



Memo

To: All Local Executive

Date: April 12, 2020

Re: COVID-19

On April 10, 2020, the Chief Medical Officer of Health issued CMOH Order 10-2020.

Please note that further Orders are likely. Also, please note that Employers are able to implement additional rules (that are reasonable and do not breach the Collective Agreement), but they must abide by this order.

We encourage our members to read and familiarize themselves with the order, but will summarize some of the key portions of the order. Please feel free to share this with your members.

Effective on April 23, 2020, staff will only be permitted to work at one single healthcare facility. Healthcare Facility is defined as

- (a) an auxiliary hospital under the *Hospitals Act*;
- (b) a nursing home under the *Nursing Homes Act*; and
- (c) a designated supportive living accommodation under the *Supportive Living Accommodation Licensing Act*.

For the UNA Provincial Agreement, this includes most of our Locals. Attached is a listing of Locals, or parts of Locals not affected by the single site standard. It also applies to all Long Term Care Locals, who have separate agreements.

Operators are not permitted to implement the single healthcare facility rule sooner than April 16, 2020 to allow for a period of transition and effective implementation.

As soon as possible, but no later than April 15, 2020, staff must disclose to their supervisors:

- If they are employed by multiple facilities and/or operators, and
- Which site they prefer as their single primary worksite for the duration of this order
- Staff will be granted a leave of absence from their non-primary employers. Non-primary employers will not penalize staff.

The order does not guarantee that the preference will be granted, and AHS Medical Officers of Health may make specific order respecting that. It is also unclear what is meant by “primary employer.”

The Order has a number of other requirements, including the following:

When a Site is Not in Outbreak

The Employer must advise staff that they are required to conduct twice daily self-checks (like all Albertans) for signs of COVID-19 for their own health as well as prior to coming to work.

Any staff member who determines they are symptomatic at any time shall notify their supervisor and/or the facility operator and remain off work for 10 days or until symptoms resolve, whichever is longer, or as per direction of the Chief Medical Officer of Health. If this happens while the staff member is on shift, they must notify their supervisor and immediately leave the facility and self-isolate.

Any staff developing symptoms while at work must not remove their mask and must be sent home immediately.

Site administrators must exclude symptomatic staff from working.

All entering and re-entering residents and staff must be screened each time they enter the site.

Screening shall involve both of the following:

1. Temperature screening:

The temperature of all residents and staff must be taken by a non-invasive infrared or similar device (oral thermometers must not be used).

2. Questionnaire

If any staff answers YES to any of the questions, the individual must not be permitted to enter the facility and should be instructed to leave immediately.

If staff member utilizes public transit, the Employer will send staff home via taxi with a mask.

Continuous Masking

All healthcare workers providing direct resident care or working in resident care areas must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either

involved in direct resident contact or cannot maintain adequate physical distancing (2 meters) from resident and co-workers.

Healthcare workers who do not work in resident care areas or have direct resident contact are only required to mask if physical distancing (2 meters) cannot be maintained at all times in the workplace or if entry into resident care areas is required.

Where possible, these requirements go into effect immediately. Facilities that need additional time to access masks through AHS or others are expected to be in compliance by April 15, 2020.

Access to Supplies

Masks required for staff and essential visitor use will be procured and supplied to all congregate facilities (within the scope of this order) by AHS. This is inclusive of facilities with or without a contract with AHS.

Unless otherwise noted, the following standards are required for all facilities in suspected, probable or confirmed outbreak:

A suspected COVID-19 outbreak is defined as:

One resident or staff member who exhibit any of the symptoms of COVID-19

A probable COVID-19 outbreak is defined as:

Two or more individuals (staff or residents) who are linked with each other who exhibit any of the symptoms of COVID-19. Individuals who are linked means they have a connection to each other (e.g. share a room, dine at the same table, received care from the same staff member, etc.).

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

Any one individual (staff or resident) confirmed to have COVID-19.

Staff and Employer Disclosure

Staff must immediately tell their supervisor if either of the following applies:

If they have worked at or are working at a site (including but not limited to the sites to which this Order applies), where:

There is a confirmed COVID-19 outbreak.

If they have:

- Symptoms of COVID-19,
- Been exposed to any individual with suspected, probable or confirmed COVID-19 (including if a close or household contact has been told to self isolate, but has not been offered COVID-19 testing), or

- Been tested for COVID-19

This disclosure is mandatory.

Mandated disclosure cannot be used by an Employer as the sole reason to dismiss a staff (e.g., lay off or fire); however, staff may be subject to work restrictions (e.g., may be asked not to work or work only at one site, etc.), depending on exposure and a risk assessment.

Employers must immediately inform staff that disclosing exposure to COVID-19 to the facility is required and will not result in dismissal or job loss.

Employers will notify all residents, staff and families if there is a probable or confirmed outbreak (as per definitions above). Operators will notify staff if there is a suspected outbreak (as per definition above).

Routine Practices and Additional Precautions

All healthcare workers providing direct resident care or working in resident care areas must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either involved in direct resident contact or cannot maintain adequate physical distancing (2 meters) from resident and co-workers.

These staff are required to put on a mask at entry to the site to reduce the risk of transmitting COVID-19 infection to residents and other workers, which may occur even when symptoms of illness are not recognized.

Staff must perform hand hygiene before putting on the mask and before and after removing the mask.

Healthcare workers who do not work in resident care areas or have direct resident contact are only required to mask if physical distancing (2 meters) cannot be maintained at all times in the workplace or if entry into resident care areas is required.

Staff who are following handwashing guidelines, using appropriate PPE and applying it correctly while caring for residents with suspected or confirmed COVID-19, are not considered “exposed” and may safely enter public spaces within the facility or other rooms (see below cohorting staff and additional “suspected, probable or confirmed COVID-19” guidelines within this document).

Any individual (resident, staff or designated essential visitor) who has had direct contact with a person who is confirmed for COVID-19, without wearing recommended PPE (i.e., before they are aware that the person is confirmed COVID-19), is required to self-isolate as per the CMOH direction

Deployment of Staff and Resources

In the case of a confirmed COVID-19 outbreak, operators must:

- Identify essential care and services and postpone non-urgent care and services, if required, depending on the scope of the potential/confirmed outbreak.
- Authorize and deploy additional resources to manage the outbreak, as needed, to provide safe resident care and services as well as a safe workplace for staff.

Assign staff (cohort), to the greatest extent possible, to either:

- Exclusively provide care/service for residents that are asymptomatic (no illness or symptoms of illness), or
- Exclusively provide care/service for residents who are symptomatic (have suspected or confirmed COVID-19).

When cohorting of staff is not possible:

- Minimize movement of staff between residents who are asymptomatic and those who are symptomatic, and
- Have staff complete work with asymptomatic residents (or tasks done in their rooms) first before moving to those residents who are symptomatic.

Deploy other resources, which may include staff who do not normally work in the newly assigned area (e.g., assisting with meals and personal support/care), to assist.

An operator must ensure that deployed staff are provided with appropriate training before the task is delegated to them and that appropriate supervision is provided, if needed.

All staff are required to work to their full scope of practice to support residents.

Staff Working at Single Facility

Effective immediately when a facility is in a confirmed outbreak, staff are limited to working within one single health care facility. This will help to prevent the spread of illness between facilities.

This order is inclusive of all staff at the facility (e.g. health care workers, food service workers, housekeeping, administrative, home care staff, etc.).

Staff will be granted a leave of absence from their non-primary employers. Non-primary employers will not penalize staff.

Facility operators must determine the model of medical care that is appropriate for their residents that minimizes the number of physicians or nurse practitioners physically attending patients in that facility. Physicians and nurse practitioners should provide on-site, in-person care in only one facility, as defined by the order, to the greatest extent possible.