire Client Admission/Transfer/Discharge Screening Resident Leave of Absence for Congregate Living Sites
Precautions	Physical distancing with Video Point of care risk assessment Personal Protective Equipment (PPE) and Additional precautions Contact and droplet precautions Guidelines for Continuous Masking

Clients living in congregate settings are at high risk if exposed to COVID-19. Physical distancing shall be maintained as individuals may have been in contact with the virus without experiencing symptoms or have mild symptoms. Signage to support notification of restrictions to visitors has been developed for use in multiple languages. Facilities are also required to have visitors greeted at designated entrances to ensure applicable screening and information can be shared.

Should a visitor be permitted, they must wear a mask continuously throughout their time in the facility.

Additional questions:

Is it absolutely necessary to have a log book for visitors to sign in and out?

Yes, this is required for tracking purposes in the case that public health needs to follow up. Tracking must include everyone who enters the setting including physicians, AHS case managers, contractors, movers etc.

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Testing

<u>Topic</u>	<u>Resource</u>
Testing	What should I do if I think I have symptoms Testing and self-isolation criteria Lab bulletins Novel Coronavirus Nasopharyngeal and Throat Swab Collection Testing in Alberta
Self-Assessment	Online self-assessment process Client Health Care Worker

Information for Health care professionals	Health care professional FAQ Fitness for Work Returning to Work
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Local testing centres are set up throughout the province. In addition, public health and home care are coordinating efforts to provide additional assessment and testing to reduce risk to the public and reduce spread. Members of the public are encouraged to complete the self-assessment tools and contact Health Link for additional information on testing.

Congregate settings must call the AHS Coordinated COVID Response Line at **1-844-343-0971** immediately if there is a client or staff member with suspected symptoms and there is not already an outbreak identified at the site. Guidance will be provided on immediate outbreak control measures and decision-making support, including access to testing and PPE as needed. The site will be contacted by the public health outbreak management team if testing confirms a positive result for COVID-19 for additional outbreak management measures. Contact and droplet precautions shall be put in place immediately for any client with suspected symptoms.

Additional questions:

How will senior’s apartments and/or private lodges be notified or provided information on testing that is going on for clients in their sites?

All positive results are immediately reported to the zone MOH who follows established protocols to notify public health and the setting. Resources will be mobilized to establish an outbreak team and ensure appropriate precautions are in place. All staff at congregate settings must be aware to report any symptoms, in staff or clients, to their site designate. If the site is aware of staff or clients with COVID-19 symptoms, they must contact the AHS Coordinated COVID-19 Response team at **1-844-343-0971** to report and receive guidance on initial outbreak control measures to prevent potential spread. The public health outbreak management team will then contact the site with additional measures if a COVID-19 outbreak is confirmed.

What are the guidelines for asymptomatic clients who may have had contact with family/visitors with ILI symptoms? Is there any work being done on a decision-making tool for discontinuing isolation for clients who, after consideration, may not meet criteria? Current suggestion is for us to continue 14 days once started.

This situation should not be occurring, as individuals with symptoms of COVID-19 are required to self-isolate and any visitors who are not well are not permitted to visit in facilities. Under public health order, individuals are legally required to quarantine (and monitor for symptoms) or self-isolate (if symptomatic) as follows:

- Quarantine (stay at home) for 14 days after returning from international travel or are a close contact of a person with COVID-19 and monitor for symptoms.
- For symptomatic persons who are returning international travelers, or close contacts of confirmed or probable cases, isolate for an additional 10 days from the onset of symptoms or until symptoms have resolved, whichever is longer.
- Isolate for 10 days from symptom onset if you have a cough, fever, shortness of breath, runny nose, or sore throat that is not related to a pre-existing illness or health condition or until symptoms resolve, whichever is longer.
- Clients who have had contact with ill family/visitors whose COVID-19 status is not known must be quarantined for 14 days after that potential exposure as a precaution.

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Client Movement and Isolation

Topic	Resource
Admissions, Transfers and Discharge	CMOH Order Access to a Designated Living Option Directive Addendum to Outbreak Management and Pandemic Planning Resources for COVID-19 Client Admission/Transfer/Discharge Screening for COVID-19 Questions to Consider when moving from a care setting Public Health Recommendations for Handling of Deceased Persons Safe Handling of Personal Property Post Death Safe Handling of Deceased Personal Property FAQ
Treat in Place and Surge Capacity	Continuing Care Pandemic Operational Guide for COVID-19
Cohorting	Addendum to Outbreak Management and Pandemic Planning Resources for COVID-19 Continuing Care – Recommendation for Cohorting Clients
Precautions	Outbreak Management Guidelines Guidelines for COVID-19 Isolation Requirements

Local zone transition services in collaboration with Zone Emergency Operation Centre leaders are collaborating to ensure the care needs of each client are met in the right place by the right providers. All new admissions and/or transfers to the facility should be swabbed for COVID-19 and placed on contact and droplet precautions for 14 days from arrival to facility. If either the

sending or receiving site has a COVID-19 outbreak, the Zone MOH must be consulted before proceeding.

Additional questions:

What would we do for clients that do not adhere with Covid-19 isolation requirements?

Clients must adhere to public health requirements for isolation. Contact [local environmental public health](#) to discuss any concerns. For clients with a diagnosis of dementia additional resources can be located in the [COVID-19 and people living with dementia](#) resource.

Are there recommendations to limit non-essential medical appointments for clients living in facility?

Unless the appointment is deemed "essential", medical appointments will be cancelled. Clinics are to contact clients regarding these appointments to reschedule. Additional options for virtual health are coming out regularly. Please contact the local primary care network or family physician to determine if these services are available in your area.

Are we required to continue to offer respite care to families in the community? Our respite room could be used for isolation if needed but we would need to potentially not accept respite clients.

Respite services will be suspended to ensure surge capacity and private room availability. Once waitlist management processes are suspended in the zone sites will be notified and respite admissions will halt. Clients currently admitted to a respite bed will be assessed to see if it is safe for them to return home.

Is blocking beds an option to prevent the spread of the virus?

The most important strategy to block spread includes good prevention practices such as frequent handwashing, and physical distancing. Acute care capacity and flow will be a very important element of managing a response. Generally, blocking beds will not be an option. Please reach out to zone operations designates if any concerns arise.

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Operations - Maintaining Services

Topic	Resource
Service Level	Continuing Care Pandemic Operational Guide Guidance for Workplaces Essential Services
Minimizing Risk of Exposure	CMOH Guideline for COVID-19 Outbreak Prevention and Control Management Communicable Disease Emergency Response Plan (CDERP) (AHS and wholly owned subsidiaries only) Guidelines for Outbreak Prevention and Control Management
Child Care	Child care centres
Personal Items and Laundry	Tips: Handling Personal Laundry

Operators are encouraged to try and maintain normal routine and structure for individuals in their care. As with all outbreak situations, there is a need to ensure only essential services and personal, including essential visitors, are entering the building. Operators shall endeavor to ensure that clients are receiving the care that they need for their health and wellbeing while recognizing the importance of emotional, intellectual, spiritual and mental health in our day to day lives.

Physical distancing will require that activities to support these areas of health are modified. Clinicians will need to collaborate with clients to determine which aspects of their care are deemed essential to reduce the risk of adverse outcomes and hospitalizations. As each client's needs are different, all steps should be taken at this time to minimize risk of exposure especially to our most vulnerable population, however essential services to maintain or improve health status should continue.

Additional questions:

Are we able to force clients to use a designated pharmacy in supportive living?

Clients are able to choose their own pharmacy provider in designated supportive living as per section 5.3 in the *Medication Management in Continuing Care* policy. If operational needs, including availability of pharmacy services and the safety of clients dictate, then operators should consider utilizing consistent pharmacy services during this pandemic.

Can clients still order take-out?

According to the medical officer of health, food delivery is still permitted. Delivery personnel shall drop food off at the door of the facility. Staff going out for food need to observe routine practices, specifically hand hygiene, and will require health assessment screening when they return.

Can care home owned/based pets remain in the facility?

There are no restrictions on pets that live in a facility. It is recommended that ill individuals avoid contact with pets. Outside visiting pets are restricted.

What is the current recommendation for managing new CPAP or BiPap/BPAP in continuing care sites? How are zones resourcing this?

Supports to establish new [CPAP and BPAP](#) services may be impacted during the pandemic. [Existing clients](#) will continue to access services through their Registered Respiratory Therapist or vendor. CPAP/BPAP and heated high flow oxygen are not clinically indicated treatments for a client in acute respiratory failure.

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Comprehensive Assessments and Care Conferences

<u>Topic</u>	<u>Resource</u>
Gatherings	Restrictions on social gatherings
Assessments	Inter-RAI Assessments Virtual Health Early Symptom Recognition in Seniors

Comprehensive assessments and care conferences are essential steps in the development of accurate care plans that meet client goals and address healthcare needs. AHS zone clinical informatics and RAI leads continue to evaluate the impacts to current required practices as they relate to care planning to determine what steps are crucial to ensuring that client care is accurate, timely and effective. Based on key factors, including staffing demands and client movement through the system, decisions related to comprehensive assessments and care planning should be made in collaboration with clients, families, operational and zone leadership.

Additional questions:

Should we suspend resident and family council meetings?

On-site meetings should be suspended but alternatives for meetings should be considered including virtual meeting rooms and teleconferences.

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Personal Protective Equipment (PPE)

Topic	Resources
PPE Ordering	PPE Taskforce AHS/Contracted Operators: CPSMOperations.EOC@ahs.ca Non-AHS PPE Request Form Non-AHS: pessecc-logistics@gov.ab.ca.
PPE Guidance	CMOH Orders PPE questions - ppe@ahs.ca PPE PPE FAQ Continuing Care PPE FAQ Emerging issues IPC Recommendations – PPE Matrix Additional Precautions in Community Care Use of N95 Single Use Medical Devices Disposal of PPE in Community
Routine Practices and Precautions	Point of care risk assessment Continuous Masking Contact and droplet precautions Donning Doffing Respiratory Illness IPC healthcare attire recommendations Continuing Care – Recommendations for Cohorting Clients Aerosol Generating Medical Procedures CPR
Notification	Signage
PPE Education	FIT testing Contact and Droplet Precautions Module

	Donning and Doffing Video Guide to PPE How to Wear a Mask Prevention and Management of PPE related Skin Damage
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All healthcare workers providing direct client care or working in client care areas must wear a surgical/procedure mask continuously (continuous masking), at all times and in all areas of the workplace if they are either involved in direct client contact or cannot maintain adequate physical distancing (2 meters) from clients and co-workers. Homemade masks are not able to be worn as only surgical/procedural masks can be worn to satisfy the AHS continuous masking use guidelines. Face shields may also be required under some circumstances as per the [Continuous Masking Guidance](#).

Client care area can be defined at a local or site level by a designated leader. Typically, any portion of a healthcare facility where clients are intended to be examined or treated is included as a client care area. These areas within the healthcare facility are where the client will most likely come into contact with staff or others. In addition, client care areas means all areas of the healthcare setting where direct client care is delivered and where client diagnostic or treatment procedures are performed.

Key practice principles, including performing a point of care risk assessment to determine routine practice requirements and PPE, will be important to protect staff and clients. Staff providing care for isolated clients who are symptomatic or known COVID-19 positive must wear the appropriate PPE for contact and droplet precautions.

Access the most current resources and signage related to PPE on the AHS website. AHS IPC has developed COVID-19 specific resources to help inform staff, clients, family members, and the public. These resources are updated on a regular basis and available on the public AHS website on the [emerging issues](#) page under COVID-19. It is essential to connect with designated leadership in the zones to address any questions and to receive additional information related to access to PPE and cleaning supplies to ensure that all operators have access to the supplies that they need.

Additional questions:

How do we have conversations regarding unnecessary interventions when discussing goals of care? Continuing care is also limited in ability to run a full code and doing so exposes staff to body fluids, droplets, etc.

Refer to AHS policy on [goals of care designation orders](#) and [ethical considerations for CPR](#) when having advance care planning discussions. Healthcare providers should don appropriate PPE during resuscitation, following the recommendations for AGMP in the [respiratory ILI algorithm](#).

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Staffing

Topic	Resource
Staffing	CMOH Order Restrictions for Staff that Work at Multiple Sites Single Site, Confirmed Outbreak and Exclusion Order FAQ Continuing Care – Recommendations for Staff Cohorting Pandemic Direct Patient Care *also available on CCC Security Screening – Statutory Declaration

It is mandatory for staff working in multiple sites to inform their employer. To protect the most vulnerable Albertans, designated supportive living and long term care staff are limited to working within one single healthcare facility. This will help to prevent the spread of illness between facilities. Other congregate facilities are being encouraged to adhere to this single site staffing model.

Efforts are being taken by all healthcare operators in the province to build capacity for staffing needs in the system. Regulatory bodies, including CARNA, CLPNA and CPSA, are reaching out to recently retired healthcare professionals to assess competency and provide licensure. Contract staffing agencies are providing capacity support. Health professionals in leadership and other roles are being asked to submit skills inventories so that they can be deployed to areas in need. At this time it is important to review fan out lists and ensure that pandemic plans and emergency preparedness plans have up to date staff lists with contact information. Zone transition services staff are prepared to discuss staffing needs when considering admissions, transfers, discharges and cohorting of clients. Provincial and Zone Emergency Operations Centres are prepared to address the need to establish alternative care centres (ACC) to provide additional capacity as required within Zone(s).

Additional questions:

What are the guidelines for staff travelling between communities to provide care?

Home care staff should only travel between communities/zones to provide care if absolutely necessary and if approved by their manager to do so.

Do we use COVID coding for payroll?

Contact your HR advisor or payroll/timekeeper for the latest information related to coding staff leaves appropriately.

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Staff Health

<u>Topic</u>	<u>Resources</u>
Screening	PPE for Facility Screening Tasks Healthcare Worker Self-Assessment COVID-19 Testing and Self-Isolation Criteria Thermometer Selection
Fitness for Work	Fitness to work Return to Work Guide
Resources	Healthcare Worker Staff Q&A Prevention and Management of PPE related Skin Damage Healthcare Attire Personal Clothing and Cleaning Asymptomatic Transmission Pregnant Healthcare Workers and COVID

Healthcare workers are required to self-screen twice daily. Staff that have symptoms shall not attend to work. Staff that become ill at work must report symptoms to their supervisor/leader and leave work immediately. Additional resources, as above, for determining fitness to return to work and guidance on when it is appropriate to return to work are available. Continuing care operators can access the resources on the AHS website and align or adopt these resources if deemed appropriate.

Additional questions:

How do we differentiate between symptoms of COVID-19 and seasonal allergies when screening staff?

We understand that people may have seasonal or environmental allergies. The screening process for COVID-19 is meant to keep people out of the workplace if they are ill with influenza like illness (ILI). Chronic conditions such as allergies etc. are not intended to “qualify” as exclusion criteria.

COVID-19 and seasonal allergies typically have different symptoms. Where there is overlap are the symptoms of sore throat and coughing.

Symptoms of [seasonal allergies](#):

- Itchy, watery eyes
- Sneezing
- Runny, stuffy, or itchy nose

- Temporary loss of smell
- Headache and fatigue
- Dark circles under the eyes ("allergic shiners")
- Drainage from the nose down the back of the throat (post-nasal drip)
- Sore throat or coughing
- Snoring

Until further clarification comes, please use clinical judgement based on the above approved symptom criteria to guide decision making.

Does a manager need to be present for staff screening?

A manager or leader needs to be available.

Does the staff member need to sign the screening form?

Yes, to ensure that contact tracing can occur accurately by public health.

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Education

Topic	Resources
Staff Education	Information for Home Care Staff Pandemic Direct Patient Care Education – Insite Pandemic Direct Patient Care Education - CCC Reuse of N95 Education CPR Position Statement Allied Health Skills Allied Health Dysphagia Interventions Stethoscope Use
Client Education	Home Care Client FAQ

Pandemic direct patient care education materials, to support rapid training of individuals without a health background or to refresh those who have been away from clinical practice for some time, are available in the case of staffing shortages or to refresh education.

Additional questions:

Can sites train non HCA staff to provide medication assistance if they are having problems with staffing?

Yes, medication assistance is not a restricted activity, unless the delivery route of that medication is considered a restricted activity (e.g., injection). The employee or volunteer will have a job description which includes this task (likely classifying them as an unregulated health care provider). A regulated healthcare provider must assign the task and provide the required supervision. Supportive Living Accommodation Standards and the CCHSS require unregulated healthcare providers to be trained in medication assistance.

Medication Assistance Program materials accessible here:

- Insite: <https://insite.albertahealthservices.ca/sh/Page12068.aspx>
- [Continuing Care Connection](#): Resources>Practice Resources>Medication Management

Is there a contingency plan for updating CPR certification in lieu of suspension of in-person education? Will nurses have flexibility in renewing annual CPR certification if it is soon to be expired? Has CARNA provided recommendation or guidelines to AHS in this regard?

CARNA and CLPNA have agreed to the AHS recommendation to extend BLS certification past the expiry date. Full courses and other opportunities for re-certification will be considered in the coming months.

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Funding

Can we collectively request a suspension of the proposed AHS funding changes in light of the additional financial and operational changes facing continuing care operators due to COVID-19?

All changes to funding models have been put on hold for the interim and will be reconsidered in 3 months.

What additional funding can we receive to assist with extraordinary costs such as equipment, supplies, and security?

AHS is working with AH to assess availability of funding for extraordinary costs related to the continuing care sector and will provide information when available.

If we experience workforce shortage issues (e.g. staff illness/quarantine, childcare issues), will operators be at-risk for funding recoveries during this time period?

The matter is being examined on a case by case basis. AHS assures fairness in the consideration of this difficult situation.

Will there be recovery funding for staff that are off for either self-isolation, mandatory isolation or because of daycare coverage?

This is an unprecedented situation that is evolving quickly. There is a role for both federal and provincial governments to support this. Further information will come as available.

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This resource has been prepared by AHS Seniors Health, CSAMH in collaboration with Infection Prevention Control, Public Health, Workplace Health and Safety and Capacity Planning.

Contact

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