IN THE MATTER OF the Public Health Act, RSPEI 1988, c P-30.1 ("Act").

LONG-TERM CARE FACILITIES AND NURSING HOMES VISITATION AND STAFF MOVEMENT ORDER


AND WHEREAS I believe that the persons entering a long-term care facility or nursing home and the movement of staff between long-term care facilities and nursing homes can promote the transmission of COVID-19 and increase the risk of infection with COVID-19 of persons in care and staff;

AND WHEREAS considering the mental health of certain individuals who are residents of certain facilities, I have determined there are certain asymptomatic individuals who should be able to enter these facilities and visit with residents during this pandemic;

AND WHEREAS pursuant to clause 49(2)(a) of the Act, I may take special measures during a state of public health emergency including, but not limited to, issuing directions for the purpose of controlling infection to an institution, health facility, corporation, health care organization, health professional or health care provider;

AND WHEREAS pursuant to clause 49(2)(g) of the Act, I may take any other measure I reasonably believe is necessary for the protection of the health of the population during the public health emergency;

AND WHEREAS the reasons for this Order are the global COVID-19 pandemic, the health risks posed by the pandemic, including health risks posed by new variants of the virus causing COVID-19, and the necessity to prevent, decrease or eliminate those health risks;

AND WHEREAS, at the time of making this Order, recommendations from the National Advisory Committee on Immunization inform that approximately two weeks after receiving a primary series and particularly after having received a booster dose 6 months following the primary series, currently authorized vaccines in Canada have been shown to be efficacious in the short term...
against confirmed symptomatic COVID-19 disease, appear to be efficacious against severe COVID-19 outcomes such as hospitalization or death, and may reduce asymptomatic infection and transmission of the COVID-19 virus;

AND WHEREAS on October 4, 2021 the Chief Public Health Officer, in keeping with recommendations from the National Advisory Committee on Immunization, provided direction to long-term care and community care facilities to provide COVID-19 booster doses to all residents who are six (6) months past their primary vaccination series, and booster doses are now recommended for all residents of long-term care and community care facilities to increase the immune response and provide further protection against infection;

AND WHEREAS, in September 2021 and pursuant to my authority under the Act, I issued a Vaccination Information and Testing Order for community care facilities, long-term care facilities and nursing homes, as may be amended from time to time;

NOW THEREFORE pursuant to my authority granted under subsection 49(2) of the Act, I hereby order as follows.

1. In this Order, the definitions in the Chief Public Health Officer COVID-19 Prevention and Self-Isolation Order, as may be amended from time to time ("the COVID-19 Prevention and Self-Isolation Order"), apply and have the same meaning in this Order except as otherwise defined in this Order, and:

   (i) "booster dose" means, following a primary series, an additional dose of a COVID-19 vaccine authorized by Health Canada for use in relation to the COVID-19 pandemic;

   (ii) "designated visitors" means individuals designated by the Resident or the Resident's Guardian to visit the Resident primarily for social or other supportive reasons, including family and friends but do not including multiple-resident visitors;

   (iii) "domestic travel" means travel outside Prince Edward Island but within Canada;

   (iv) "facility" means a long-term care facility or a nursing home;

   (v) "international travel" means travel outside of Canada;

   (vi) "long-term care facility or nursing home" means the following establishments:

       (i) nursing homes as defined under clause 1(j) of the Community Care Facilities and Nursing Homes Act, RSPEI 1988, c C-13; and

       (ii) long-term care facilities which are operated by or on behalf of the Department of Health and Wellness or Health PEI.

   (vii) "multiple-resident visitors" means multiple resident visitors as defined in the Chief Public Health Officer Vaccination Information and Testing Order for Community Care Facilities, Long-term Care Facilities and Nursing Homes, as may be amended from time to time;

   (viii) "operator" means the person or organization responsible for the management and operation of a long-term care facility or nursing home,
“partner in care” means individuals designated by the Resident or Resident’s guardian to support feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connections, relational continuity and assistance in decision-making for the Resident;

“resident” means a resident at a long-term care facility or nursing home;

"staff" means employees, contracted workers and volunteers who are routinely present at a long-term care facility or nursing home;

“unvaccinated staff” means staff who are not fully vaccinated; and

“vaccinated staff” means staff who are fully vaccinated.

FACILITY VISITATION AND ATTENDANCE

2. Visitation to residents is permitted at a facility provided the facility complies with the measures outlined in this Order.

3. Residents may have up to three (3) partners in care, except residents may only have one (1) partner in care when the Chief Public Health Officer has declared an outbreak of COVID-19 at their facility.

4. Partners in care may visit the resident, individually or together with other partners in care, at any time of the day, with no restriction on frequency or length of visits, on the conditions that the partner in care's presence in the facility cannot have a negative impact on the care of any resident in the facility and that all infection control measures to protect resident, public and staff safety are followed by the partner in care.

5. Residents may have up to three (3) designated visitors and have designated visitors for palliative visitation in accordance with section 9. Designated visitors must follow all facility infection control measures to protect the resident, public and staff safety at all times.

6. Partners in care and designated visitors must comply with the following measures to visit a facility:

   i. They must receive an orientation by facility staff prior to beginning visitation at the facility;

   ii. They must provide their full name and contact information to the facility and be screened for COVID-19 upon entry to the facility;

   iii. They must be asymptomatic of COVID-19;

   iv. They must perform hand hygiene, where indicated, upon entry to the facility and upon exit from the facility;

   v. They must follow a facility’s infection control guidelines, and visit during the visiting hours of a facility, unless there are exceptional circumstances as agreed to between them and facility employees;
vi. They must maintain physical distancing of two metres from each other and from other persons at the facility at all times, other than a partner in care may be within two metres of the resident;

vii. During visits with the resident, they must wear a medical mask in a facility.

viii. They shall only visit one resident at a facility;

ix. They may be accompanied by dependents during visits if the partners in care or designated visitors exercise responsibility for the dependents during the visit. For greater certainty, visiting dependents who must be cared for by a parent or guardian are considered designated visitors for purposes of this Order.

7. Persons attending at a facility (including residents, staff and visitors) after travel outside the Province must follow the isolation and testing requirements of the Chief Public Health Officer’s COVID-19 Prevention and Self-isolation Order dated February 17, 2022 and as may be amended from time to time.

COVID-19 VISITATION

8. Partners in care and designated visitors must comply with the following requirements in a COVID-19 care area of the facility:

i. Designated visitors cannot attend any COVID-19 care area of the facility when COVID-19 cases are present;

ii. Except as outlined in section 9, designated visitors cannot visit with a resident with a confirmed or suspected case of COVID-19, regardless of the medical condition of the resident;

iii. Partners in care may visit with a resident with a confirmed or suspected case of COVID-19 provided the partners in care wear full PPE during visits.

PALLIATIVE VISITATION

9. Notwithstanding sections 3 and 6, if a resident is a palliative individual or a person is being treated for a life-threatening illness which may end their life, including COVID-19 (with full PPE), there is no limit to the number of partners in care or designated visitors allowed to visit the Resident provided facility infection control measures are followed.

VISITATION OUTSIDE THE FACILITY

10. A fully vaccinated resident who has received a booster dose may, as a partner in care, visit a family member who is a resident of a different facility provided that all infection control measures of both facilities are maintained by the resident.

11. In accordance with details provided to facility staff, a fully vaccinated resident who has received a booster dose may leave their facility to attend at their own property, such as a cottage, for a pre-determined amount of time, independently or with one or more partners in care, if residents and partners in care follow all facility-provided infection control.
measures, including testing for COVID-19. The resident must not have any contact with persons other than their partners in care during this leave.

12. In accordance with details provided to facility staff, a fully vaccinated resident who has received a booster dose may leave their facility independently, if able, or with one or more partners in care, to drive in a vehicle, provided the residents and partners in care follow all facility-provided infection control measures, including testing for COVID-19. The resident may disembark to attend church or in accordance with section 13, provided the resident follows all facility-provided infection control measures and the COVID-19 Prevention and Self-isolation Order.

13. Residents shall not attend public places, unless the attendance at the public place is for an essential purpose such as a medical appointment, and the resident follows all facility-provided infection control measures and the COVID-19 Prevention and Self-isolation Order.

VISITOR CONTACT TRACING

14. Facilities shall maintain a contact-tracing record each day for each resident to include all contacts made by a resident with other persons, including partners in care, designated visitors or any contacts in an exceptional life circumstance approved by a facility in section 24 of this Order, which contact-tracing record shall contain full names, phone numbers and date and time of visits.

15. Facilities must keep the contact-tracing records under section 14 for one month after the day of creation to facilitate contact tracing by the Chief Public Health Officer in the event of a COVID-19 infection situation, and facilities must have an internal process in place to quickly retrieve these records, should the records be needed, including on weekends.

16. Facilities must store the contact-tracing records under section 14 in a safe, secure location for one month after creation of the records and then dispose of the records using a secure destruction method to maintain the confidentiality of personal information collected under this section. For paper records, secure destruction means, at minimum, cross-cut shredding.

FACILITY SERVICES

17. Facilities may offer services at the facility, if the facility:

i. when hosting church services at the facility, ensure they comply with the Long-Term Care and Community Care Facilities Visitation and COVID-19 Guidance dated February 17, 2022 and as may be amended from time to time;

ii. ensures non-essential service providers visiting the facility comply with the Long-Term Care and Community Care Facilities Visitation and COVID-19 Guidance dated February 17, 2022 and as may be amended from time to time, including compliance with the testing requirements for non-essential service providers who have direct physical contact with residents;

iii. when offering entertainment, complies with the Chief Public Health Officer Entertainment in Community Care and Long-term Care Facilities Guidance dated
February 17, 2022 and as may be amended from time to time, including compliance with the testing requirements for entertainers; and

iv. ensures all persons providing services at the facility for services are recorded in a contact-tracing record, in accordance with sections 14 to 16.

STAFF MOVEMENT

18. An operator of a long term care facility or nursing home is prohibited from permitting staff, who have had direct patient contact with a confirmed COVID-19 case at a hospital, to work in a long-term care facility or nursing home until 14 days following the staff’s last patient contact.

19. An operator of a long-term care facility or nursing home is prohibited from permitting unvaccinated staff to work in multiple long-term care facility or nursing home locations. For greater certainty, this section does not restrict unvaccinated staff from engaging in other employment that is not at another long-term care facility or nursing home. For example, unvaccinated staff are permitted to work in other employment at community care facilities, hospitals, health centres and community-based programs and services.

20. An operator of a long term care facility or nursing home is prohibited from permitting vaccinated staff to work in multiple long term care facility or nursing home locations if the vaccinated staff do not follow all testing and infection, prevention and control measures as required by the Chief Public Health Officer. For greater certainty, this section does not restrict vaccinated staff from engaging in other employment that is not at another long-term care facility or nursing home. For example, vaccinated staff are permitted to work in other employment at community care facilities, hospitals, health centres and community-based programs and services.

21. The following persons are exempt from the application of sections 18 and 19 of this Order:

(i) physicians;
(ii) nurse practitioners;
(iii) home care workers;
(iv) emergency medical services (EMS);
(v) Health PEI quality risk consultants;
(vi) Health PEI outbreak teams;
(vii) registered nurses working with Infection Prevention and Control;
(viii) specialized service workers who are necessary for the functioning of a facility (e.g. cooks, maintenance staff, tradespersons), except that they must be swabbed for COVID-19 at least once per week if working at multiple facility locations;
(ix) Community Care Facilities and Nursing Homes Board inspectors or representatives; and
(x) persons exempted by the Chief Public Health Officer, in exceptional circumstances.

22. For the purpose of this Order, Margaret Stewart Ellis Home and Community Hospital O'Leary are considered as one location.

GENERAL

23. Facilities must monitor the rates of COVID-19 vaccination among their residents. For facilities with a rate of fully vaccinated residents of lower than 85%, those facilities should use extra caution with infection control, including cleaning of the facility.

24. At the request of a resident, medical staff at a facility may, in exceptional life circumstances, make exemptions to the restrictions in this Order. Any exemption made by medical staff under this section must be made in consultation with the facility administrator, and the facility administrator shall keep a record of all exemptions made under this section.

25. Notwithstanding anything in this Order, the Chief Public Health Officer may:

   (i) exempt a person or class of persons from the application of any section of this Order under exceptional circumstances or on reasonable grounds; and

   (ii) impose, on any person or class of persons exempt from the application of any section of this Order under clause (i), public health measures consistent with this Order to minimize the risk of introduction or spread of COVID-19.

26. For greater certainty, nothing in this Order limits the operation of the Act or its regulations or restricts the ability of the Chief Public Health Officer to issue public health orders or other orders or directives, as necessary.

27. This Order:

   (i) revokes and replaces my order of January 31, 2022;

   (ii) is effective on February 17, 2022 at 8:01 a.m., except where stated in this Order to have retroactive effect; and

   (iii) shall remain in effect for the duration of the public health emergency in the Province, unless earlier amended or revoked.

TAKE NOTICE THAT failure to comply with this Order is an offence for which you may be liable on summary conviction in accordance with section 66 of the Act.

DATED at Charlottetown, in Queens County, Prince Edward Island this 25th day of February, 2022.

Dr. Heather Morrison
Chief Public Health Officer