

**RECORD OF DECISION – CMOH Order 10-2020 which rescinds CMOH Order 06-2020 and CMOH Order 08-2020**

**Re: 2020 COVID-19 Response**

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

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

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

Whereas I made Record of Decision - CMOH Order 06-2020 on March 25, 2020 and Record of Decision - CMOH Order 08-2020 on April 2, 2020.

Whereas the outbreak standards attached as appendix A to Record of Decision - CMOH Order 08-2020 require operators and service providers of health care facilities to require staff members to work exclusively at one site in the case of a confirmed COVID-19 outbreak.

Whereas having determined that it is necessary to:

- (a) further restrict the movement of staff members between health care facilities;
- (b) revise the operational protocols appended to Record of Decision - CMOH Order 06-20; and
- (c) revise the outbreak standards appended to Record of Decision - CMOH Order 08-2020.

I hereby make the following Order, which rescinds my previous Record of Decision - CMOH Order 06-2020 and Record of Decision - CMOH Order 08-2020:

**Part 1 – Restricting staff movement among health care facilities**

1. Beginning April 16, 2020, but no later than April 23, 2020, each operator of a health care facility, and each contractor operating within a health care facility, located in the Province of Alberta, must restrict the movement of staff members among health care facilities by ensuring that each staff member works in only one health care facility.
2. For the purposes of Part 1 of this Order, a “health care facility” is defined as:


- (a) an auxiliary hospital under the *Hospitals Act*;
  - (b) a nursing home under the *Nursing Homes Act*; and
  - (c) a designated supportive living accommodation under the *Supportive Living Accommodation Licensing Act*.
3. For the purposes of Part 1 of this Order, a “contractor” is defined as an individual who, or corporation that, under a contract or a sub-contract with the operator of a health care facility, provides or arranges for the provision of health care services or support services within the health care facility.
  4. For the purposes of Part 1 of this Order, a “staff member” is defined as any individual who is employed by, or provides services under a contract with, the operator of a health care facility or a contractor of the operator.
  5. For greater certainty, this Order applies to physicians and nurse practitioners to the extent set out in the standards attached in Appendix A and Appendix B of this Order.
  6. A staff member who is employed or contracted to provide services within more than one health care facility must as soon as reasonably possible disclose that fact to their supervisor (or for a contractor, the site administrator or designate) at each health care facility where they provide services.
  7. A staff member who is employed or contracted to provide services within more than one health care facility is authorized to be absent from each of those health care facilities except the one health care facility in which they will continue to provide services for the period of time Part 1 of this Order is in effect.
  8. Despite section 1 of this Order, an operator, contractor or staff member of a health care facility may be exempted from the application of Part 1 of this Order, by me, on a case-by-case basis.

## **Part 2 – Updated operational standards and outbreak standards**

9. Subject to section 12 of this Order, effective immediately all operators of a health care facility, located in the Province of Alberta, must adhere to:
  - (a) the operational standards attached as Appendix A to this Order; and
  - (b) the outbreak standards attached as Appendix B to this Order.

10. For the purposes of Part 2 of this Order an operator includes a service provider who has been issued a licence under section 6 of the *Mental Health Services Protection Act*.
11. For the purposes of Part 2 of this Order, a “health care facility” is defined as:
  - (a) an auxiliary hospital under the *Hospitals Act*;
  - (b) a nursing home under the *Nursing Homes Act*;
  - (c) a designated supportive living accommodation or a licensed supportive living accommodation under the *Supportive Living Accommodation Licensing Act*;
  - (d) a lodge accommodation under the *Alberta Housing Act*; and
  - (e) any facility in which residential addiction treatment services can be offered or provided by a service provider who has been issued a licence under section 6 of the *Mental Health Services Protection Act*.
12. The requirement to wear a mask at all times, as set out under the heading *Continuous Masking* in the operational standards attached as Appendix A to this Order, is effective as of April 15, 2020.
13. Despite section 9 of this Order, an operator of a health care facility defined in section 11 of this Order may be exempted from the application of Part 2 of this Order, by me, on a case-by-case basis.
14. This Order, or any Part of this Order, remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 10 day of April, 2020.

  
Deena Hinshaw, MD  
Chief Medical Officer of Health

**Document:** Appendix A to Record of Decision – CMOH Order 10-2020

**Subject:** Updated Pre-Outbreak Operational Standards for Licensed Supportive Living and Long-Term Care and residential addiction treatment service providers licensed under the *Mental Health Services Protection Act* (MHSPA) under Record of Decision – CMOH Order 10-2020.

**Date Issued:** April 10, 2020

**Scope of Application:** As per Record of Decision – CMOH Order 10-2020.

**Distribution:** All licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals) as well as all residential addiction treatment service providers licensed under the MHSPA.

**\*Amendments to previous orders are noted by this change in font.**

## Purpose:

The operational expectations outlined here are required under the Record of Decision – CMOH Order 10-2020 (the Order) and are applicable to all licensed supportive living (SL), long-term care (LTC) facilities and service providers licensed under the MHSPA in Alberta, unless otherwise indicated. They set requirements for all operators<sup>1</sup> or service providers, residents<sup>2</sup>, staff, as well as any designated essential visitors (or families and others who are permitted to visit when a resident is dying, as per CMOH [Order 09-2020](#)).

- These expectations apply when a site is **not** in outbreak and **will change** if a site is actually experiencing an outbreak, as per this Order, and outlined in Appendix B.
- These expectations may change existing requirements (e.g., in the Supportive Living and Long Term Care Accommodation Standards, the Continuing Care Health Service standards, the MHSPA), but are required for the duration of this Order. Otherwise, those expectations are unchanged.
- These expectations apply to all staff including any person employed by or contracted by the site, or an Alberta Health Services employee, or another essential worker (e.g., physicians, critical maintenance person).

## Key Messages:

- Individuals over 60 years of age, those with pre-existing health conditions, and those with substance abuse concerns who may have underlying health conditions, are the most at risk of severe symptoms from COVID-19, especially when they live in close contact as is the case with congregate settings.
- To prevent the spread of respiratory viruses, including COVID-19, among seniors and vulnerable groups, we are setting a number of proactive expectations for any site **not already in a COVID-19 outbreak**.
- Many individuals with substance use concerns may have underlying health conditions, making them more at risk of severe symptoms from COVID-19.

<sup>1</sup> Operator means any operator, service provider, site administration or other staff member responsible for areas impacted by these expectations.

<sup>2</sup> A resident is any person who lives within one of these sites (sometimes called clients).

- The intent of these expectations is to help ensure that seniors and other vulnerable individuals living and working in these congregate settings are kept as physically safe as possible, mitigating the risks of COVID-19 – which are significant – as well as other infections.
- Please refer to Appendix B – Suspected, Probable or Confirmed Outbreak Standards as soon as a staff member or resident has identified symptoms of COVID-19 for additional guidance.
- Thorough cleaning and disinfection of frequently touched surfaces and equipment assists in disrupting disease transmission and help prevent COVID-19 and death in those who are at high risk.
- We recognize that socialization and activity are an important part of life and recovery in these congregate settings. These new expectations are required to safeguard people while we are in this pandemic.
  - Changes to how life and activities happen within these congregate settings are critical at this time, beyond the physical and social distancing expectations that are already required of all Albertans.

## Symptom Notification and Response

- Operators must advise all **residents** that they are required to conduct daily self-checks (like all Albertans), for signs of COVID-19. If a resident is unable to do a self-check, see below under “Health Assessment Screening”
  - Note that the list of signs and symptoms for residents is different than for staff, as residents may experience milder initial symptoms or be unable to report certain symptoms if cognitively impaired.
  - Residents must immediately notify their primary site contact (preferably by phone), if they are feeling unwell.
  - Upon notification of a resident feeling unwell, the operator must communicate to the resident and staff about any steps they need to take both to assist the resident and to ensure staff safety. This may include helping the resident (or asking the designated essential visitor to assist) to proceed through any required COVID/illness screening.
- Operator 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 that 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.

### Health Assessment Screening

- Those residents who have a routine interface with staff (e.g. personal care), should be actively screened by staff at least **once** daily using the COVID-19 Questionnaire (Residents) below.
- Documentation of screening should be kept in the resident chart.
- 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).
  - For reference, normal temperatures are: ear/forehead 35.8-38.0°C (96.4-100.4°F)

2. COVID-19 **Resident** Questionnaire (note additions/changes highlighted with \*):

1.	Do you have any of the below symptoms:		
	• Fever (37.8°C or higher)*	<b>YES</b>	<b>NO</b>
	• Any <b>new</b> or <b>worsening</b> respiratory symptoms:		
	○ Cough	<b>YES</b>	<b>NO</b>
	○ Shortness of Breath / Difficulty Breathing	<b>YES</b>	<b>NO</b>
	○ Runny Nose or sneezing*	<b>YES</b>	<b>NO</b>
	○ Nasal congestion*	<b>YES</b>	<b>NO</b>
	○ Hoarse voice*	<b>YES</b>	<b>NO</b>
	○ Sore throat	<b>YES</b>	<b>NO</b>
	○ Difficulty swallowing*	<b>YES</b>	<b>NO</b>
	• Any <b>new onset</b> atypical symptoms including but not limited to*:		
	○ Chills*	<b>YES</b>	<b>NO</b>
	○ Muscle Aches*	<b>YES</b>	<b>NO</b>
	○ Nausea*/Vomiting/Diarrhea	<b>YES</b>	<b>NO</b>
	○ Feeling unwell* / Fatigued* / Malaise*	<b>YES</b>	<b>NO</b>
	○ Headache*	<b>YES</b>	<b>NO</b>

COVID-19 **Staff and Visitor** Questionnaire

1.	Do you have any of the below symptoms:		
	• Fever (38.0°C or higher)	<b>YES</b>	<b>NO</b>
	• Cough	<b>YES</b>	<b>NO</b>
	• Shortness of Breath / Difficulty Breathing	<b>YES</b>	<b>NO</b>
	• Sore throat	<b>YES</b>	<b>NO</b>
	• Runny Nose	<b>YES</b>	<b>NO</b>
	• Feeling unwell / Fatigued	<b>YES</b>	<b>NO</b>
	• Nausea/Vomiting/Diarrhea	<b>YES</b>	<b>NO</b>
2.	Have you, or anyone in your household travelled outside of Canada in the last 14 days?	<b>YES</b>	<b>NO</b>
3.	Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever?	<b>YES</b>	<b>NO</b>
4.	Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	<b>YES</b>	<b>NO</b>

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

## Failed Health Assessment Screening

- 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, operator will send staff home via taxi with a mask.
- If any **resident** answers YES to any of the questions, the individual shall immediately be isolated in the facility.
  - Residents shall be taken to their room, or to an available isolation room, wearing a procedure/surgical mask. See below for further information (e.g., who to contact if you don't know what type of mask to use and where to get additional supplies, if needed).
  - See also above "Symptom Notification and Response"
- Immediately implement *Appendix B: Suspected, Probable or Confirmed Outbreak Standards*.
- AHS Coordinated COVID-19 Response is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms of COVID-19 for additional guidance and decision making support.
  - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.

## **Expectations of Staff & Operators**

### Staff Working at Single Facility

- To protect the most vulnerable Albertans, **designated supportive living and long-term care** 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.).
  - The intent of this order is to limit the risk of transmitting **COVID-19** to our most vulnerable by reducing the number of different people that interact with residents.
  - 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.
- Effective on April 23, 2020, staff will only be permitted to work at one single healthcare facility.
- Operators are not permitted to implement these changes sooner than April 16, 2020 to allow for a period of transition and effective implementation.
  - Recognizing the impact that this will have on staff and operators, Alberta Health and Alberta Health Services will communicate additional information and processes to support the implementation of this requirement.
- As soon as possible, but no later than April 15, 2020, staff will 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.

- Expected to be extremely rare, any requests for a consideration of an exemption may be brought forward on a case by case basis for consultation with AHS Zone Medical Officers of Health. Only the Chief Medical Officer of Health may grant an exemption.
- **It is strongly recommended that all congregate living settings (e.g. non-designated licensed supportive living, lodges, group homes, etc.), though not mandated, also implement this directive.**

### 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.
  - 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.
- Judicious use of all PPE supplies remains critical to conserve supplies and ensure availability.
- 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.
  - See contacts identified elsewhere in this document, for additional information regarding need for PPE (IPC) or access to supplies.
- Under the above direction:
  - When [putting on PPE](#), the following sequence of steps is required:
    1. Screen for symptoms
    2. Perform hand hygiene
    3. Cover body (i.e. gown)
    4. Apply facial protection (i.e. mask, visor, eye protection)
    5. Put on gloves
  - When [taking off PPE](#), the following sequence of steps is required:
    1. Remove gloves
    2. Perform hand hygiene
    3. Remove body coverings
    4. Perform hand hygiene
    5. Remove facial protection
    6. Perform hand hygiene

### Enhanced Environmental Cleaning

- Operators must:
  - Communicate daily, to the appropriate staff, regarding need for enhanced environmental cleaning and disinfection and ensure it is happening.



- Use disinfectants that have a Drug Identification Number (DIN) issued by Health Canada and do so in accordance with label instructions.
  - Look for an 8-digit number (normally found near the bottom of a disinfectant's label).
- Increase the frequency of cleaning and disinfecting of any “high touch” surfaces (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote) in resident rooms, care/treatment areas and common areas such as dining areas and lounges, as appropriate to the facility to a minimum of three times daily.
- In addition, room cleaning and disinfection should be performed at least once per day on all low touch surfaces (e.g., shelves, bedside chairs or benches, windowsills, headwall units, over-bed light fixtures, message or white boards, outside of sharps containers).
- Immediately clean and disinfect any visibly dirty surfaces.
- Clean and disinfect:
  - Any health care equipment (e.g., wheelchairs, walkers, lifts), in accordance with the manufacturer’s instructions.
  - Any shared resident care equipment (e.g., commodes, blood pressure cuffs, thermometers) prior to use by a different resident.
  - All staff equipment (e.g., computer carts and/or screens, medication carts, charting desks or tables, computer screens, telephones, touch screens, chair arms) **at least daily and when visibly soiled**
- Staff should ensure that **hands are cleaned before touching** the above-mentioned equipment.
- Follow the manufacturer’s instructions for difficult to clean items, or consult with Alberta Health Services (AHS) Infection Prevention and Control (IPC).
  - All IPC concerns, for all settings, are being addressed through the central intake email [continuingcare@albertahealthservices.ca](mailto:continuingcare@albertahealthservices.ca).

### Shared Spaces

Operators must ensure the following (or communicate these expectations to the residents and/or staff, as required):

- Place posters regarding [social distancing](#), [hand hygiene \(hand washing and hand sanitizer use\)](#) 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.
  - Post the social distancing tips [fact sheet](#) in a place that is available to all residents, designated essential visitors and staff.
- No resident who is feeling unwell or under isolation ([www.alberta.ca/COVID19](http://www.alberta.ca/COVID19)) should be in any of the building’s shared spaces except to directly come and go to essential appointments or other activities as set out in this document.
  - If a resident of a residential addiction treatment facility is feeling unwell, consideration should be given to them returning to their home, where possible and safe.

### Shared Rooms

- Maintain a distance of two (2) meters between residents sharing a room and any designated essential visitor.
- Remove or discard communal products (e.g., shampoo, creams).
  - Residents must have their own personal products.

- Where there are privacy curtains, change or clean, if visibly soiled.

### Shared Dining

- Minimize the size of the group of residents eating at any one time (e.g., increase the number of meal times, distribute groups eating into other available rooms, stagger the times when meals happen, etc.)
- Reduce the number of residents eating at a table to a maximum of 2, with as much distance apart as possible or implement alternatives that allow the required distance.
- Have staff handle cutlery (e.g., pre-set tables).
- Remove shared food containers from dining areas (e.g., shared pitchers of water, shared coffee cream dispensers, salt and pepper shakers, etc.)
- Provide single service packets of condiments, provide packet directly to each resident, rather than self-serve in a bulk container.
- Remove any self-serve food items made available in public spaces.

### Group/Recreational Activities

- Continue recreational and group treatment activities (only for non-symptomatic or non-isolating residents), meeting these expectations:
  - Reduce the size of the activity to five or fewer residents
  - To the greatest extent possible, pursue one-on-one activities
  - Meet all existing social distancing requirements
  - Facilitate access to phone calls and other technology to maintain the link between residents, family and friends
- Remove or secure (lock up or put in an area that only staff can access) any moveable recreational supplies. If you use any of these (e.g., for one-to-one or small group activities that meet existing physical and social distancing and other group/recreational expectations), ensure they are cleaned and disinfected before and after any use and re-secure.

### Resident Move-In and Transfer

- People will continue to move into these settings (e.g., as new residents), according to existing processes, as well as continue to transfer between settings in the usual way (e.g., return from hospital). They are subject to the same Health Screening Assessments as all other residents/staff, with an assessment to be completed by the transferring site to ensure suitability for transfer (and other isolation or other requirements that have been set for all Albertans by the Chief Medical Officer of Health).
- Any new admissions and/or transfers to the facility should be placed on contact/droplet isolation for 14 days from arrival to facility.

### **Expectations of Residents and Designated Essential Visitors**

- As per [Order 09-2020](#) no visitors are permitted, including those designated as essential, except for visits:
  - Where, in rare situations, the resident's care needs cannot be met without their assistance, or
  - When a resident is dying.
- Should a visitor be permitted, they must wear a mask continuously throughout their time in the facility and shall be instructed how to put on and take off any PPE.

- Any visits from the permitted designated essential visitor must occur in that resident's room, other than when the designated essential visitor is assisting with required care activities (e.g., mealtimes)<sup>3</sup>.
- Residents and **permitted** designated essential visitors shall perform hand hygiene (including hand washing and/or use of hand sanitizer) on entry and exit from their rooms, when leaving and returning to the facility and as directed by required posters or the site.
  - Where hand washing facilities are not available, hand sanitizer must be available in each resident's room and at site entry points (except in the case of operators whose clients have substance use issues, where alternate hand washing sinks will be determined by the site and made available to the residents).

### Resident Movement Around Site and Community

- All residents must stay on the facility's property, except in the case of necessity (e.g., walking, groceries, pharmacy) or exceptions (e.g., medical appointments) while observing physical and social distancing requirements.

### Resident Relocation

- Should family members wish to take a resident home to care for them, it is **strongly recommended** that families understand the resident's care requirements and have any supplies/equipment in place.
  - This decision should be made in conjunction with the residents care team, physician, at-home supports, AHS Home Care (if applicable) and any alternate decision maker (as applicable).
    - AHS Home Care is limited in capacity due to COVID-19 pandemic preparations and may be unable to provide services.
  - Residents will not be re-admitted while the facility is in any level of outbreak.
    - Facilities may be in outbreak for extended periods of time (i.e. weeks to months)
  - Families must understand they will be responsible for the care of the resident (and any additional costs incurred) until the facility is able to re-admit the client.

### **Communication**

The operator shall review Alberta Health's website at [www.alberta.ca/COVID19](http://www.alberta.ca/COVID19) and Alberta Health Services' website at [www.ahs.ca/covid](http://www.ahs.ca/covid) daily for updated information, and:

- Communicate updated information relevant to their staff, residents, **permitted** designated essential visitors and families and remove/replace posters or previous communications that have changed.
- Ensure all staff understand what is expected of them and are provided with the means to achieve those expectations.
- Ensure designated essential visitors understand what they must do while on site (and what they cannot do) and who they can contact with questions.
- Communicate to residents any relevant changes in operation at their site.

### **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 our without a contract with AHS.

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<sup>3</sup> RECORD-OF-DECISION CMOH [Order 09-2020](#)

- For a provider that is a contracted AHS provider, please contact AHS for access to supplies of personal protective equipment (PPE): [AHS.ECC@albertahealthservices.ca](mailto:AHS.ECC@albertahealthservices.ca).
- For a provider that is not a contracted AHS provider, please contact Provincial Emergency Social Services, to advise them of your PPE needs: [PESSECC-LOGISTICS@gov.ab.ca](mailto:PESSECC-LOGISTICS@gov.ab.ca).

Operators may determine that they need to increase expectations, above and beyond what is outlined here, due to site configuration, specialized populations, etc. If so, and as applicable, please do so in consultation with any relevant partner. These may include (but not be limited to):

- Alberta Health Services (for those with contracts to provide continuing care health services or for infection prevention and control support): [continuingcare@albertahealthservices.ca](mailto:continuingcare@albertahealthservices.ca)
- Alberta Health's Accommodation Licensing Inspector ([asal@gov.ab.ca](mailto:asal@gov.ab.ca))
- Alberta Health's Mental Health Services Protection Act Licensing Inspector ([mhspa@gov.ab.ca](mailto:mhspa@gov.ab.ca))
- Ministry of Community and Social Services (e.g., for persons with developmental disabilities group homes)
- Ministry of Seniors and Housing (e.g., for lodge programs that are not contracted to AHS)
- AHS Coordinated COVID-19 Response is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms of COVID-19 for additional guidance and decision making support.
  - The AHS Coordinated COVID-19 Response team should only be contacted with **new cases** that are suspected in a health care facility that is not already experiencing an outbreak. They do not need to be contacted with additional ill individuals (resident/staff) after the initial notification. Once the AHS Coordinated COVID-19 Response team has been informed of an outbreak in a health care facility, the AHS Zone Medical Officers of Health (or designate) will be the contact to manage the outbreak going forward.

For any questions about the application of these updated operational standards, please contact Alberta Health: [asal@gov.ab.ca](mailto:asal@gov.ab.ca)