



PORTFOLIO: Resident Experience

POLICIES AND PROCEDURES

PROGRAM TYPE:

Title: Safe Visitation		Number:
Scope: Organization Wide		Pages: 15
Approved by: Vice President, Resident Experience (Title)		Signature:
Date Created: 7/20/2020 (mm/dd/yyyy)	Date Revised: (mm/dd/yyyy)	Next Review: (mm/dd/yyyy)

Purpose:

To provide guidance to staff, residents and families, friends and support persons of those residents who live within Covenant Care/Covenant Living communities. The intent of this policy is to protect the health and safety of residents and staff within Covenant Care/Covenant Living communities while ensuring safe and meaningful connection with the persons that support them.

This policy shall follow the following principles:

1. Balance – respecting the physical, mental, social, cultural and spiritual needs of the resident alongside the risks to the collective of more people on site.
2. Risk-informed – perceived or actual risk factors are recognized and considered alongside the needs and preferences of residents at an individual and collective level.
3. Respectful – recognition that access to loved ones and supportive persons is deeply personal and contextual, often difficult for individuals to articulate and generalize.
4. Responsive – recognition that site characteristics and resident circumstances change.
5. Transparent – decisions or adjustments to an approach must be communicated in an immediate and timely manner with residents, families and other impacted persons.
6. Collective Responsibility – all impacted parties have a duty to minimize risks to self and others and ensure safety both in on-site and off-site activity.

Definitions:

Alternate Decision Maker: a person who is authorized to make decisions with or on behalf of the resident. These may include, specific decision maker, a minor’s legal representative a guardian, a ‘nearest relative’ in accordance with the *Mental Health Act* [Alberta], an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* [Alberta].

Designated family/support person: replaces term Designated Essential Visitor. May be a family member, friend, companion (privately paid or volunteer), support worker (privately paid or



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volunteer), power of attorney/trustee, agent, legal guardian, or any person identified by the resident or alternate decision maker. These persons cannot be under 18 years of age. May be the same person for multiple residents.

Extenuating Circumstance: A situation or condition that provides an excuse for an action. For the intent of this policy examples of extenuating circumstances include but are not limited to

1. End of life
2. Change in health status due to medical/social/spiritual crisis
3. Pressing circumstances including financial or legal matters or family crisis

Risk Tolerance: for the purpose of this policy, Risk Tolerance is the ability of a site, as an entity to accept increased potential of exposure to COVID-19 to inform situations where restricted access may be necessary and where more visits are desired. This is a fluid procedure and will depend on many factors as outline in Appendix B.

Visitor: those people other than Designated Family/Support Person

Policy:

1. Safe visitation shall include:
 - a. Indoor access for **designated family/support person(s)** which shall include up to two (2) individuals for this role.
 - b. Access to **visitors** in extenuating circumstances:
 - i. End of Life (last 4-6-weeks, except in the case of hospice)
 - ii. Change in health status due to medical/social/spiritual crisis
 - iii. Pressing circumstances including financial/legal matters or family crisis.
 - c. Outdoor visits in designated spaces with up to 5 individuals including the resident
 - d. Where desired and if determined safe, indoor social visits with visitors in designated indoor spaces.

Note: indoor and outdoor in-person access to the resident by designated family/support persons can be for any reason. The visits shall not be subject to duration or frequency limitations.

2. Covenant Care/Covenant Living sites shall proactively and collaboratively work with residents, or **alternate decision makers** to confirm up to two (2) designated family/support persons per resident, ensuring each resident has the level of support they desire and/or require. A list of all designated family/support persons shall be kept for verification purposes.
3. A resident or their designated family/support persons may identify a temporary replacement designated family/support person if a designated family/support person is unable to perform their role for a period of time (e.g. self-isolation, out of town, or otherwise unable). The intent of this is not for the designate to change regularly or multiple times, but to enable a replacement, when required for a reasonable period of time depending on the circumstances.



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4. Covenant Care/Covenant Living staff shall ensure that all designated family/support persons are supported as essential to maintaining the resident's mental and physical health.
5. All persons shall be verified by Covenant Care/Covenant Living upon entry for indoor visits.
6. Covenant Care/Covenant Living staff shall ensure that all designated family/support persons and visitors are educated on Safe Visiting Practices and related site policies.
7. Covenant Care/Covenant Living shall permit visitors access to indoor and outdoor visits with a resident.
 - a. Access to indoor visitors shall be determined either by resident circumstance in the case of extenuating circumstances or by the site's Risk Tolerance Assessment, in the case of social visits.
 - b. Access to outdoor visitors shall be permitted, when desired by the resident, their alternate decision maker, or designated family/support persons.
8. Other visitors (including accompanied minors) **may** be permitted for indoor visits in circumstances identified as social visits and **must be** permitted for outdoor visits.

Procedure:

1. Covenant Care/Covenant Living sites shall designate outdoor spaces for outdoor visits and, where applicable, indoor spaces for indoor visits and mark them as such with signage.
2. Covenant Care/Covenant Living designate shall work collaboratively with residents and alternate decision makers to confirm up to two (2) designated family/support persons per resident. This list shall be maintained at the Front Desk for verification purposes.
3. Covenant Care/Covenant Living staff will ensure that the Health Assessment Screening is conducted on every person upon entering the site and instruct these people to proceed directly to the expected location of visit (resident room, shared care area or designated indoor space). At this point staff will provide required Personal Protective Equipment (PPE) along with education regarding safe appropriate use of the PPE and Safe Visiting Practices.

Designated Family/Support Persons and Visitor Requirements

1. Designated Family/Support Persons and Visitors shall book a Health Screening Assessment time utilizing the on-line platform (Acuity) being utilized by Covenant Care/Covenant Living.
2. Upon arrival at the Covenant Care/Covenant Living site, all designated family/support persons and visitors, shall undergo active Health Assessment Screening and receive the following information:
 - a. education on Safe Visiting Practices and donning/doffing appropriate PPE.
 - b. Performing self-checks for symptoms of COVID-19 throughout the visit
 - c. Only visiting with the resident(s) they are supporting
 - d. Wearing a mask continuously indoors and if physical distancing cannot be maintained, outdoors



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- e. Notifying Covenant Care/Covenant Living staff of any symptoms that arise within 14 days of visiting with a resident
- 3. Entry may be refused if there is reason to believe an individual is not abiding by these responsibilities.

Indoor Visits

- 1. Covenant Care/Covenant Living residents shall not be limited from visiting with each other.
 - a. Residents who are not required to isolate or quarantine shall be permitted to visit indoors with other non-isolating or non-quarantining residents of the same site.
 - b. If a site is under investigation for an outbreak, or in an outbreak, these visits should occur with physical distancing requirements in place.
- 2. Visits from designated family/support persons and visitors in extenuating circumstances in resident rooms and shared care areas shall follow the following parameters:
 - a. Resident Room
 - i. up to two (2) at one time, space permitting. **NOTE:** exception to this is in the case of end of life where three (3) persons at one time are permitted, unless all persons are from the same household in which case there is no maximum.
 - ii. Visitors other than the designated family/support persons shall have access to a resident room in end of life, change in health status or pressing circumstance situations
 - b. Shared Care Areas
 - i. One (1) at a time
- 3. Social visits from others may occur in a resident room.
- 4. Covenant Care/Covenant Living sites may designate shared indoor space(s) for indoor visits.
 - a. Designation of indoor visiting spaces should be informed by the site's Risk Tolerance Assessment.
 - b. Visits in designated indoor spaces may be restricted to designated family/support persons only or can include other visitors if building design/space makes this feasible.
- 5. All visits must occur in spaces where physical distancing is possible between all persons and groupings
 - a. Limit of 3 people per grouping (including the resident), unless the site can safely accommodate more.
- 6. A designated family/support person is not required to be present for an indoor visit.

Outdoor Visits

- 1. Covenant Care/Covenant Living shall not restrict access to outdoors for residents who are not required to isolate or quarantine. Residents shall be supported to spend time outdoors and have outdoor visits while observing physical distancing requirements.



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2. While residents are encouraged to stay on site property, they are not required to do so.
 - a. For visits that go beyond the property, arrangements with Covenant Care are only required if the resident requires staff support to prepare for or be transported to the visit.
3. Outdoor visits with up to five (5) people (including the resident) shall be supported.
 - a. A lesser maximum number of people may be determined based on the amount of space, the number of groupings, and the ability to maintain physical distance between all persons and groupings.
4. The outdoor space will be designated by individual site.
5. A designated family/support person is not required to be present for the outdoor visit.
6. Outdoor visitors, other than the designated family/support persons, will be asked to remain outdoors at all times
7. If feasible, Covenant Care/Covenant Living sites will have indoor space designated for instances where weather conditions make outdoor visits inappropriate.

Extended Visits

1. Covenant Care/Covenant Living shall advise residents of their responsibilities regarding Resident Outings.
2. Residents returning from off-site outings of less than 24 hours are not required to isolate, unless they fail the Health Assessment Screening. Residents returning from off-site outings of more than 24 hours are required to isolate for 14 days following their return.

Note: Modification to isolation requirements in specific situations may be granted by zone Medical Officers of Health, on a case-by-case basis for the resident.
3. Covenant Care/Covenant Living shall support residents in leaving the site for recreational extended stays (over 24 hours) off-site (e.g. family cabin, weekends at family houses etc).
 - a. NOTE: Where a resident is immunocompromised or medically fragile, they should involve their care team, physician, at-home supports and any alternate decision maker to make a decision about leaving on an extended stay off-site.
4. In extenuating circumstances (i.e. end of life, change in health status or pressing circumstance), when requested and where feasible, Covenant Care/Covenant Living shall support overnight stays for one or more designated family/support persons and/or other visitors as per Visitor and Overnight Guests policy.
5. Instruction shall be provided to the designated family/support person(s) and/or visitor(s) to follow all additional site protocols that are in place to ensure a safe overnight visit.

Restricted Access

1. Restrictions such as duration and frequency limits on visits will only occur when reasonable attempts have been made to consider and offer alternative options.
 - a. Any limits must be determined in consultation with the resident or alternative decision maker and family. If limits conflict with a person's schedule, alternative options must be provided.



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Note: Examples of restricted access include only allowing designated family/support persons, reducing number of persons permitted at one time, and limiting the number of additional people on site at any one time.

2. Covenant Care/Covenant Living may temporarily restrict access in situations where a Risk Tolerance Assessment indicates increased risk of exposure of COVID-19 (e.g. an increase in local community COVID-19 cases, confirmed site outbreak, other situations that may limit the ability of Covenant Care to safely have more people on site).
 - a. All restrictions must be in collaboration with residents and families and may include consultation with Covenant Care/Covenant Living executive or zone Medical Officers of Health, where appropriate.
 - b. Restrictions must not exceed 14 days without re-evaluation.
 - c. Designated family/support persons shall never be overly restricted in their access to the resident(s) they support.
 - i. For clarity, a confirmed site outbreak may impact a designated family/support person’s standing schedule but will not prohibit their presence altogether.
 - ii. In situations where a resident has COVID-19, Covenant Care/Covenant Living and designated family/support persons must collaboratively arrange viable and feasible options for continued access to the resident, following all Public Health guidance and Covenant Care/Covenant Living requirements for access to symptomatic residents.

Risk Tolerance Assessment

1. Covenant Care/Covenant Living sites will identify the risk tolerance for each individual site based on conversations with their residents, families and staff. Risk tolerance will vary between sites for many reasons including site designation and perception of risk tolerance by each resident or alternate decision maker.

Note: It is important to recognize that risk factors are not mutually exclusive. It is the consideration of the combination of them that will ultimately inform a site’s risk tolerance.

2. The Site Administrator/designate will complete a Risk Tolerance Assessment initially to begin the Safe Visitation process and then re-evaluate at a minimum of every three (3) weeks or as risk conditions change or when residents or families indicate a need to re-evaluate.
3. The Site Administrator/designate will regularly communicate to residents, staff and designated family/support persons. This will occur at minimum, every time the Risk Tolerance Assessment is updated which is a minimum of every three (3) weeks.

Dispute Resolution

1. All disputes will be recorded on the Compliments and Concerns Form as per the Compliments and Concerns Policy.



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- 2. All disputes will follow the procedure outlined in the Compliments and Concerns Policy up to and including escalation.

Appendices:

- Appendix A: Indoor and Outdoor Visit Summary
- Appendix B: Risk Tolerance Assessment (General)
- Appendix C: Health Assessment Screening
- Appendix D: Risk of Unknown Exposure to COVID-19
- Appendix E: Safe Visiting Practices

Related Documents:

- Pet Guidelines Policy
- Visitors and Overnight Guests Policy
- Compliment and Concerns Policy
- Complement and Concerns Form
- Risk Tolerance Assessment – Family
- Risk Tolerance Assessment – Staff
- Risk Tolerance Assessment - Resident

References:

- Chief Medical Officer of Health Order 29-2020, Appendix A to Record of Decision



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Appendix A
Indoor and Outdoor Visit Summary

Location	Requirements
Resident Room (private rooms)	<p>At minimum –</p> <p>Up to two (2) people at one time (not including resident):</p> <ul style="list-style-type: none"> • Designated Family/Support Person(s); and/or • Visitor(s) in change of health status or pressing circumstance situations <p>Up to three (3) people at one time in <u>end of life</u> circumstances, unless all persons are from the same household in which case there is <u>no maximum</u>:</p> <ul style="list-style-type: none"> • Designated Family/Support Person(s); and/or • Visitor(s) <p>Where permitted, based on site’s Risk Tolerance Assessment – Social visits, up to two (2) people at one time (not including resident); designated family/support person not required</p>
Resident Room (semi-private room)	<p>Same as private rooms, but physical distancing from the other resident(s) must be maintained.</p> <p>If this cannot be maintained, Covenant Care/Covenant Living must do their best to make accommodations to support the residents (eg. Temporary relocation of resident, etc)</p>
Shared Care Area (where direct care is provided)	At minimum – One designated family/support person at a time only
Designated Indoor Spaces (not care areas)	Where permitted, based on site’s risk tolerance assessment – Limited to a maximum of 3 people (including the resident) per grouping, unless the site can safely accommodate more
Designated Outdoor Spaces	At minimum – Up to five (5) people (including the resident) per grouping if physical distancing can be maintained.



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Appendix B
Risk Tolerance Assessment

Risk Factors	Description and Site Assessment
Number of people on site and Layout of Site	<p>To ensure safe movement of people, Covenant Care/Covenant Living may assess the site in terms of layout and number of people on site at only one time. For example:</p> <ul style="list-style-type: none"> • Spacious hallways, common areas and rooms may indicate a higher risk tolerance • Prevalence of semi-private rooms may indicate a lower risk tolerance • The number of floors may mean increased use of access points (e.g. elevators) which may indicate a lower risk tolerance <p>Site Notes:</p>
Collective Health Status of Residents, where known	<p>This may be actual or perceived health status. If the majority of residents have complex health conditions, this may indicate a lower risk tolerance.</p> <p>Site Notes:</p>
Number of Residents actively leaving site for outings	<p>Consider essential and non-essential outings. The number of residents actively leaving the site for outings may indicate a lower risk tolerance (as there is already increased potential of exposure)</p> <p>Site Notes:</p>
Any disclosed resident directed assessment of risk tolerance	<p>Though it is recognized not everyone will assess themselves the same way, residents will have a sense of their health and the risks they would be willing to take for more visitors on site. Though this is a subjective measure, the risk tolerance of the site should be directed by the risk tolerance of the residents, where disclosed.</p>



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	Site Notes:
Any disclosed staff directed assessment of risk tolerance	Though this is a subjective measure, the risk tolerance of the site should be informed by the risk tolerance of the staff, where disclosed. Site Notes:
Mechanism for ongoing assessment of risk designation of region	Up to date understanding of the incidence of COVID-19 in the community is important. <i>Note: Where a site is located with respect to risk designation of region does not itself constitute the need to adjust risk tolerance of site.</i> <ul style="list-style-type: none"> • Open: Low level of risk, no additional restrictions in place • Watch: The province is monitoring the risk and discussing with local government(s) and other community leaders the possible need for additional health measures • Enhanced: Risk levels require enhanced public health measures to control the spread. Site Notes:
Other:	
Other:	



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Appendix C
Health Assessment Screening

Any designated family/support person or visitor who intends to enter a site, and/or who cannot maintain physical distancing during an outdoor visit must be screened.

This screening must be completed every time the individual enters the site.

Persons who do not enter 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
3. Confirmation of self assessment of risk of unknown exposure to COVID-19 and understanding of Safe Visiting Practices
4. Confirmation of identity and designated status (only if entering the building)
5. Documentation of arrival and exit times (only if entering the building)



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Appendix D
Risk of Unknown Exposure to COVID-19

It is important for all persons to understand their risk of unknown exposure to COVID-19, based on their behavior in the last 14 days, prior to entering the Covenant Care site and modify their behavior accordingly.

- It is particularly critical that active Health Assessment Screening is completed at entry, is answered completely and accurately, and anyone with symptoms or recent known exposure to COVID-19 not enter the site at all.
- While individuals do not need to disclose their assessed risk of unknown exposure to Covenant Care/Covenant Living they must ensure the resident or alternate decision maker is aware of it and behave accordingly.
- Individuals should limit the number of different sites they enter and provide in-person visits to only one site per day to the greatest extent possible.

Risk of Unknown Exposure Assessment Guidance

Low Risk	Medium Risk	High Risk
<p>To be considered at low risk of unknown exposure, all the following conditions must be met:</p> <ul style="list-style-type: none"> • Does not work or live in an area of high Covid-19 exposure • Works from home • Part of a small cohort (15 or less) who consistently practices physical distancing and masks when cannot maintain distance • Not have had guests at home in the past 14 days • Visits resident(s) in one site a day • Makes essential outings only • Uses own vehicle • Consistently maintains 2 metres of distance from those outside household in all activities • Mask worn when cannot maintain physical distancing • Consistent hand hygiene • No interprovincial travel within the last 14 days 	<p><i>There will be many variations that arise between the extremes of high and low risk of unknown exposure.</i></p> <p><i>Individuals must use their best judgement to determine risk of unknown exposure where neither low nor high is appropriate.</i></p>	<p>To be considered at high risk of unknown exposure, any one or more of the following may be met:</p> <ul style="list-style-type: none"> • Works or lives in an area of high COVID-19 exposure • Works outside home in settings where distancing is not consistently maintained and masking is not consistently used • Worked at or visited a location with a declared COVID-19 outbreak in the last 14 days • Part of a large cohort (more than 15) • Cohort inconsistently practices physical distancing and use of masks when cannot maintain distance • Have had guests in home in last 14 days • Visits resident(s) in multiple sites in one day • Outings where contact with others outside household is likely • Use of public transit or carpooling where distancing is not consistently maintained and masking is not consistently used • Does not maintain physical distancing and does not wear a mask • Infrequent or inconsistent hand hygiene • Interprovincial travel within the past 14 days.



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Appendix E
Safe Visiting Practices

1. Risk of Unknown Exposure to COVID-19

- a. Refer to Appendix D

2. Hand Hygiene

- a. All persons visiting, including residents, must 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) before, during as appropriate, and after all visits.

3. Use of PPE – General Practices

- a. All designated family/support persons and visitors are required to wear a mask continuously throughout their time indoors and be instructed how to put on and take off that mask and any other PPE that may be required.
 - i. Single-use masks may be removed (and immediately disposed of) for indoor visits in a resident room if physical distancing can be maintained. A new mask must be worn in transit through the site.
 - ii. Public Health Guidelines for use of masks must be followed.
- b. Continuous use of mask is not required for outdoor visits unless physical distancing cannot be maintained.
- c. When visiting a newly admitted resident or a resident on isolation precautions, Covenant Care/Covenant Living must ensure that the designated family/support persons and/or visitors have or are provided with the required PPE (based on precaution required), have been trained to use and have practiced the appropriate use of the PPE

4. Use of PPE to Enable Safe Physical Touch

- a. The risk of transmission of COVID-19 increases with close proximity. If a resident and their designated family/support person(s) or visitor(s) understand this and they wish to include physical touch in their visits, this may be done by following the additional guidance:
 - i. Stop close contact with the resident and inform staff immediately for further direction if they are or become symptomatic during the visit.
 - ii. Continuously wear a mask that covers the nose and mouth while within 2 metres of the resident.
 - iii. Though a resident does not need to also wear a mask, they may choose to do so based on their own risk of unknown exposures from off-site activity (Appendix D)
 - iv. Perform hand hygiene both before and after direct physical contact with the resident
 - v. If resident is isolated due to symptoms of COVID-19, Covenant Care/Covenant Living must ensure that the designated family/support persons and/or visitors have or are provided with the required PPE (based



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on precaution required), are trained, and have practiced the appropriate use of the PPE.

- b. Individuals at low risk of unknown exposure may engage in safe physical touch (Appendix D).
- c. Individuals at medium risk of unknown exposure may engage in safe physical touch, where resident risk tolerance is high (Appendix D).
- d. **Individuals at high risk of unknown exposure are not recommended to physically touch the resident** unless providing direct resident care wearing all appropriate PPE (Appendix D).

5. Use of PPE for those with Cognitive/Sensory Impairments or Traumatic Experiences

- a. Residents who have sensory deficiencies or cognitive impairment must be supported to have safe and meaningful visits that support their health and wellbeing. This includes creative strategies to overcome barriers in situations where the use of PPE by the visiting person is inappropriate or disrupts communication, where physical distancing cannot be maintained.
 - i. Note: where the use of PPE is disruptive, it is acceptable to remove the PPE if physical distancing can be maintained.
- b. Where the use of facial PPE by a designated family/support person or a visitor is distressing due to a cognitive or sensory impairment or traumatic experience, and physical distancing cannot be maintained, adaption of facial PPE may be considered as follows:
 - i. Facial PPE must provide respiratory droplet source control (e.g. if face shields are being considered, they must provide protection that wraps under the chin).
 - ii. Adaptations must be discussed/approved by Covenant Care/Covenant Living and site medical director, if applicable, or zone Medical Officers of Health on a case-by-case basis.

6. Visiting Animals

- a. Subject to precautions and ability of Covenant Care/Covenant Living to accommodate animals, one animal is permitted to accompany a staff member, designated family/support person or other visitor for both indoor and outdoor visits.
- b. The animal must meet Covenant Care/Covenant Living policy regarding animal visits, where established, and Covenant Care/Covenant Living must require visiting animals to be well and not come from a household with individuals at high risk of unknown exposure to COVID-19.

7. Gifts

- a. Designated family/support persons and visitors shall be permitted to bring gifts, including homemade or purchased food or flowers/plants.
- b. Depending on the risk level of the individual, and at the discretion of Covenant Care/Covenant Living, some items may be required to be cleaned and disinfected



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by the individual or quarantined for a period of time when disinfection is not possible.

Resident Risk Tolerance Assessment

Risk tolerance, in the context of this Order, is the ability of a site, as an entity (physical accommodation and the collective of residents and staff), to accept increased potential of exposure to COVID-19 to inform situations where restricted access may be necessary and where more visits (e.g. social) are desired. Risk tolerance is fluid (i.e. is not constant; will continuously change) and will depend on many factors, outlined in Table 2.

- It is important to recognize that risk factors are not mutually exclusive. It is the consideration of the combination of them that will ultimately inform a site's risk tolerance.
- For example, a site could be small with minimal space, where the residents are active and healthy and assess their own risk tolerance as high. In this situation, social visits in designated indoor spaces or resident rooms, if desired, may be permitted.
- Per CMOH Order 29-2020, an operator must identify the risk tolerance for the site based on conversations with their residents, families and staff. Risk tolerance will vary between sites for many reasons including site designation (e.g., a group home may have a greater risk tolerance than a long-term care facility) and perception of risk tolerance by each resident or alternate decision makers.

See the below table containing risk factors identified in the CMOH order as well as their descriptors. You will note that there are some comments added in the site notes to provide you with an understanding of current site processes and layout. Please add comments if desired to the highlighted section, that you feel are relevant to these risk factors – this will allow for more site-specific consideration in upcoming risk tolerance risk assessments. Please indicate in each highlighted section (applicable to your grouping) the level of risk you feel this warrants (low, medium, high).

Risk Tolerance Assessment for Family

Risk tolerance, in the context of this Order, is the ability of a site, as an entity (physical accommodation and the collective of residents and staff), to accept increased potential of exposure to COVID-19 to inform situations where restricted access may be necessary and where more visits (e.g. social) are desired. Risk tolerance is fluid (i.e. is not constant; will continuously change) and will depend on many factors, outlined in Table 2.

- It is important to recognize that risk factors are not mutually exclusive. It is the consideration of the combination of them that will ultimately inform a site's risk tolerance.
 - For example, a site could be small with minimal space, where the residents are active and healthy and assess their own risk tolerance as high. In this situation, social visits in designated indoor spaces or resident rooms, if desired, may be permitted.
- Per CMOH Order 29-2020, an operator must identify the risk tolerance for the site based on conversations with their residents, families and staff. Risk tolerance will vary between sites for many reasons including site designation (e.g., a group home may have a greater risk tolerance than a long-term care facility) and perception of risk tolerance by each resident or alternate decision makers.

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See the below table containing risk factors identified in the CMOH order as well as their descriptors. You will note that there are some comments added in the site notes to provide you with an understanding of current site processes and layout. Please add comments if desired to the highlighted section, that you feel are relevant to these risk factors – this will allow for more site-specific consideration in upcoming risk tolerance risk assessments. Please indicate in each highlighted section (applicable to your grouping) the level of risk you feel this warrants (low, medium, high).

Risk tolerance, in the context of this Order, is the ability of a site, as an entity (physical accommodation and the collective of residents and staff), to accept increased potential of exposure to COVID-19 to inform situations where restricted access may be necessary and where more visits (e.g. social) are desired. Risk tolerance is fluid (i.e. is not constant; will continuously change) and will depend on many factors, outlined in Table 2.

- It is important to recognize that risk factors are not mutually exclusive. It is the consideration of the combination of them that will ultimately inform a site's risk tolerance.
- For example, a site could be small with minimal space, where the residents are active and healthy and assess their own risk tolerance as high. In this situation, social visits in designated indoor spaces or resident rooms, if desired, may be permitted.
- Per CMOH Order 29-2020, an operator must identify the risk tolerance for the site based on conversations with their residents, families and staff. Risk tolerance will vary between sites for many reasons including site designation (e.g., a group home may have a greater risk tolerance than a long-term care facility) and perception of risk tolerance by each resident or alternate decision makers.

See the below table containing risk factors identified in the CMOH order as well as their descriptors. You will note that there are some comments added in the site notes to provide you with an understanding of current site processes and layout. Please add comments if desired to the highlighted section, that you feel are relevant to these risk factors – this will allow for more site-specific consideration in upcoming risk tolerance risk assessments. Please indicate in each highlighted section (applicable to your grouping) the level of risk you feel this warrants (low, medium, high).

Risk Tolerance Assessment for Staff

<p>Any disclosed resident directed assessment of risk tolerance</p>	<p>Though it is recognized not everyone will assess themselves the same way, residents will have a sense of their health and the risks they would be willing to take for more visitors on site. Though this is a subjective measure, the risk tolerance of the site should be directed by the risk tolerance of the residents, where disclosed.</p> <p>Site notes:</p>
<p>Any disclosed staff directed assessment of risk tolerance</p>	<p>Though this is a subjective measure, the risk tolerance of the site should be informed by the risk tolerance of the staff, where disclosed.</p> <p>Site notes:</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High</p> <p>Staff Comments:</p>
<p>Mechanism for ongoing assessment of risk designation of region</p>	<p>Up to date understanding of the incidence of COVID-19 in the community is important Note: Where a facility is located with respect to risk designation of region does not itself constitute the need to adjust risk tolerance of site.</p> <ul style="list-style-type: none"> • Open: Low level of risk, no additional restrictions in place • Watch: The province is monitoring the risk and discussing with local government(s) and other community leaders the possible need for additional health measures • Enhanced: Risk levels require enhanced public health measures to control the spread <p><i>Site notes:</i></p>
<p>Other:</p>	<p>Staff Comments:</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High</p>

Temperature: _____

Name: _____ Designated Family/Support Person Visitor
 Time In: _____ Time Out: _____ Confirmation of Identity: Yes No

Any designated family/support person or visitor who intends to enter a Covenant Care building, and/or who cannot maintain physical distancing during an outdoor visit must be screened. This screening must be completed every time the individual enters the building. This screening will involve a temperature check, completion of a questionnaire and education on Safe Visitation Practices and wearing appropriate PPE.

1	Do you have any of the below symptoms>		
	• Fever (38.0 degrees Celsius or higher)	Yes	No
	• Any new or worsening symptoms		
	o Cough	Yes	No
	o Shortness of Breath/Difficulty Breathing	Yes	No
	o Sore Throat	Yes	No
	o Chills	Yes	No
	o Painful Swallowing	Yes	No
	o Runny Nose/Nasal Congestion	Yes	No
	o Feeling Unwell/Fatigued	Yes	No
	o Nausea/Vomiting/Diarrhea	Yes	No
	o Unexplained Loss of Appetite	Yes	No
	o Loss of Sense of Taste or Smell	Yes	No
	o Muscle/Joint Aches	Yes	No
	o Headache	Yes	No
	o Conjunctivitis (commonly known as Pink Eye)	Yes	No
2	Have you travelled outside of Canada in the last 14 days?	Yes	No
3	Have you had close unprotected* contact (face-to-face contact within 2 meters/6 feet) with someone who has travelled outside of Canada in the last 14 days and who is ill**?	Yes	No
4	Have you had close unprotected* contact (face-to-face contact within 2 meters/6 feet) in the last 14 days with someone who is ill**?	Yes	No
5	Have you been in close unprotected* contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19	Yes	No
6	Have you worked or visited the Misericordia Community Hospital in Edmonton during the last two (2) weeks?	Yes	No
7	Have you assessed your risk of unknown exposure based on your last two weeks of activity (refer to Risk of Unknown Exposure Assessment)	Yes	No
8	Do you understand Safe Visiting Practices and related site policies	Yes	No

If any individual answers “YES” to screening questions 1-6, they will not be permitted to enter the site. Individuals must be directed to self-isolate and complete the AHS Online Assessment Tool to arrange for testing.

If any individual answers “NO” to screening questions 6-8, they will work with Covenant Care to understand their responsibilities before being permitted to enter the site.

Signature of Designated Family/Support Person or Visitor: _____

Approved for Entry: Yes No Screeners Signature: _____

* “Unprotected” means close contact without appropriate personal protective equipment

** “Ill” means someone with COVID-19 symptoms as on the list above

Safe Physical Touch

The risk of transmission of COVID-19 increases with close proximity. If a resident and their designated family/support person or visitor understand this and they wish to include physical touch in their visits, this may be done by following the additional guidance:

If a resident/visitor/family/support worker become symptomatic during visit—Stop close contact

Continuously wear a mask while within 6 feet of the resident

Perform hand hygiene before and after direct physical contact with the resident

A resident may choose to wear a mask based on their own Risk of Unknown Exposure Assessment.

If on isolation precautions, staff must ensure that family/support persons and visitors are provided with education and practice putting on and taking off the appropriate PPE

Use of PPE for those with Cognitive/Sensory Impairment

Residents who have sensory deficiencies or cognitive impairment must be supported to have safe and meaningful visits. This includes creative strategies to overcome barriers in situations where the use of PPE by the visiting person is inappropriate or disrupts communication, where physical distancing cannot be maintained. Where PPE is disruptive, it is acceptable to remove the PPE if physical distancing can be maintained. Where physical distancing cannot be maintained, adaptation of facial PPE may be considered as follows:

Facial PPE must provide respiratory droplet source control

Adaptations must be discussed/approved by Covenant Care or the zone Medical Officer of Health on a case-by-case basis.

Your Organization

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4
Phone: 555-555-5555
Fax: 555-555-5555
E-mail: someone@example.com

Safe Visitation for Family and Visitors





Safe Visiting Practices

Know your risk—Review the *Risk of Unknown Exposure Assessment* regularly.

Hand Hygiene—wash your hands before, during and after all visits.

Use of PPE—masks are to be worn continuously while indoors or if physical distancing cannot be maintained outdoors.

Safe Physical Touch—review section on how to engage in safe physical touch.

Visiting Animals—subject to precautions and ability of the site to accommodate—1 animal is permitted to visit providing they are healthy.

Gifts—gifts are permitted including homemade or purchased food, flowers, plants. Depending on risk level, some items may be required to be cleaned/disinfected or quarantined.

Risk of Unknown Exposure

High Risk: Any one or more of the following present

- Works/lives in an area of high COVID-19 exposure
- Works outside the home where distancing is not consistently maintained and masking is not consistently used
- Worked at or visited a location with a declared COVID-19 outbreak in the last 14 days
- Is part of a large cohort (greater than 15)
- Cohort inconsistently practices physical distancing and use of masks when cannot maintain distance
- Have had guests in home in last 14 days
- Visits resident(s) in multiple sites in one day
- Outings where contact with other outside household is likely
- Use of public transit or carpooling where distancing is not consistently maintained and masking is not consistently used
- Does not maintain physical distancing and does not wear a mask
- Infrequent or inconsistent hand hygiene
- Interprovincial travel within the past 14 days



Risk of Unknown Exposure

It is important for all persons to understand their risk of unknown exposure to COVID-19, based on their behavior in the last 14 days. While individuals do not need to disclose their assessed risk of unknown exposure to COVID-19 to the site, they must ensure the resident or alternate decision maker is aware of it and behave accordingly.

Low Risk: All the following conditions must be met

- Does not work/live in an area of high Covid-19 exposure
- Works from home
- Part of a small cohort who consistently practices physical distancing and masks when cannot maintain distance
- Not have had guests at home in the past 14 days
- Visit resident (s) in one site in a day
- Makes essential outings only
- Uses own vehicle
- Consistently maintains 6 feet of distance from those outside household in all activities
- Consistent hand hygiene
- No interprovincial travel within the last 14 days

Medium Risk—There will be many variations that arise between the extremes of high and low risk. Individuals must use their best judgement.



Gentle Reminders for Safe Visitation

- ** Visitation shall be done within resident suite
- ** Masks can be removed for visitation **IF** physical distancing can be maintained
 - ** Masks must be worn when travelling to and from suite to exit
- ** **Safe Physical Touch** can occur if the following are maintained:
 - ** You must be at low risk of unknown exposure to engage in safe physical touch
 - ** Masks are worn while within 6 feet of the resident
 - ** Hand hygiene is performed before and after direct physical contact
 - ** Close contact is stopped if resident or visitor becomes symptomatic during visit
 - ** The resident can choose to wear a mask although not required



Safe Family Support and Visitation

Have you assessed your Risk of Unknown Exposure to COVID-19?

Do you understand and agree with the Safe Visiting Practices?

Do you understand what Safe Physical Touch entails?

Have you been taught and practiced the application of PPE?

Has the Health Screening Assessment been completed?

Have you had your Temperature checked and recorded?

Designated Family/Support Person(s) and Visitor(s) Required Education

Please use this Education Sheet to familiarize yourself with the new guidelines as set out by the Chief Medical Officer of Health Visitation Orders and please be aware that, as outlined in these Orders, a Covenant Care staff member will be providing you with in-person education each time you arrive at the Covenant Care community to visit your loved one.

Covenant Care will be providing Designate Family/Support Person(s) and Visitors with a medical grade face mask for your visit.

The Health Assessment Screener shall cover the following with **ALL** Designated Family/Support Person(s) and Visitor(s) **at each Health Screening**.

1. Resident Visits

- a. Please note: that there is a risk associated with this new Visitation Order to:
 - i. You, the visitor;
 - ii. The Resident; and
 - iii. The Staff
- b. To take place in resident rooms only – not in hallway or shared care areas
- c. To take place outside – masks required if physical distancing cannot be maintained
- d. Designated Family/Support Person(s)/Visitor(s) must go directly to resident suite upon completion of Health Screening and Education
- e. Designated Family/Support Person(s)/Visitor(s) are to visit only the resident they scheduled to visit – no other visitations of other residents

2. Hand Hygiene (use Hand Washing Posters as teaching tool)

- a. How to hand wash with soap and water for at least 20 seconds
- b. How to hand sanitizer using Alcohol Based Hand Sanitizer

3. How to put on and wear a Mask (use How to Wear a Mask Poster as teaching tool) (allow time to practice)

- a. Continuous Masking while travelling from Entrance to Resident Suite
- b. Continuous Masking IF 6 feet of physical distance CANNOT be maintained
- c. Continuous Masking while travelling from Resident Suite to Exit
- d. If visiting a resident with cognitive/sensory impairment, modifications to face covering must first be discussed with Covenant Care Leadership

4. Safe Visitation Practices

- a. Risk of Unknown Exposure (point out in pamphlet, ask visitor or family to review prior to being allowed to visit – they do not have to disclose risk level to Covenant Care)
- b. Hand Hygiene (as above)
- c. Use of Personal Protective Equipment
 - i. How to put on a mask and when to wear it (as above)
- d. Visiting animals
 - i. Subject to precautions and ability of site to accommodate pets
 - ii. Pet must be healthy
 - iii. Only 1 animal is permitted to visit at a time
- e. Gifts
 - i. Are permitted (includes homemade and purchased food, plants, flowers)
 - ii. Depending on risk level, site may determine that some items are required to be cleaned/disinfected or quarantined

5. Safe Physical Touch

- a. Allowed if the following can be maintained



Covenant
Care



Covenant
Living

Designated Family/Support Person(s) and Visitor(s) Required Education

- i. Mask to be worn at all times when within 6 feet of the resident
- ii. Perform Hand Hygiene before and after direct physical contact with the resident
- iii. A resident may choose to wear a mask although not required
- iv. If a resident/designated family/support person/visitor becomes symptomatic during visit direct contact must be stopped and Covenant Care staff must be notified immediately

v. NOTE:

1. Individuals at LOW RISK of unknown exposure may take part in safe physical touch

(Continued on Page 2)

2. Individuals at MEDIUM RISK of unknown exposure may take part in safe physical touch, where the resident risk tolerance (willing to take risk) is high
3. Individuals at HIGH RISK of unknown exposure are not recommended to physically touch the resident unless providing direct resident care wearing all appropriate PPE

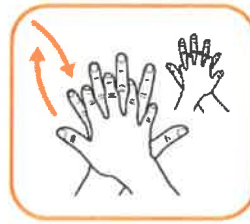
How to Use Alcohol-based Hand Rub

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If you have any questions or comments regarding this information please contact the Infection Prevention & Control Hand Hygiene Program at: Hand.Hygiene@ahs.ca



- Roll up long sleeves and push up wrist accessories
- Apply a palmful of AHS-provided ABHR to hands
- Rub all surfaces of your hands and wrists



- Include palms, fingers, fingertips and thumbs
- Rub until hands are completely dry



Periodically apply AHS-provided hand lotion for skin integrity.

Adapted with permission from The World Health Organization

Original date: May 2017
Revised date: April 2019

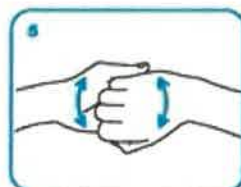
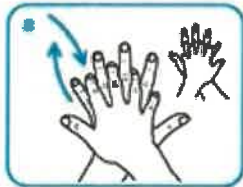
How to Hand Wash

© 2019 Alberta Health Services.

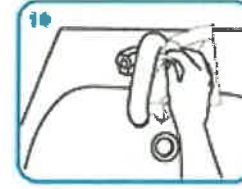
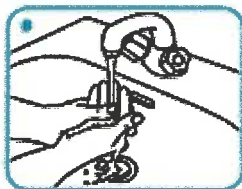
If you have any questions or comments regarding this information please contact the Infection Prevention & Control Hand Hygiene Program at: Hand.Hygiene@ahs.ca



- Roll up long sleeves and push up any wrist accessories
- Wet hands with warm water
- Apply enough soap to cover surfaces of the hands



- Vigorously rub soap over palms, backs of hands and wrists
- Include space between fingers, fingertips and thumbs
- Procedure should take 15 to 30 seconds



- Rinse under warm, running water
- Pat hands dry with disposable towel
- Turn tap off with the disposable towel

Periodically apply AHS-provided hand lotion for skin integrity.

Adapted with permission from The World Health Organization

Original date: May 2017
Revised date: June 2019

For Healthcare Workers: How to Wear a Mask

Healthcare workers providing direct patient care, working in patient care areas, or if social distancing cannot be maintained, **MUST** wear a surgical/procedure mask continuously, at all times and in all areas of their workplace.



Putting on the mask

Before putting on a mask, clean hands with alcohol-based hand rub or soap and water.

Open mask fully to cover from **nose to below chin**.
If the mask has a nose bar, pinch around your nose.



During Use

Avoid touching the mask or your face under the mask. If the mask becomes damp or soiled, clean your hands and replace the mask.

Keep your mask on while providing direct patient care, while working in patient care areas, or if you cannot maintain social distance.



Removing the mask

Clean hands with alcohol-based hand rub or soap and water.

Do not touch the front of the mask. Remove using the ties or elastic loops.

Discard immediately in garbage can.











Clean hands with alcohol-based hand rub or soap and water.

Never reuse masks.



PPE Checklist

Contact and Droplet Precautions

Steps for putting on PPE			Steps for taking off PPE		
1		Clean hands	1		Gloves
2		Gown	2		Clean hands
3		Mask with visor or mask and eye protection	3		Gown
4		Gloves	4		Clean hands
			5		Mask with visor or mask and eye protection
			6		Hand sanitizer or soap and water