



Guidelines for COVID-19

Outbreak Prevention, Control and Management in Congregate Living Sites

For the purposes of this document, “congregate” refers to settings where residents/clients receive care and/or services in a communal environment with other residents/clients.

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Introduction

The purpose of this document is to provide current best-practice/evidence-based guidelines for COVID-19 outbreak prevention, control and management in congregate settings. Please note that this is only a supplemental addition to existing guidelines as noted below; more detailed descriptions of general outbreak control strategies are available in the Alberta Health Services (AHS) outbreak guidelines*.

- [Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites, July 2019](#)
- [Guidelines for Outbreak Prevention, Control and Management in Supportive Living and Home Living Sites, July 2019](#)

In particular, refer to these existing guidelines for the prevention, control and management of influenza and other pathogens.

*If there is conflicting information between these documents and the operational and outbreak standards in the **Chief Medical Officer of Health (CMOH) [Order 32-2020](#)** the CMOH Order standards supersede. For the purposes of this document, “congregate” refers to settings where residents/clients live and receive care and/or services in a communal environment with other residents/clients.

In addition, operators of licensed supportive living (SL) (including group homes and lodges) long-term care (LTC) facilities and hospice settings in Alberta must follow the requirements set out in all Orders issued by the Chief Medical Officer of Health (CMOH), with particular attention to [Order 29-2020](#) and [Order 32-2020](#). *Italicized sections below are requirements for these facilities.* Other congregate settings not explicitly covered by these Orders should also follow these recommendations where possible to limit the spread of COVID-19 in their vulnerable populations. If a site contains both licensed SL spaces and unlicensed spaces, the requirements of these Orders do not apply to the unlicensed spaces/areas of the building or campus.

The notification of outbreaks and other infectious disease threats 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 and swift action is critical for effective management of COVID-19 outbreaks in congregate settings because of the increased risk of severe outcomes from COVID-19, and the increased risk of spread when vulnerable individuals live in close contact.

Contact the AHS Coordinated COVID-19 Response at 1-844-343-0971 about any symptomatic person in a congregate setting i.e., a symptomatic staff or resident/client that exhibits any symptoms of COVID-19 (see [Table 1](#)) at a site that does not already have a confirmed outbreak. Sites that do not already have a confirmed COVID-19 outbreak should continue to report newly symptomatic staff/residents/clients to the AHS Coordinated COVID-19 Response team.

Sites that have not yet been contacted by Public Health about a confirmed COVID outbreak must report symptomatic staff/resident/clients that exhibit any symptoms of COVID-19 (see [Table 1](#)) promptly to the AHS Coordinated COVID-19 Response at 1-844-343-0971. They will be immediately provided with additional guidance and decision-making support, including access to Personal Protective Equipment (PPE) as necessary. The AHS Coordinated COVID-19 Response is also available to provide further assistance as needed if a site continues to see cases in staff or residents/clients UNLESS the site has already been contacted by Public Health to initiate a confirmed outbreak investigation in follow-up to a positive COVID-19 lab result. The Public Health team will ONLY be in contact with sites that have a confirmed outbreak to support outbreak prevention, management and control at that site.

Continuous masking: As per CMOH guidance, [continuous masking](#) became effective April 15, 2020 for licensed supportive living (SL) and long-term care (LTC) facilities as well as lodge accommodation; hospice settings must also follow continuous masking guidance. AHS has a [guideline](#) for continuous masking in health care workers who work in patient care areas, in addition to use of personal protective equipment (PPE) as part of contact and droplet precautions.

Staff, Infection Control Professionals (ICP)/Infection Control Designate (ICD) and Public Health professionals in congregate settings work collaboratively with facility administrators and staff to facilitate prompt response to help minimize the impact of the outbreak. For ongoing updates relevant to congregate settings, see <https://connection.albertahealthservices.ca>. Note - you will be required to register the first time you use the site.

Note: This is not a comprehensive infection prevention and control (IPC) document. *Only the minimum updates necessary for managing outbreaks of COVID-19 are outlined here.* Please continue to use the AHS Guidelines for Outbreak Prevention, Control and Management (see above) for general information on outbreak management. For detailed information about IPC, please consult your ICP/ICD for your facility or Public Health.

GENERAL GUIDELINES FOR COVID-19 OUTBREAK MANAGEMENT

[CMOH Order 32-2020](#) provides information on outbreak prevention measures related to staffing, admissions/transfers, testing, essential workers, visiting restrictions and other details. [CMOH Order 29-2020](#) provides additional information for safe visiting in licensed supportive living, long-term care and hospice settings.

Monitoring residents/clients/staff for COVID-19 will also identify symptoms that could be due to influenza-like illness (ILI) i.e., acute onset of respiratory illness with fever and cough, and with one or more of the following: sore throat; joint pain (arthralgia); muscle aches (myalgia); severe exhaustion (prostration). During influenza season, a critically important influenza outbreak prevention measure for residents/clients/staff is to be immunized against influenza every year to protect themselves and each other from influenza illness and its complications. While there currently is no vaccine for COVID-19, influenza immunization is especially important to help prevent influenza illness in our communities as COVID-19 continues to circulate and increase demand on hospital capacity.

1. Principles of Outbreak Management

1.1 Surveillance

Conduct ongoing monitoring and surveillance for symptoms of COVID-19 (see [Table 1](#)) in staff and residents/clients and prompt identification of possible outbreaks, including influenza.

Anyone with symptoms listed in [Table 1](#) must be isolated and must be asked for consent to be tested for COVID-19. **Initiate appropriate testing, isolation and contact and droplet precautions promptly if a single staff or resident/client exhibits symptoms of COVID-19.**

- Sites that have symptomatic staff or residents/clients (see [Table 1](#)) must contact the AHS Coordinated COVID-19 Response at 1-844-343-0971 for guidance and support.
 - Note: for confirmed COVID outbreaks where Public Health is already involved in outbreak management, **do not** contact the AHS Coordinated COVID-19 Response line with newly symptomatic individuals.

1.2 Assessment

Assess staff and residents/clients for symptoms of COVID-19 (see [Table 1](#)). Also see COVID-19 [Recognizing Early Symptoms in Seniors](#).

- (a) Symptomatic staff (includes students or volunteers where applicable):
- Regardless of where exposure occurred, all staff with symptoms of COVID-19 (see [Table 1](#)) must immediately contact their manager/designate.
 - *Staff that feel ill or develop any symptoms of COVID-19 while at work must leave their mask on, notify their supervisor/site contact and immediately go home.*
 - Staff should access onsite testing if available and preferred by staff, or use the [AHS online self-assessment tool for Health Care Workers](#) to arrange testing. Symptomatic staff are managed as per Workplace Health and Safety (WHS)/ Occupational Health and Safety (OHS)/Public Health recommendations for isolation and safe return to work.
 - Staff must not continue working while symptomatic, even if they have a negative test result.

In influenza outbreaks, unimmunized staff that are not on antiviral prophylaxis will be excluded from work as per usual process that is detailed in the AHS outbreak management guidelines referenced earlier.

- (b) Symptomatic residents/clients
- Isolate immediately using contact and droplet precautions. [Cohorting](#) may be necessary when capacity issues and bed availability is a challenge.
 - *A resident within a shared room that is required to isolate should be moved to a private space, where possible.*
 - Where this is not possible, *residents/clients should not be within 2 metres of each other and use of physical/visual barriers (e.g., curtains or portable wipeable screens) should be implemented at all times.* Any shared spaces, e.g. bathrooms, must be cleaned and disinfected after each use.

- Contact the AHS Coordinated COVID-19 Response at 1-844-343-0971 for an EI number prior to sending initial specimens for testing AND apply a black Sharpie “X” to the top of the cap of the specimen container and top right hand corner of the requisition to aid visualization for priority testing.
- For residents/clients that have symptoms of COVID-19 (see [Table 1](#)), arrange for specimen collection and testing as soon as possible.
- Follow [IPC risk assessment for respiratory illness](#) and implement contact and droplet infection prevention and control precautions and other outbreak strategies immediately, while waiting for test results.

In influenza outbreaks, follow existing protocols for implementation of antiviral treatment and prophylaxis of residents/clients and staff, making appropriate adjustments for access to treatment or prophylaxis if COVID-19 is also identified at the site during the influenza outbreak.

1.3 Outbreak Identification

Initiate full outbreak management precautions as soon as one symptomatic staff/resident/client is identified.

One positive specimen result for COVID-19 in a resident/client/staff is a confirmed outbreak. Even when a COVID-19 case is identified and an outbreak is declared, obtain consent to continue testing all newly symptomatic staff and residents/clients throughout the outbreak until otherwise directed by Public Health. When there is a **new** confirmed COVID-19 outbreak, all residents/clients and staff in the affected site/unit should be asked to consent to testing for COVID-19.

- Testing of residents should ideally occur within 3 days of a confirmed case of COVID-19; however, if it takes longer to obtain consent then testing may still occur at that time.
- Asymptomatic testing within licensed group homes is at the discretion of the AHS Zone MOH/designate, based on individual medical complexity and site circumstances.

Note: Newly symptomatic residents/clients/staff that were previously positive for COVID-19 and have recovered should not be re-tested for COVID if it is less than 90 days since their previous COVID-19 positive test, unless the MOH recommends it. All symptomatic residents/clients/staff should also be tested for influenza and other respiratory pathogens (contact Public Health for current testing recommendations and ordering), regardless of previous positive COVID-19 results, and even if influenza or another respiratory virus has already been identified at a site.

Table 1: COVID-19 Symptoms to Initiate Testing

Residents* in Facility	All Albertans including staff, students, volunteers and designated family/support persons/visitors
<ul style="list-style-type: none"> • Fever (37.8°C or higher¹) <p>Any new or worsening respiratory symptoms:</p> <ul style="list-style-type: none"> • Cough • Shortness of Breath/Difficulty Breathing • Runny Nose • Sneezing • Nasal Congestion/Stuffy Nose • Hoarse Voice • Sore Throat/Painful Swallowing • Difficulty Swallowing <p>Any new symptoms including but not limited to:</p> <ul style="list-style-type: none"> • Chills • Muscle/Joint Ache • Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite • Feeling Unwell/Fatigue/Severe Exhaustion • Headache • Loss of Sense of Smell or Taste • Conjunctivitis • Altered Mental Status <p><i>*Resident/client list is expanded as they may experience milder initial symptoms or be unable to report certain symptoms</i></p>	<ul style="list-style-type: none"> • Fever • Cough • Shortness of Breath/Difficulty Breathing • Sore Throat • Runny Nose • Chills • Painful Swallowing • Stuffy nose • Headache • Muscle/Joint Ache • Feeling Unwell/Fatigue/Severe Exhaustion • Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite • Loss of Sense of Smell or Taste • Conjunctivitis
<p><i>Note: individuals with fever, cough, shortness of breath, runny nose or sore throat, require 10 day mandatory isolation or until symptoms resolve, whichever is longer as per CMOH Order 05-2020.</i></p>	

1.4 Outbreak Definition

<p>Outbreak Definition Confirmed COVID-19 outbreak²:</p> <ul style="list-style-type: none"> ○ any resident who is confirmed to have COVID-19 and/or ○ any staff member who is confirmed to have COVID-19 that worked at the site during the communicable period without use of appropriate Personal Protective Equipment (PPE) <p><i>NOTE: Even if a confirmed outbreak (COVID-19, influenza or other pathogen) is identified, continue to collect and submit swabs for newly symptomatic individuals until otherwise directed by Public Health.</i></p>
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Early recognition of COVID-19 outbreaks is extremely important. Conduct ongoing surveillance of staff and residents/clients for symptoms, and test for early detection of COVID-19 cases/outbreaks. If test results are negative for COVID-19, usual influenza-like illness (ILI) or gastrointestinal illness (GI) outbreak protocols should be followed as appropriate, including lab testing for respiratory or GI pathogens. Consult with Public Health as needed regarding additional testing recommendations.

Staff requirements as per [CMOH Order 32-2020](#): To protect the most vulnerable Albertans, **designated supportive living and long-term care** staff employed or contracted by the operator are limited to working within one single **designated supportive living or long-term care** facility. This will help to prevent the spread of illness between facilities. This order is inclusive of **all facility staff** (e.g. health care workers, food service workers, housekeeping, administrative, etc.)

¹ Thermometer confirmed temperature is not required. If a resident feels they have a fever, offer testing.

² Sites with two or more individuals with confirmed COVID-19 will be included in [public reporting](#).

In the case of a **confirmed** COVID-19 outbreak, all other congregate settings (i.e. non-designated licensed supportive living, lodges, and group homes) must require staff/students/volunteers to work only at one congregate living setting for the duration of the outbreak.

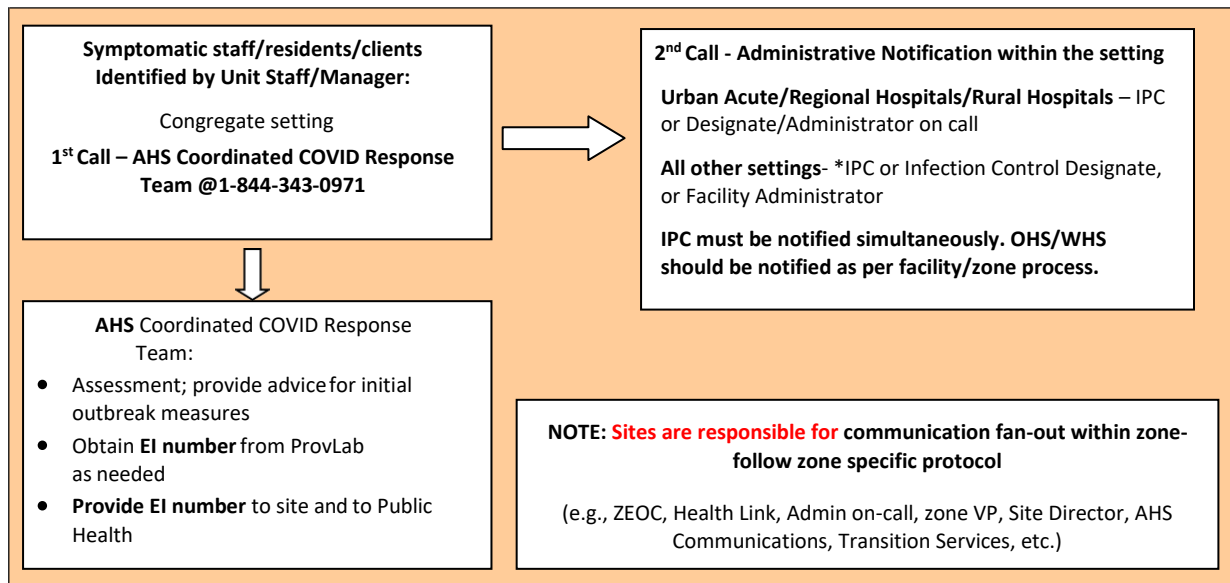
Staff/students/volunteers must **immediately** tell their supervisor if they have worked in the last 14 days or are currently working at a site (including but not limited to the sites to which this order applies), where there is a **confirmed** COVID-19 outbreak. This disclosure is **mandatory** for the purposes of protecting the health and safety of the disclosing staff member/student/visitor, other staff as well as the health and safety of the residents/clients.

1.5 Notification

In order to initiate a site investigation promptly, **immediately report a single suspected case of COVID-19 in residents/clients or staff to the AHS Coordinated COVID-19 Response (1-844-343-0971)**. Prompt reporting permits early identification and interventions to interrupt transmission of COVID-19 as soon as possible, reducing morbidity and mortality. Initial outbreak control measures, staff restrictions, facilitation of testing and Personal Protective Equipment recommendations will be provided.

Follow internal protocols for site notification about staff or residents/clients that are being tested (see [Table 2](#)) e.g. to your IPC/ICD (where available) and follow Public Health instructions for collecting and reporting data once a confirmed outbreak is identified at your site.

Table 2: Outbreak Notification Algorithm for sites that have IPC/ICD



1.6 Infection Prevention and Control Measures

While waiting for test results, implement full **contact and droplet precautions** in addition to routine IPC measures including consistent hand hygiene, respiratory hygiene, appropriate personal protective equipment (PPE) and isolation of symptomatic staff or residents/clients, as possible. AHS has a [continuous masking](#) guideline, in addition to use of personal protective equipment (PPE) as part of droplet and contact precautions.

Additional precautions are necessary (see [Table 3](#)) if performing aerosol-generating medical procedures (AGMP). If staff/resident/client tests positive for any organism, maintain full IPC precautions until the resident/client is released from isolation.

Control measures include:

- o **PPE** - wear appropriate PPE as per Interim [IPC recommendations COVID-19](#) for staff providing care to all isolated residents/clients (symptomatic or asymptomatic), following instructions for [Donning and Doffing PPE](#).
 - Where there is evidence of ongoing transmission (two or more lab confirmed cases of COVID-19), continuous use of eye protection (e.g. goggles, visor, face shield) in addition to continuous

masking with a surgical/procedure mask *is recommended for all persons providing **direct resident/client care or working in resident/client care areas.***

- o **Hand hygiene** is the most important measure in preventing spread of infections. Practice consistent hand hygiene and respiratory hygiene.
- o Posters/signage - Place Visitor poster at the entrance of the facility/unit and screen any visitors prior to entering the facility.
 - Place posters regarding physical distancing, hand hygiene (hand washing and hand sanitizer use), safe relaunch and limiting the spread of infection in areas where they are likely to be seen. At a minimum, this includes placing them at entrances, in all public/shared washrooms, treatment and dining areas. Consider placing signs at outdoor spaces where there is shared use (e.g. benches, tables, etc.).
 - Post the physical distancing poster in a place that is available to all residents designated family/support person and/or visitors and staff.
 - Place signage inside the symptomatic resident's/client's room, near the door, alerting staff/visitors that the resident/client is symptomatic and precautions are required.
- o Place symptomatic residents/clients in single rooms if possible. If a single room is not available, residents/clients with infection due to the same micro-organism may be cohorted following consultation with IPC/Public Health. Maintain at least two (2) metres of physical separation between bed/stretcher spaces and any permitted designated family/support person or visitor.

Note: Consult with IPC/ICD/Public Health as appropriate for assistance with IPC issues. All COVID-19 concerns or outbreak concerns in continuing care for all settings are being addressed through the central intake email continuingcare@albertahealthservices.ca. For other questions, including zone contacts, refer to the [Continuing Care FAQ document](#).

Visitors: [CMOH Order 29-2020](#) provides guidance for safe visiting in licensed supportive living, long term care, and hospice settings by designated family/support persons and visitors in extenuating circumstances in resident rooms and shared care areas. If a site is under investigation for an outbreak, or has a confirmed outbreak, these visits should occur with physical distancing requirements in place. Site visitors may be further restricted during an outbreak investigation. As of this order, visiting restrictions are as follows:

- o Indoor access for **designated family/support person(s)**
 - Residents may name up to two individuals for this role
- o Access to **visitors** in extenuating circumstances:
 - End of life (last 4-6 weeks, except in the case of hospice)
 - Change in health status due to medical/social/spiritual crisis)
 - Pressing circumstances (including financial or legal matters, family crisis)
- o Outdoor visits in designated spaces:
 - Up to 5 individuals, including the resident/client, are permitted if feasible
- o Where desired and if determined safe, indoor social visits with visitors in designated indoor spaces.

All visits must be prearranged with the staff of the health care facility. Updated visitor guidance is available [here](#).

- o **Self-Isolation**
 - Any individual (resident/client, staff or designated essential visitor) who has had direct contact with a person with confirmed COVID-19 without wearing recommended PPE is required to self-isolate as per [CMOH Order 05-2020](#).
 - Any individual (resident/client, staff or visitor) who is experiencing symptoms of COVID-19 is required to isolate as per the [CMOH Order 05-2020](#).
- o **Admissions/transfers**

*If the site is **under investigation** for COVID-19 due to symptomatic residents/clients only (i.e., no staff) having symptoms, consult with the AHS Zone MOH/designate before accepting new admissions into the site.*

 - *Having only isolated and/or quarantined staff (i.e., no residents/clients) should not restrict admissions to the site.*
 - o Symptomatic staff should not work at the site until their isolation/quarantine period is complete.

Stop admissions and/or transfers into the site if a COVID-19 outbreak is confirmed, unless at the explicit direction of the AHS Zone MOH. Use existing Zone process for admissions/transfers during non-COVID outbreaks.

- *Decisions by the MOH shall be made on a case-by-case basis while using consistent decision-making methods.*
- *Considerations may include: Number of people affected, type of symptoms, location of infected residents within the facility, characteristics of the population, number of shared staff between units, acute care capacity, community cases, etc.*

Sites/floors/wings experiencing a COVID-19 outbreak must implement additional IPC precautions to the extent that resources are available (e.g., private rooms with washroom facilities, physical layout of care units, housekeeping procedures and staffing patterns)

Table 3: COVID-19 - Infection Prevention and Control Practices and Additional Precautions

[Interim IPC recommendations COVID-19](#). More detailed IPC recommendations are available on the AHS website (search: 'infection control') for the most current recommendation

Implement Contact and Droplet Precautions in addition to Routine practices when caring for symptomatic residents/clients to control the spread of respiratory viruses: AHS has a [continuous masking](#) guideline, in addition to use of personal protective equipment (PPE) as part of droplet and contact precautions. Where there is evidence of ongoing transmission (two or more lab confirmed cases of COVID-19), continuous use of surgical/procedure mask and eye protection (e.g. goggles, visor, face shield) is recommended for staff providing direct face-to-face care of residents/clients

- Resident/Client Placement and Signage
 - Single-room preferred
 - maintain a distance of two (2) metres between residents/clients sharing a room

Personal Protective Equipment (PPE): Gowns, Gloves and Facial Protection

- Wear new PPE to enter patient room or bedspace. Healthcare workers are to wear contact and droplet PPE even if the patient is wearing a mask.
- Do not wear PPE outside a patient room or bedspace unless transporting contaminated items.
- Remove soiled PPE as soon as possible.
- Gloves are single-use. Use only once, then dispose of immediately after use.
- Change gloves between care activities for the same patient (e.g., when moving from a contaminated body site to a clean body site). Sterile gloves are for sterile procedures.
- For more detailed information on glove use see [Glove Use and Selection: IPC Best Practice Guidelines](#) or [Proper Glove Use as part of Personal Protective Equipment](#).
- Prescription glasses do not meet Workplace Health and Safety regulations for eye protection.
- New guidance released for [continuous masking](#). [Proper wearing of masks](#) includes:
 - ensuring a snug fit over the nose and under the chin;
 - discard mask when it becomes wet/moist or soiled and replace with a new one.
- Refer to the [AHS Donning and Doffing PPE posters](#) for details on careful removal and disposal of PPE. Do not reuse or disinfect single-use PPE. Reusable PPE must be cleaned before reuse (launder gowns, disinfect eye protection).

Effective and appropriate use of PPE keeps **staff uniforms and clothing** clean. Staff may change before leaving healthcare facility, and take soiled clothing home in a bag. Soiled uniforms/clothing do not need any special handling in the laundry. [Refer to Staff Tips: COVID-19 Personal Clothing and Cleaning Surfaces](#). Further information and resources on PPE can be found [here](#).

- Hand Hygiene (4 moments from AHS Hand Hygiene Policy)
 - Before contact with a resident/client or resident's/client's environment including but not limited to: putting on (donning) personal protective equipment; before entering a resident's/client's room; and, before providing resident/client care.
 - Before a clean or aseptic procedure including but not limited to: wound care; handling intravenous devices; handling food; or, preparing medications.
 - After exposure (or risk of exposure) to blood and/or body fluids including but not limited to: when hands are visibly soiled; following removal of gloves.
 - After contact with a resident/client or resident's/client's environment including but not limited to: removing (doffing) personal protective equipment; leaving a resident's/client's environment and after handling resident/client care equipment.
- Resident/Client Care Equipment
 - Dedicate to this resident/client or clean and disinfect after use
- Resident/Client Transport
 - Transport for essential purposes only
 - Residents/clients wear mask during transport and hands should be cleaned
 - Notify receiving department

Refer to the AHS [Donning and Doffing PPE](#) posters for details on careful removal and disposal of PPE. Do not reuse or disinfect single-use PPE. Reusable PPE must be cleaned before reuse (launder gowns, disinfect eye protection).

1.7 Specimen Collection

- Contact the **AHS Coordinated COVID-19 Response line at 1-844-343-0971** to report newly symptomatic staff or residents/clients; they will provide instructions on specimen collection and an **EI number** for the lab requisition (see Attachment 1). Sites that have already collected specimens should not send these to the laboratory until they have contacted the AHS Coordinated COVID-19 Response line at 1-844-343-0971 and obtained an EI number to ensure coordination of testing.
- Apply a black Sharpie “X” to the top of the cap of the specimen AND top right hand corner of the requisition, and specify on the lab requisition whether the individual being tested is symptomatic or asymptomatic.
- All symptomatic residents/clients/staff should be tested for COVID-19*, influenza and other respiratory pathogens throughout an outbreak, even when a pathogen has already been identified at a site.
**Newly symptomatic residents/clients/staff that tested positive for COVID-19 previously and have recovered should only be re-tested for COVID if it is more than 90 days since their previous COVID-19 positive test, unless the MOH recommends it.*
- All symptomatic residents/clients should be tested for influenza and other respiratory pathogens, regardless of previous positive COVID-19 results. Contact Public Health for specific testing recommendations.

1.8 Additional Outbreak Control Strategies

- Authorize and deploy additional resources to manage the outbreak as needed.
- Where possible, restrict symptomatic residents/clients to their room (with dedicated bathroom if possible, with meal tray service in room, etc.); if not possible, restrict to own unit/wing. See [CMOH Order 32-2020](#) for Outbreak Considerations for Residents with Dementia.
 - For residents/clients requiring **urgent medical care**, ensure that appropriate IPC precautions are maintained during transport and at the receiving site, AND ensure that the transport team and receiving site are advised of the possibility of COVID-19.
- Residents who are **isolated or quarantined** are required to make alternate arrangements for their necessities (e.g. groceries, medication refills, etc.) if those necessities are not provided by the facility.
 - Residents who are not required to isolate/quarantine are encouraged (but not required) to stay on the facility’s property, except in the case of necessity.
- When the site has a **confirmed COVID-19 outbreak**, modify dining restrictions as per requirements set out in [CMOH Order 32-2020](#)
 - *Group dining should continue for **non-isolated/quarantined** residents subject to requirements set out in [CMOH Order 32-2020](#).*
- *Residents who are not required to isolate or quarantine are permitted and encouraged to visit with other residents who are not required to isolate or quarantine.*
 - *If a site is **under investigation** or in a **confirmed COVID-19 outbreak**, these visits should occur with physical distancing requirements in place for residents who are not isolated/quarantined.*
- *All organized resident/client group recreational/special events are to be cancelled/postponed if a site is in a **confirmed** COVID-19 outbreak.*
 - *At the discretion of the operator, a site **under investigation** may have to cancel activities based on the extent of affected residents, interruption of daily operations, type of symptoms, etc.*
- Apply site-level restrictions and other control measures as recommended by Public Health.

1.9 Environmental and Equipment Cleaning (routine practice, and also during outbreaks)

The virus that causes COVID-19 has the potential to survive in the environment for up to several days. A person who has contact with an inanimate object such as contaminated surfaces and objects is at risk of infection. Cleaning and disinfecting, particularly of frequently touched surfaces, can kill the virus, making it no longer possible to infect people. AHS recommendations for cleaning can be found here [Environmental Cleaning in Public Health Facilities](#).

- Operators of facilities may develop an approach to environmental cleaning and disinfection that includes their staff, service providers (e.g. home care), designated family/support persons and visitors.

- Disinfection and cleaning is a two-step process. Use of disinfectant after cleaning is best and is most effective to reduce the spread of infection.
 - Surfaces must first be cleaned prior to disinfection. If the surface disinfectant product used has cleaning properties (detergent/disinfectant), it may be used for both steps. Follow manufacturer's directions for use.
 - Enhance general environmental cleaning using a disinfectant with a Drug Identification Number (DIN) and virucidal claim. The thoroughness of cleaning is more important than the choice of disinfectant used.
 - Be sure to use the appropriate precautions when using chemicals for cleaning and disinfecting. Consult the products Material Safety Data Sheets. Cleaning should be performed using the proper personal protective equipment (PPE). The correct donning and doffing of PPE should be followed. [Donning and Doffing PPE](#).
- *Clean and disinfect:*
 - *Common/public areas*
 - *at least once per day on low touch surfaces (e.g. shelves, benches, windowsills, message or white boards, etc.),*
 - *a minimum of three times daily on high touch surfaces (e.g. doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote), care/treatment area, dining areas and lounges.*
 - *immediately any visibly dirty surfaces*
 - *Any health care equipment (e.g. wheelchairs, walkers, lifts) according to manufacturer's instructions.*
 - *Any shared resident health care equipment (e.g. commodes, blood pressure cuffs, thermometers, lifts, bathtubs, showers, shared bathrooms) prior to use by a different resident/client.*
 - *All staff equipment (e.g. computer keyboards/mouse/carts and/or screens, medication carts, charting desks or tables, telephones, touch screens, chair arms) at least daily and when visibly soiled.*
 - *Equipment should be cleaned and disinfected only with a product listed in and following the procedures outlined in the manufacturer's directions for that equipment.*
- *Residents/clients that do not have staff or designated family/support person and/or visitors entering their room on a regular basis **do not** require an increase to their regular scheduled weekly cleaning by the operator.*
- *Residents/clients that have staff and/or designated family/support person and/or visitors entering their room on a regular basis require:*
 - **Low touch** (e.g. shelves, benches, windowsills, message or white boards) areas cleaning **daily**.
 - **High touch** (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote) area cleaning **three times per day**.
- Upholstered furniture and rugs or carpets should be cleaned and disinfected when contaminated with emesis or stool, but may be difficult to clean and disinfect completely. Consult manufacturer's recommendations for cleaning and disinfection of these surfaces. If appropriate manufacturer's recommendations are not available, consult Public Health. Consider discarding items that cannot be appropriately cleaned/disinfected, when possible/appropriate.
- Staff handling soiled laundry should wear gloves, and also gowns if there is a risk of contaminating clothing.
- Conduct a thorough, enhanced cleaning in all affected areas at the end of the outbreak as per facility protocols.

1.10 Communication

Operators will notify all residents/clients, staff and families according to the requirements in the [CMOH Order 32-2020](#)

1.11 Monitoring Outbreak Status

- Once a confirmed COVID Outbreak has been declared by Public Health, communicate and track outbreak status by completing and submitting daily case listings **by 1000h** to Public Health through the secure, online entry portal on the Alberta Health Services external website (*link will be sent to site directly at start of outbreak*) for the purpose of Public Health outbreak management.
- *Operators are required to record and store the following information for contact tracing purposes,*

for a minimum of 4 weeks but not longer than 8 weeks: name, contact information such as email or phone number, date and time of entry and exit for anyone permitted entry.

1.12 Declaring Outbreak Over

Public Health will determine when to declare the confirmed COVID-19 outbreak over and lift any site restrictions. Generally, a COVID-19 outbreak can be declared over two incubation periods after date of onset of symptoms in the last reported case in a resident/client.

Following a confirmed outbreak, key program leads need to review and evaluate their role in the outbreak management and revise internal protocols for improvement where necessary

Any member of the Outbreak Management Team (OMT) can request a debrief session to address outbreak management issues.

Attachment 1: Public Health Laboratories (formerly ProvLab) Respiratory Specimen Collection Guidelines

Check Public Health Laboratories (formerly ProvLab) Bulletins for most current information on specimen collection, testing and interpretation of lab Results <http://provlab.ab.ca> or <http://www.albertahealthservices.ca/3290.asp>

[Alberta Precision Laboratories Laboratory Bulletin \(July 10, 2020\) – COVID-19 Collection Kit Guidance](#)

Alberta Precision Laboratories Laboratory Bulletin (August 27, 2020) – [Visualization Process for Priority Specimen Identification](#)

[Acceptable Swab Types for COVID Testing](#)

The Requisition must be completed to include:

- Resident's/Client's full name (first and last names)
- Resident's/Client's Personal Health Number (PHN) or unique numerical assigned equivalent
- Resident's/Client's demographics including: date of birth (DOB), gender, address, phone number
- Physician name (full name), address/location
- Test orders clearly indicated, including body site and sample type, date and time of collection
- Clinical history and other clinical information
- Facility/site name, and if applicable, unit
- EI# (assigned by the Public Health lab and provided to Public Health Lead investigator) – for both symptomatic and for asymptomatic individuals.
- Requisition **must indicate clearly** whether the person being tested is **asymptomatic** or **symptomatic** by **checking off the appropriate box** in that section and complete the symptom list for symptomatic persons.
- **Request testing for both COVID-19 and other respiratory pathogens** (contact Public Health for current testing recommendations).
- Fax number of outbreak facility/unit or ICP/ICD office

NOTE: (i) EI# must be clearly recorded on the requisition AND

(ii) Apply a black Sharpie “X” on the top of the cap of the specimen and the top right hand corner of the Requisition.

Specimen Transport:

- Settings must collect specimens as directed by the AHS COVID-19 Response line/Public Health and arrange for delivery to the laboratory.
- Follow current Public Health Laboratories standards for transporting specimens at <http://www.provlab.ab.ca/guide-to-services.pdf>.

SPECIMEN COLLECTION FOR DETECTION OF RESPIRATORY INFECTIONS

General Information:

- Acceptable specimen types for COVID-19 testing include NP swab, throat swab, NP aspirate, endotracheal tube (ETT) suction/sputum, or bronchoalveolar lavage/bronchial wash (BAL/BW). Nasopharyngeal (NP) and throat swabs are recommended over nasal swabs for COVID-19 testing. See [Acceptable Swab Types for COVID Testing](#).
- Use contact and droplet precautions to collect specimens as directed by Public Health
- Results for COVID-19 are *usually* available within 48-96 hrs. or sooner but are dependent on each of the steps involved in the entire process (e.g., time to book appointment (as applicable), time to swab and time to reach lab, time to process at the lab)

If the specimens are for outbreak diagnosis, ensure specimen is transported to the lab ASAP. So that specimens receive appropriate testing ensure the following is included on the requisition:

- **EI#**
- **Symptomatic or Asymptomatic**
Apply a black Sharpie “X” on the top of the cap of the specimen and the top right hand corner of the Requisition.

Rural facilities must transport lab specimens to the Public Health Laboratories as directed by the AHS COVID-19 Response line/Public Health or by the fastest means possible.