1. Please ensure you have registered for the upcoming event via the link provided in the invitation sent to you.

2. We will call you at the **phone number you provided** when you registered.

3. Please be ready to answer your phone **up to 5 minutes** before the scheduled start time and wait by the phone to pick up call.

4. If for any reason, you missed the call, you can still join by clicking on the link here, [https://video.teleforumonline.com/video/streaming.php?client=15500](https://video.teleforumonline.com/video/streaming.php?client=15500) where you can stream the event via computer or mobile phone and ask a question that can be read out by the moderator.

5. If for any reason, you are still having any issues joining the call, there is a 1-877 number left on your voicemail if you miss joining the call when it starts. You can also get technical support by calling the GOA call centre at 310-0000. The 1-877 should be used **only if necessary** as additional costs are incurred.
ALBERTA’S VISITOR POLICY

TELEPHONE TOWN HALL – BACKGROUNDER

Thank you for taking the time to join us for this important conversation. We know that COVID-19 outbreaks in congregate care facilities can be deadly, and prevention of outbreaks is important. We also know that prevention from infection is only one part of the health of residents of these facilities. It is critical that we hear perspectives of residents of congregate care settings, their loved ones, and the operators of these settings as we seek to balance the needs of residents for human connection with loved ones with the needs of residents for prevention of exposure to COVID-19.

The information below gives a summary of the background and considerations in the visitor policy for congregate care. Please read through this, and think about what solutions you would like to suggest that will best meet both needs.

- The Visitor Policy has been updated three times to reflect the assessed risk of the COVID-19 pandemic on the residents living in congregate care settings, as well as the staff.
  - Order 03-2020
  - Order 09-2020
  - Order 14-2020
- The visitor policy and how operators have applied it has impacted each person differently, some with negative effects where the impact on mental health and wellbeing may be long lasting.
- An updated policy is not expected to fully resolve the impact that all people will feel, as restricted access to family members is deeply personal.
- We continue to hear concerns about the Visitor Policy, from those who have written or called government officials, their MLAs, and through media and other social platforms. Some people want doors to open and restrictions lifted, and others are nervous about what will happen if the sacrifices they have made are compromised.
• People aged 60+ and those with health conditions are the most at risk of severe outcomes if they contract COVID-19. Coupled with the setting (congregate where people live together, serviced by staff), residents in licensed supportive living and long-term care still need protective measures to lessen this risk.

• People can be infected with and spread COVID-19, even if they are feeling well. Because of this, limiting the number of people who can enter facilities is an important measure for preventing resident and staff exposure to COVID-19.

• On the other hand, human connection is critical to both physical and mental health and wellness for both residents and families/friends.

• Currently, designated essential visitors are permitted to enter facilities when there is an unmet care or quality of life related need that staff are unable to address. Also, visitors are permitted for end of life visits.

• In the current policy, all visits must be arranged with the operator and visitors must follow all requirements (for example, be screened at entry, frequent hand washing or use of sanitizer, wear a mask, not visit with other residents and only go to the resident room or care area where providing care (e.g. meal support)). In addition, temporary replacement of designated essential visitors is permitted where the designated essential visitor is unable to provide support for a period of time.

• Restrictions to visitors in these settings will have ongoing impacts that continue to need creative solutions. Operators have been going above and beyond to ensure residents remain connected to family and friends in other ways. This said, it is recognized that nothing can replace in-person support from key people.

• **We want to hear what matters most to you and what solutions you would propose, to inform the visitor policy for the summer months.**

• **Please consider what you would be willing to adjust or do differently to enable your desired type of visit.**
ALBERTA’S VISITOR POLICY

TELEPHONE TOWN HALL – QUESTIONS

To inform the review of the Visitor Policy, the last 15 minutes of the Telephone Town Hall will be reserved to poll all participants on the following questions. These are provided in advance for your consideration.

1. Reducing the number of people coming into each facility is a measure to reduce the risk of asymptomatic COVID-19 transmission to residents and staff. Each resident is currently allowed one designated essential visitor.

To what extent do you support or oppose the number of designated essential visitors per person increasing from one to two, knowing the additional risks this could bring?

- Strongly support
- Somewhat support
- Neutral
- Somewhat oppose
- Strongly oppose
- Don’t know

2. Designated essential visitors are currently permitted when a resident is at the end of their life or if there is an unmet care or quality of life need that staff cannot address.

To what extent do you support or oppose the addition of other types of visits as being permitted, such as for companionship?

- Strongly support
- Somewhat support
- Neutral
- Somewhat oppose
- Strongly oppose
- Don’t know
3. End of Life visits are currently permitted up to two weeks before expected death.

To what extent do you support or oppose the timeframe for end of life visits being expanded to allow visits for a longer period prior to death? (4 weeks, 6 weeks prior to death?)

- Strongly support
- Somewhat support
- Neutral
- Somewhat oppose
- Strongly oppose
- Don’t know

4. Some places have outlined enhanced expectations for visitors, for example requiring a visitor to show a recent negative COVID-19 test or be responsible for bringing their own masks.

To what extent do you support or oppose visitors having enhanced expectations in order to support increasing the number of visitors permitted in facilities?

- Strongly support
- Somewhat support
- Neutral
- Somewhat oppose
- Strongly oppose
- Don’t know

5. Would you as a resident be motivated to stay on the facility property (e.g. not go on unnecessary outings), if more visitors were permitted to enter facilities?

- Yes
- No
- Don’t know
6. Not all sites under this order are the same. Some are small, with under 10 people while others are large, with over 200 people. The needs and abilities of the residents in these settings are varied as well.

**To what extent do you agree or disagree that a visitor policy should consider individual site readiness (including the preferences of residents and families)?**

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree
- Don’t know

7. **To what extent do you agree or disagree** that restrictions to visitors should change depending on the number of COVID-19 cases in the community where the facility is located?

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree
- Don’t know
RECORD OF DECISION – CMOH Order 14-2020 which rescinds CMOH Order 09-2020

Re: 2020 COVID-19 Response

Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

Whereas the investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

Whereas under section 29(2.1) of the Public Health Act (the Act), I have the authority by order to prohibit a person from attending a location for any period and subject to any conditions that I consider appropriate, where I have determined that the person engaging in that activity could transmit an infectious agent. I also have the authority to take whatever other steps that are, in my opinion, necessary in order to lessen the impact of the public health emergency.

Whereas I made Record of Decision - CMOH Order 09-2020 on April 7, 2020.

Whereas having determined that it is necessary to balance the need to restrict the ability of persons to visit residents in health care facilities located in Alberta while ensuring residents’ quality of life can be maintained to the greatest extent possible, I hereby make the following Order which rescinds Record of Decision - CMOH Order 09-2020:

1. Effective immediately, all operators of a health care facility, located in the Province of Alberta must comply with the visitation standards attached as Appendix A to this Order.

2. For the purposes of this order, a “health care facility” is defined as:

   (a) an auxiliary hospital under the Hospitals Act;

   (b) a nursing home under the Nursing Homes Act;

   (c) a designated supportive living accommodation or a licensed supportive living accommodation under the Supportive Living Accommodation Licensing Act; and

   (d) a lodge accommodation under the Alberta Housing Act.

3. Despite section 1 of this Order, an operator of a health care facility may be exempted from the application of this Order, by me, on a case-by-case basis.
4. This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this __28__ day of April, 2020.

Deena Hinshaw, MD
Chief Medical Officer of Health
Appendix A to Record of Decision – CMOH Order 14-2020

Subject: Guideline regarding visitation in licensed supportive living and long-term care.

Date Issued: April 28, 2020

Scope of Application: As per Record of Decision – CMOH Order 14-2020

Distribution: All licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals).

*Amendments to previous orders are noted by highlighting*

Purpose:
This guidance supplements the application of CMOH Order 14-2020 (the Order), outlining the requirements for all operators, staff, residents, as well as the families and friends of those residents who live within the facilities to which the Order applies. The intent of this guidance is to protect the health and safety of residents and staff in these facilities.

Key Messages:

Individuals over 60 years of age and those with pre-existing health conditions are most at risk of severe symptoms from COVID-19. To prevent the spread of respiratory viruses, including COVID-19, among seniors and vulnerable groups:

- Visitors, in the limited instances when they will be allowed to enter any continuing care (licensed supportive living or long-term care), are limited to a single individual designated by the resident or guardian (or other alternate decision-maker).
- Each designated essential visitor must be verified and undergo a health screening prior to entering the facility. This includes a temperature check and a questionnaire.
- Facilities must have security staff or a greeter to conduct this screening and verify the visitor as the designate.
- As of this Order, no visitors, including those designated as essential, are allowed entry into these facilities, except for visits:
  - Where the resident’s quality of life and/or care needs cannot be met without their assistance, or
  - When a resident is dying (see below).
- Outdoor visits with the designated essential visitor and one other person (maximum group of 3, including the resident) should be supported, when desired.
  - As per Order 12, residents who are not required to isolate may spend time outdoors while observing physical/social distancing requirements.

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1 Operator means any operator, service provider, site administration or other staff member responsible for areas impacted by these expectations.
2 Any person employed by or contracted by the site, or an Alberta Health Services employee or other essential worker.
3 A resident is any person who lives within one of these sites (sometimes called clients e.g., by group homes).
4 This order rescinds and updates CMOH Order 09-2020.
It is important for mental health to spend time outdoors. It is encouraged that residents be given an opportunity to spend time outdoors, where feasible and appropriate and have safe outdoor visits when desired.

Designated Essential Visitors

- One essential visitor must be designated by the resident, or their alternate decision-maker.
  - This means only a single individual is designated.
  - The designated essential visitor can be a family member, friend or companion.
  - The designated essential visitor cannot be under 18 years of age (see #2 below for exception).
  - The site contact (e.g. director of care, case manager, facility administrator) will confirm each designated essential visitor and ensure that they meet the criteria in this document.
  - The site contact can make exceptions, and allow the designated essential visitor to approve others to visit, in circumstances where a resident is dying (see #2 below).
  - A resident may identify a temporary replacement designated essential visitor for approval if the designated essential visitor is unable to perform their role for a period of time (e.g. self-isolation, other caregiving duties, or otherwise unable).
    - To clarify, the intent is not for this designate to change regularly or multiple times, but to enable a replacement, when required.

- Visits from the designated essential visitor are permitted in the facility within the following parameters:
  1. Visits where the resident’s quality of life and/or care needs cannot be met without the designated essential visitor’s assistance.
    - Designated essential visitors may carry out quality of life and/or care related activities, as appropriate, where staff are unable to provide those due to emergent pandemic impacts, and where the designated essential visitors have been provided appropriate guidance, if needed.
    - Operators are encouraged to be responsive to resident unmet needs (which may be identified in care plans, where relevant) and utilize this option when it is in the best interest of the resident (e.g., for someone who has a cognitive impairment or dementia who is unable to understand the restrictions currently imposed and where the person’s quality of care and life are directly supported by the involvement of the known and supportive visitor).
  2. Visits in circumstances where a resident is at the end of their life.
    - Residents who are dying should have the opportunity to have their family/visitors at their side, while following the guidelines in place to ensure everyone’s safety.
    - While it is difficult to be precise around when a resident is at the end of their end of life, in the context of COVID-19, visitation at end of life refers to the last two weeks of life.
      - The site contact (e.g. director of care, case manager, facility administrator) is expected to be reasonable and use their best judgement in making determinations about residents who are dying with consideration given to providing a quality end of life for the resident and their visitors.
    - The designated essential visitor may enter and can approve others, including the resident’s family, their religious leader(s), a child (under 18 years of age), and their friends to enter, so long as only one visitor enters the facility at a time.
      - The exceptions to the requirement that “only one visitor enters the facility at a time,” are:
        - if the approved visitor is a child. In those circumstances, the child must be accompanied by either the designated essential visitor or the child’s parent/guardian; and
3. Residents and visitors who meet the above parameters will not be restricted unnecessarily; however, resident and site circumstance may mean that not all desired visits are able to be accommodated.

4. When there is disagreement on permitted visitors, the designated essential visitor should first discuss the situation with the operator. If the situation cannot be resolved, and the visit is allowed as per this document, please contact Alberta Health Services Patient Relations (in the case of designated supportive living and long term care) or Alberta Health’s Accommodation Licensing Inspector (asal@gov.ab.ca, in the case of non-AHS contracted sites) for direction.

- If several designated essential visitors meet this criteria in any one facility, it is acceptable for an operator to create a reasonable approach that responds to requests in a way that ensures both resident care needs and safe visitor presence (including consideration of operational feasibility and the availability of staff to facilitate the visits, as per requirements) to balance the needs of all. Operators must be transparent about their approach with residents and designated essential visitors.
  - This may include staggering visits, phasing visitors in on a unit-by-unit basis, or other creative approaches that ensure residents are receiving the essential quality of life and/or care they require in response to unmet needs.

- Designated essential visitors must:
  1. Pre-arrange visits with the operator (e.g., facility administrator or identified designate) and be expected.
  2. Be escorted by site staff to the resident’s room and remain in the resident’s room for the duration of the visit other than when assisting with required quality of life or care activities (e.g. meal time) or supporting an outdoor visit.
  3. Not visit with any other residents.
  4. Must wear a mask continuously throughout their time in the facility and shall be instructed how to put on and take off that mask and any other personal protective equipment (PPE) that might be required (by staff/operator).
  5. Perform hand hygiene (including hand washing and/or use of hand sanitizer) on entry and exit from rooms, when leaving and returning to the facility and as directed.

- Operators must:
  1. Ensure that only the designated essential visitor is allowed into the site at any time.
  2. Ensure that the Health Assessment Screening (see below) is conducted on every visit.
  3. Instruct any visitors permitted to enter the site to wash their hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer (greater than 60% alcohol content).
  4. Prior to caring for, or entering the room of, a symptomatic resident, ensure that any designated essential visitors or family members are provided with the required PPE, are trained, and have practiced the appropriate use of PPE.
    - This may be done in partnership with Public Health and includes (but may not be limited to) the correct choice of, application (putting on) of and removal of the PPE (e.g., preventing contamination of clothing, skin, and environment).
  5. Provide any other visitor (permitted only in circumstances when the resident is at the end of their life) with the appropriate PPE, including a mask that covers the visitor’s mouth and nose, and instruct the visitor on how to safely put on and take off the mask as well any additional PPE (if it is required).
6. Ensure that all visitors wear the mask continuously while in the facility.

- Any individual who has had direct contact with a person who has a confirmed case of COVID-19, without wearing recommended PPE (i.e., before they are aware that the person has a confirmed case of COVID-19), is required to self-isolate as per direction from Public Health.

Operators who determine that they need to further restrict the above guidelines must consult with AHS Continuing Care Zone Executive Director, or relevant designate (e.g. Alberta Health Accommodation Licensing Inspector, Seniors and Housing, or Community and Social Services).

Outdoor Visitors

- As per Order 12, residents who are not required to isolate may spend time outdoors while observing physical/social distancing requirements.
- It is important for mental health to spend time outdoors. It is encouraged that residents be given an opportunity to spend time outdoors, where feasible and appropriate and have safe outdoor visits when desired.
- Outdoor visits with the designated essential visitor plus one other person (total group size of 3, including the resident) should be supported, when desired. There is no age restriction for the other person (e.g. minors should be permitted) and the visit may include, as appropriate for the resident, going beyond the property (e.g. community walks).
  - Arrangements for the outside visit (including scheduling, frequency, feasibility, etc.) should be made by the designated essential visitor, or the resident, directly with the operator.
  - Operators must not unreasonably deny requests for an outdoor visit, however resident and site circumstance (and the requirements for physical distancing and other protective measures ordered) may mean that not all desired visits are able to be accommodated.
  - All outdoor visitors must continuously mask during the visit and follow appropriate physical distancing requirements, as appropriate (e.g. considerations for pushing wheelchair, being hard of hearing). Any type of mask (e.g. non-medical) should be permitted.
  - Up to three or fewer people (including the resident) may be permitted at an outdoor visit. The maximum number of visitors will be determined by the operator, based on the amount of space, the number of visit groupings happening, and the ability to maintain physical distance.
  - Visitors, other than the designated essential visitor, will be asked to remain outdoors at all times (i.e. entry to the facility will not be permitted).
    - If the only suitable outdoor space is solely accessible through access to the facility, and an outdoor visit is considered essential to quality of life, only a designated essential visitor is permitted and must follow all requirements for entering visitors. Staff must escort the visitor using the most direct path through the facility.
  - All Chief Medical Officer of Health Guidance must be followed.
  - Residents must, with staff assistance where necessary, wash their hands or use hand sanitizer immediately upon re-entry to the building and be screened per Order 12.

Health Assessment Screening for Visitors

Any visitor who intends to enter a facility, and/or who cannot maintain physical distancing during an outdoor visit must be screened. This screening must be completed every time the designated essential visitor enters the site. Visitors who do not enter (i.e. outdoor visits) and follow all physical distancing during the outdoor visit are not required to be screened. Screening shall involve the following:

1. Temperature screening
2. COVID-19 Questionnaire (see below)
3. Confirmation of identity and “designated essential visitor” status (only if entering the building)
4. Documentation of arrival and exit times (only if entering the building)

COVID-19 Visitor Screening

<table>
<thead>
<tr>
<th>1. Do you have any of the below symptoms:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fever (38.0°C or higher)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Any new or worsening symptoms:</td>
<td></td>
<td></td>
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<tr>
<td>o Cough</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>o Shortness of Breath / Difficulty Breathing</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>o Sore throat</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>o Runny Nose</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>o Feeling unwell/Fatigued</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>o Nausea/Vomiting/Diarrhea</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

2. Have you, or anyone in your household travelled outside of Canada in the last 14 days? YES NO

3. Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever in the last 14 days without the use of appropriate PPE? YES NO

4. Have you had close contact (face-to-face contact within 2 meters/6 feet) in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19 without the use of appropriate PPE? YES NO

- If any visitor answers YES to any of the screening questions, they will not be permitted to enter the facility.
- Visitors must be directed to self-isolate and complete the AHS online assessment tool to arrange for testing.

Operators are encouraged to visit Alberta Health’s website to www.alberta.ca/COVID19 for updated information. If there are any questions, please contact asal@gov.ab.ca.

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5 Operators must be aware of, and follow, any applicable privacy legislation (e.g., Freedom of Information and Protection of Privacy Act, Health Information Act, Personal Information Protection Act, etc.), should they document/retain the Health Assessment Screening completed with residents and staff (or others).