



March 11, 2020

To: Long-term care, licensed supportive living, and home-care providers

Subject: Updates for novel coronavirus (COVID-19)

The following is an update to the previous information provided on February 24, 2020. With cases of COVID-19 now reported in the province, Alberta Health and Alberta Health Services (AHS) want to ensure health-care workers have up-to-date information and feel well informed and equipped to navigate through the changing COVID-19 situation. Attached you will find important information to assist in prevention and planning activities.

Cases

As of March 10, there have been 14 cases reported in Alberta. The number of tests performed and the number of confirmed COVID-19 cases are regularly updated on the Alberta Health website: www.alberta.ca/COVID19.

Risk

While the risk level associated with COVID-19 in Alberta is currently low, this may change in the coming weeks. Risk is determined by assessing how likely Albertans are to be exposed to the virus in the province. Currently, Albertans have a low chance of contracting COVID-19 within Alberta. If this changes in the coming weeks, the risk level will be updated. The risk to Albertans who are traveling outside of Canada is considered to be high.

All travelers returning from outside Canada should monitor their health for 14 days after coming home and if they develop symptoms, they should self-isolate and call Health Link 811. AHS COVID-19 screening criteria are available at: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-case-def.pdf>.

Anyone who is feeling ill, even if they have not travelled, should stay home and should not visit long-term care facilities or supportive living accommodations as residents in these locations are at the highest risk of complications from both influenza and COVID-19, as well as other respiratory viruses. Albertans who are not experiencing symptoms can continue to visit loved ones in these settings. Albertans who have travelled from other locations recently and are currently self-monitoring for potential symptoms (see www.alberta.ca/COVID19) should consider the risk (which is high) to those living in long-term care facilities and supportive living accommodations and consider alternative ways to have contact with loved ones, other than visiting, until any monitoring time period has passed.

Health-care Workers¹ Returning from Travel

All health-care workers returning from outside of Canada who may have been exposed to COVID-19 should be assessed by their own Occupational Health Services or AHS Public Health before returning to work (regardless of whether or not they have symptoms). Alberta Health Services and Covenant Health employees should contact their Workplace Health and Safety (WHS)/OHS. All other health-care workers should connect with Public Health by calling Health Link at 811 for an individual exposure risk assessment and to determine when to return to work. Staff should also be in phone contact (i.e., don't visit first) with their own site leaders to assess and plan next steps.

Suspected COVID-19 Case in a Facility

If a resident of one of these sites experiences symptoms of COVID-19 such as fever or cough, have the resident wear a procedure mask immediately. Place the resident in a separate room with contact and droplet precautions and contact the AHS Zone Medical Officer of Health (MOH). You will find MOH contact information here:

<https://www.albertahealthservices.ca/assets/info/hp/phys/if-hp-phys-clin-moh-on-call-contact-information.pdf>. Ensure appropriate and strict hand hygiene is adhered to during this process.

Do not send the resident to another facility prior to contacting the Zone MOH.

If a worker at one of these sites experiences symptoms of COVID-19 while at work, the worker should immediately remove themselves from the work area and contact the Infection Prevention and Control lead (preferably by phone) to notify of symptoms and begin any established response protocols. The process would be the same for any family, friends, volunteers or visitors.

Infection Prevention and Control requirements for COVID-19

Droplet and contact precautions are required for patients presenting with influenza-like illness, as per standard recommendations. This is equally important for patients with history of travel anywhere outside of Canada.

N95 masks are required only when performing aerosol-generating procedures such (e.g. intubation). The strategy to assess fit test needs, and direction on how to access fit test services are found here: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-fit-testing-memo.pdf>.

Please refer to the AHS Infection Prevention and Control guidelines for COVID-19 for more information: <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-emerging-issues-ncov.pdf>.

¹ Health-care workers are individuals who provide health care or health support services. Examples include but are not limited to nurses, physicians, dentists, nurse practitioners, paramedics, emergency first responders, allied health professionals, unregulated health care providers, clinical instructors, students, volunteers and housekeeping staff.

Update on the Health System Response

Alberta Health is working closely with the Public Health Agency of Canada and with provincial and territorial partners to monitor developments, assess public health risks and take recommended public health measures in an aligned, pan-Canadian approach.

Alberta Health and Alberta Health Services (AHS) have activated their respective emergency response structures to support the health system response and AHS Zone Emergency Operations Centres have been established in all zones.

Assessment Centres are now operational in both the Calgary and Edmonton zones to allow symptomatic individuals to receive testing at the direction of Health Link. **These sites are not open to general public drop-in and are being used to help control the needs for testing, while ensuring the safety of the public and health-care workers. Individuals gain access to assessment by calling Health Link in Alberta at 811.** Further assessment centres will be opened in other zones as needs dictate.

Processes are being developed to enable on-site testing in long-term care, supportive living, and in home care settings. All testing will be done outside of acute care hospitals unless absolutely necessary.

Alberta Health and AHS will continue to work together to update existing resources and develop new resources to support the response of continuing care sites to COVID-19.

Next Steps for Operators

Ensure staff are familiar with COVID-19 symptoms.

Communicate information about COVID-19 symptoms, and steps required to self-assess and respond in the event of symptoms, to residents, volunteers, contractors, families, friends, visitors, etc.

Post signs at facility entrances instructing visitors not to visit if they are unwell. AHS has developed a sign which can be found at <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-ipc-continuing-care-poster.pdf>.

All businesses and organizations should continue business continuity planning to prepare critical operations for any potential interruption.

For the latest COVID-19 information, visit www.alberta.ca/COVID19 or www.ahs.ca/covid.

Attachment: Important information for providers regarding COVID-19



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Congregate living settings pose challenges due to their unique shared-living environments and the individuals they serve. Particular challenges include the health status of these populations, residents living in close quarters, group dining and recreation areas. Professional staff for monitoring health conditions may be limited, or not available at all in settings not contracted to provide health care services.

More detailed outbreak planning, prevention, and control is expected shortly. This will be communicated immediately once it is finalized. The following information will support you in prevention, preparation and monitoring activities.

Reducing the Risk

In order to protect Albertans living in congregate care settings, it is extremely important to ensure:

- Health care workers who are feeling unwell do not have any contact with patients or residents (even if it feels like a mild cold). It is important to stress that even mild illness in workers or visitors can pose a significant risk to residents/patients/clients during this event. Not working while ill will be a critical aspect of protecting those most vulnerable.
- Family members who are sick should not visit loved ones in hospitals, long-term care or other supported living accommodations. (Anyone who is feeling well and not showing symptoms can continue to visit their loved ones in these homes).
 - o Signs that can be used at facility entrances instructing visitors not to visit if they have symptoms of acute COVID-19 illness can be found here:
www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-ipc-continuing-care-poster.pdf

Education

Good hygiene practices remain the best defense against respiratory infections such as COVID-19. There should be an increased emphasis on good hygiene practices such as:

- frequent handwashing,
- cover coughs and sneezes,
- avoid touching eyes, nose and mouth with unwashed hands,
- not sharing personal items that may have saliva on them such as drinking glasses,
- staying at home or away from others if you are feeling ill, and
- cleaning high touch surfaces frequently.

Masks are very important in some situations. When a person is sick, wearing a mask helps prevent passing illness to other people. If a sick resident must leave their room, they should minimize travel distance and time, and they should wear a mask and perform hand hygiene.

Reporting Illness

Both staff and residents should be reminded of the importance of reporting illness. All facilities should follow their process of outbreak identification and notification and maintain an increased vigilance for staff and clients with fever and cough.

Business Continuity

Congregate living sites should review their business continuity plans and think about how the possibility of COVID-19 could affect their workplaces, such as due to increased absenteeism. In order to prepare, we recommend planning to protect employees and clients/patients/residents, limit spread in workplaces, and ensure continuity of critical services if staff are ill or self-isolating.