COVID-19 INFORMATION

QUESTIONS & ANSWERS:

Operational and Outbreak Standards for Licensed Supportive Living and Long-Term Care (CMOH Order 32-2020)

General

What are the changes in CMOH Order 32-2020?

- This order makes changes to Part Two of Order 10-2020 (and repeals Order 23), including:
  - New guidelines for:
    - Isolation/quarantine requirements – see page 3
    - Volunteers – see page 10
    - Site tours – see page 13
    - Personal choice services and amenities – see page 13
  - Adding hospice settings to scope of the order.
  - Clarifying enhanced cleaning and health screening requirements; changes to group recreation and dining expectations.

What facilities does this amended order apply to?

- All licensed supportive living (including group homes, lodges and designated supportive living), long-term care (nursing homes and auxiliary hospitals), and hospice settings.
- If a site contains both licensed supportive living spaces and unlicensed spaces, CMOH Order 32-2020 does not apply to the unlicensed areas of the site.
  - Operators, and others, can determine whether a site is a licensed supportive living accommodation (according to the *Supportive Living Accommodation Licensing Act*), or is a long-term care site, by visiting Alberta Health's public reporting site.
  - Where an accommodation has both licensed and unlicensed spaces, it is the operators responsibility to mitigate risk through consultation with residents, families and staff. Communication with Alberta Health and/or Alberta Health Services, where appropriate, is expected.

When did these amendments take effect?

- The amendments will take effect September 17, 2020.

When will the restrictions implemented due to COVID-19 be rescinded entirely?

- This is not something that can be answered right now.
- While the province is moving to implement a relaunch strategy, we recognize residents in long-term care and licensed supportive living are more vulnerable to COVID-19 than the general public.
- Preventative measures will remain in place for some time; it could be 18 months or longer.
- As things change and if it is reasonable and safe to lift some of the remaining restrictions, the CMOH orders will be adjusted.

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Symptoms and Health Screening

Why is the COVID-19 symptom list longer for residents?

- Residents may experience milder initial symptoms or be unable to report certain symptoms if cognitively impaired.

How many times per day are residents required to be actively screened by health staff?

- Residents who have daily or more frequent interactions with health staff should be actively screened at least once daily by health staff, regardless of site outbreak status.
- Residents who are able and who wish to self-screen should be supported to do so.
- Residents without daily interactions with health staff must conduct daily self-checks for symptoms of COVID-19.

Why do staff no longer need to complete the Health Assessment Screening prior to each entry to the site?

- All staff must complete the Health Assessment Screening prior to the start of their worksite shift and self check for symptoms twice daily.
- The previous requirement of staff having to be screened after a brief exit (e.g. breaks, garbage removal, supporting outdoor visits) is no longer understood to be a necessary component of an effective approach to health assessment screening.

What are the screening requirements for other individuals?

- **Students, Service Providers, Volunteers:** Screened as staff, screened prior to the start of each worksite shift.
- **Designated family/support persons and visitors:** At each entry to the site.

Why do designated family/support persons and visitors need to complete the Health Assessment Screening prior to each entry to the site?

- Requirements for these individuals are set out in CMOH Order 29-2020.
- This is a control measure in place to screen out any person who may have symptoms of illness.

Do health assessment screening documents need to be stored by the operator?

- No, operators are not required to store the completed COVID-19 health assessment screening documents from any person who enters.

What information do operators need to store and for how long?

- For anyone permitted to enter, operators are required to record and store the following information for contact tracing purposes, for a minimum of 4 weeks but no longer than 8 weeks: name, contact information (phone number, email) and date and time of entry and exit.
- The Office of the Information and Privacy Commissioner has released Pandemic FAQ:

Customer Lists about collecting personal information during the COVID-19 pandemic, which may be helpful to review.

- For questions about your obligations under the Personal Information Protection Act, please contact the FOIP-PIPA Help Desk by phone 780-427-5848 or by email at sa.accessandprivacy@gov.ab.ca

Testing and Isolation

What are the COVID-19 testing guidelines for new and existing residents?

- Indications for testing symptomatic and asymptomatic persons are outlined on page 12 of the current version of the Alberta Public Health Disease Management Guidelines and as directed by Public Health. These Guidelines are updated from time to time.
- Each Zone has unique operational circumstances and requirements and continues to have the responsibility to determine how to best operationalize the testing guidelines, as long as the intent of the guidelines is met.

What if a resident declines testing?

- Consent must be obtained from the resident (if able), or from their alternate decision maker prior to collecting the swab for testing.
- If a resident (or alternate decision maker on their behalf) declines the test for COVID-19, safety precautions (possibly including quarantine or isolation) requirements may still apply depending on the circumstances.

If a resident has tested positive for COVID-19, should they be tested again?

- Residents who have previously tested positive for COVID-19, have recovered, and have new onset of symptoms may require testing if sufficient time has passed. For further details, please refer to the "Testing and Management of Previously Lab Confirmed Case" sections of the Alberta Public Health Disease Management Guidelines.

Who is responsible for COVID-19 testing (swabbing) for residents?

- Facility staff will collect the swab, if the appropriate staff are employed.
- Alberta Health Services (AHS) will be deployed to complete swabbing of residents, if the facility does not employ staff who can collect swabs for COVID-19.

Who is responsible for COVID-19 testing (swabbing) for staff?

- Staff should be offered on-site swabbing where available (e.g. through on-site capacity or through AHS).
- Where not available, or for staff who prefer off-site testing, staff can continue to arrange for swabbing using the AHS online assessment tool.

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How do operators manage test results?

Symptoms	COVID-19 Test	Management
Symptomatic	**Positive** OR No swab taken and the client has fever, cough, shortness of breath/difficulty breathing, runny nose/nasal congestion or sore throat.	**Isolate with Contact and Droplet precautions for a minimum 14 days** from symptom onset or until symptoms resolve, whichever is longer.
	Negative OR No swab taken, with other symptoms **not listed above**	**With Known exposure to COVID-19 (e.g. close contact)** Isolate with Contact and Droplet precautions for 14 days from symptom onset or until symptoms resolve, whichever is longer *At the discretion of the MOH, retesting for COVID-19 may be considered*
		With NO known exposure to COVID-19 Apply IPC precautions according to normal risk assessment of symptoms and suspected etiology, including Contact and Droplet precautions for vomiting and/or diarrhea. Discontinue precautions once symptoms are fully resolved. *At the discretion of the MOH, retesting for COVID-19 may be considered*
Asymptomatic	**Positive**	**Isolate with Contact and Droplet precautions for a minimum of 14 days** from the collection date of the swab. Monitor for the development of symptoms. If symptoms develop, follow recommendations for symptomatic residents.
	Negative OR NO swab taken	**With Known exposure to COVID-19 (e.g. close contact)** Quarantine with Contact and Droplet precautions for 14 days since the last exposure. Monitor for the development of symptoms. If symptoms develop, follow recommendations for symptomatic residents.
		With NO known exposure: No quarantine required. Use routine practices, including continuous masking; additional IPC precautions are NOT required.

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What is the difference between isolation and quarantine?

- The term **isolation** refers to separating and restricting the movement of an individual with symptoms of COVID-19, or who is confirmed to have COVID-19, to prevent their contact with others and to reduce the risk of transmission.
- The term **quarantine** refers to separating and restricting the movement of an individual for 14 days (the incubation period for COVID-19) who was potentially exposed to COVID-19. This is to reduce the risk of transmission if that individual becomes a COVID-19 case. During the quarantine period, the individual should monitor for symptoms and if symptoms develop, they should be tested for COVID-19.
- **Whether in isolation or in quarantine, the expectation is that residents remain in their room and away from others.**

When do residents (new or existing) need to quarantine or isolate?

- Quarantine and isolation requirements beyond those outlined in (a)symptomatic management (refer to table in page 4, above) will be risk-based and may include safety precautions other than quarantine, including twice daily self-checks for symptoms or continuous use of a mask for 14 days while out of resident room.

How is risk determined to inform required safety precautions for new or existing residents?

- Determination on risk of unknown exposure to COVID-19 should be made in discussion between operators, residents (or alternate decision makers where applicable) and family.
    - Dispute resolution methods should follow existing concerns and complaints mechanisms.
- Discussion should consider where the resident was while off site, the activity engaged in, who they were with, and whether all public health guidance was followed (wearing a mask, maintaining physical distancing, good hand hygiene, safe transportation, etc.).
- Note: Residents (new or existing) coming from healthcare settings experiencing an outbreak or cases under investigation in any part of the setting are required to quarantine for 14 days.
- Refer to table on following page for more information.

What are the recommended safety precautions?

- **Low Risk:** Twice daily symptom checks for 14 days
- **Medium Risk:** Continuous use of a mask for 14 days while out of resident room
- **High Risk:** Quarantine for 14 days

What is recommended for residents who are currently isolating as per CMOH Order 23-2020 requirements?

- Depending on the reason for isolation under CMOH Order 23-2020, residents may have their risk of unknown exposure assessed and approach to safety precaution adjusted, if needed.

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Risk of Unknown Exposure

Low Risk	Medium Risk	High Risk
To be considered at low risk of unknown exposure, all the following conditions must be met: • Lives in an area of low COVID-19 exposure (refer to Risk designation of region) • Transferred from a hospital or setting with no outbreak or cases under investigation • Part of a small cohort (15 or less) who consistently practice physical distancing and use masks when cannot maintain distance • Not had guests at home in the past 14 days • Takes essential outings only • Uses own vehicle (not public transit) • 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	*There will be many variations that arise between the extremes of high and low risk of unknown exposure* *Individuals must use their best judgement to determine risk of unknown exposure where neither low nor high is appropriate.*	To be considered at high risk of unknown exposure, any one or more of the following may be met: • Lives in an area of high COVID-19 exposure (refer to Risk designation of region) • Transferred from a hospital or other setting with an outbreak or cases under investigation anywhere in the setting • Visited a location with a declared COVID-19 outbreak in last 14 days • Part of a large cohort (more than 15) • Cohort inconsistently practices physical distancing and use of masks when cannot maintain distance • Had guests in home in last 14 days • 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

Do residents going on same day outings need to quarantine upon return to the facility?

- Upon return from same day outing, the resident is expected to have an open discussion with the operator about risk of unknown exposure and collectively determine the required safety precaution. If consensus cannot occur, existing dispute resolution processes should be followed.
- Residents who follow all Resident Outing requirements are considered low risk and should not be required to wear a mask or quarantine upon their return.
- On a case-by-case basis, residents who do not follow Resident Outing requirements, may be asked to follow additional safety precautions, depending on the type of activity they engaged in (refer to table on following page).

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Residents Returning from Same Day Off-Site Activity – Safety Precautions:

Risk of Exposure	Activity Off-Site	Safety Precautions
Low	• Infrequent or selective outings • Consistently maintain two (2) metres of distance from others • Mask worn during outings • Consistent hand hygiene • Private vehicle used • All Resident Outing requirements followed	Twice daily self-check of symptoms for 14 days after returning
Medium	*There will be many variations that arise between the extremes of high and low risk of exposure* *Residents and Operators are encouraged to use their best judgement to determine risk of exposure*	Continuous use of mask while out of room for 14 days after returning
High	• Does not maintain physical distancing and does not wear a mask • Attends large gatherings with known or unknown people • Infrequent or inconsistent hand hygiene • Use of public transit or carpooling where distancing is not consistently maintained and masking is not consistently used • Did not follow Resident Outing Requirements	14 day quarantine after returning

What are the safety precautions for residents returning from off-site overnight stays (e.g. family house, family cabin, etc.)?

- To balance the mental health impact of extended isolation/quarantine upon return to site, the parameters in the table below are in place to guide assessment of risk and safety precautions, on a case-by-case basis, for the returning resident.
- Where applicable, additional safety precautions may be required if the resident returns to a semi-private room where the other resident is immunocompromised or medically fragile.

Resident Returning from Off-Site Overnight Stay – Safety Precautions

Risk Level	Activity Off-Site	Safety Precautions
Low	• Household with persons who have low risk of unknown exposure • Followed Resident Outing requirements	Twice daily self-check of symptoms for 14 days after returning
Medium	• Household with persons who have medium risk of unknown exposure • Followed Resident Outing Requirements	Continuous use of mask while out of room for 14 days after returning
High	• Household with persons who have high risk of unknown exposure, or • Stay included participation in public spaces or private events with 15 or more people, known or not known to resident; or • Did not follow Resident Outing Requirements	14 day quarantine after returning

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Are there any specific recommendations to mitigate impacts of isolation and other public health requirements on people living with dementia or other cognitive impairment who either have or are a close contact of someone with COVID-19?

- It is critical to develop a unit/area based, and individualized, response plan to minimize risk specific to the unique abilities and impairments of the affected resident. This may include one-on-one support, additional activities and interventions, etc.
- Responding early and intensely has the greatest possibility of mitigating risk, ensuring that the plan is communicated clearly and simply to all involved parties.
- Whenever possible and relevant (e.g. long-term care, designated supportive living settings), ask for support from AHS Zone Operation partners to share resources to help address concerns. There may be additional care requirements that AHS Home Care can support for residents in other supportive living settings.
- Operators should use discretion when adapting the considerations outlined in the order for persons with mental health diagnoses and other behavioural concerns.

Single Site Staffing

What happened to the previous content regarding essential services persons permitted to enter facilities?

- To reflect the stage of the pandemic that we are in, access to services, as arranged by an operator or relevant partner (e.g. Alberta Health Services), provided by persons other than those directly employed or contracted are permitted.
  - Depending on the scope of an outbreak, adjustments may be made but must ensure resident needs and/or operational requirements, as relevant, are met.
- Services must be based on the needs of residents and operational requirements and be provided virtually, wherever possible and appropriate.
- Persons are expected not to attend multiple designated supportive living or long-term care settings in the same day, where feasible, and access may be restricted as advised by zone Medical Officers of Health in the case of an outbreak.

When must staff work only at one worksite?

- This order **continues** requirements that have been put in place since Order 10-2020 and have been implemented since then. It only restricts staff of designated supportive living and long-term care from working at another designated supportive living or long-term care facility.
- In addition, in the case of a confirmed COVID-19 outbreak, all staff in other licensed supportive living (including lodges and group homes) facilities will not be permitted to work in any other licensed supportive living or long-term care facility.

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- Staff are **not required** to quit or take leaves of absences for jobs outside of licensed supportive living or LTC. This includes jobs in other healthcare settings (e.g., acute care, home care, etc.) or non-healthcare settings (e.g., retail stores, restaurants, etc.).

In which settings is it acceptable for staff to work at more than one worksite?

- This order does not restrict other employment these staff may have outside of licensed supportive living or long term care, though it is strongly recommended that workers try to limit the number of different work places to help prevent the spread of COVID-19.
- Refer to the table below for the latest guidance:

Outbreak Phase(s)	Worksite 1	Worksite 2	Guidance
Outbreak Prevention or Site Under Investigation	DSL/LTC	DSL/LTC	Not allowed to work at more than one DSL/LTC.
	DSL/LTC	Acute Care (excluding those legally designated as Auxiliary Hospitals)	Allowed but it is recommended that staff limit the number of worksites to prevent the spread of COVID-19. Note that the designated Auxiliary Hospital units of acute care sites are included in the single site designation (so workers can work in the Auxiliary unit and other units in acute care, but not on the Auxiliary unit and a separate LTC/DSL facility)
	DSL/LTC	Hospice	
	DSL/LTC	Lodge	
	DSL/LTC	Other Supportive Living	
	DSL/LTC	Group Home	
	DSL/LTC	Home Care	
	DSL/LTC	Retail Store	
Confirmed Outbreak	Any licensed supportive living, LTC or Hospice	Any licensed supportive living, LTC or Hospice	Once in a confirmed outbreak, for the duration of that outbreak, all sites must restrict staff to working only at the outbreak site.

Can we bring in researchers to complete studies or projects at our facility?

- These decisions can be made on case-by-case basis at your facility. Consideration should be given to the type of research and outcomes expected and the risk tolerance at your facility.
- If your facility decides to proceed, it should be supported remotely through available technologies (e.g. zoom, telephone, etc.) and communicated to all impacted parties (e.g. staff, residents and families).

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Other Supports

Why are students permitted to have placements in these settings?

- Students in healthcare fields who graduate build capacity in the workforce. Student placements should continue where safe and feasible to enable graduation and entry into the workforce, following all guidelines to ensure safe access to healthcare settings to finalize their training.
- Student funding for operators is through Alberta Health to help enable this.

Are volunteers allowed back in yet?

- Yes, volunteers are permitted to return to support onsite initiatives with the following safety measures:
    - Site determination based on risk tolerance (e.g. number of volunteers that can be supported onsite, type of work, changes in case of an outbreak or regional designation).
    - Volunteers must be screened using the staff screening tool and trained on use of PPE, outbreak protocols, safe visiting practices, risk of unknown exposure, etc.
    - Volunteers must not enter more than one congregate living site in a day.

What about paid companions? Can they come back in yet?

- If identified as a designated family/support person under CMOH Order 29-2020, paid companions are permitted, following all safety precautions outlined in that order, including active screening and being educated on safe visiting practices.

Are residents permitted to access health professionals who are not employed or contracted staff?

- Yes. These services should be provided virtually wherever possible and are permitted to be provided in person only if the resident is not isolated (if the resident is isolated, decisions are on a case-by-case basis) while following all requirements in the order for off-site and on-site service provision.

Can operators require designated family/support persons to sign a waiver before entering the site?

- Operators may choose to use a waiver to communicate any risks and the responsibilities to adhere to the site practices and protocols, as applicable (i.e. outbreak protocols).
- Signing of a waiver must be voluntary and not a barrier to entry.

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Cleaning

When are resident rooms required to be cleaned and disinfected at an increased frequency?

- Residents who do not have staff or visiting persons entering their room do not require an increase to their regular scheduled weekly cleaning by the operator.
- Residents who have staff and/or visiting persons entering their room, require:
  - Low touch (e.g., shelves, benches, windowsills, message or white boards, etc.) area cleaning daily, and
  - High touch (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote) area cleaning three times per day.

What are inspectors looking for to ensure cleaning is being completed?

- Auditors are looking for evidence such as cleaning schedules, logs or flow sheets including what high and low touch surface cleaning is being done. Auditors will also be completing visual inspections of different areas of the building.
- Auditors may also have discussions with staff who are responsible for the cleaning to ensure that staff are aware of the required processes.

What role do staff, including AHS home care workers, and visiting persons have in resident room cleaning?

- Staff, including AHS home care workers, are expected to observe any infection prevention requirements set out by the facility, (e.g., cleaning and disinfection of surfaces, frequent hand hygiene, wearing surgical/procedure masks or face coverings, etc.) prior to leaving the resident room.
- Depending on the frequency of visits, home care workers are responsible for contributing to high touch cleaning of areas that they have come in contact with at the end of their visit.
- Visiting persons are expected to observe any infection prevention requirements set out by the facility including those set out in CMOH Order 29-2020 (e.g., safe visiting practices).

What if a resident does not want increased room cleaning and disinfection?

- Frequent cleaning and disinfection is one of the greatest preventative measures against infection, which is why it is a requirement.
- Resident wishes must be respected and a balanced approach must be taken. Residents should be encouraged to ensure good hand hygiene each time they leave their room and enter any building common area, especially if they decline the extra cleaning/disinfection.

Are cleaning requirements different on units where people live who have cognitive impairments/dementia and are in a COVID-19 outbreak?

- Given the mobility of those on this described unit, and likely inability to avoid touching, existing requirements may need to be augmented (i.e. increased).

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Dining, Group Recreation and Resident Outings

Are residents still encouraged to stay on the facility's property, except in the case of necessity?

- Yes. Residents who are not required to isolate/quarantine are still encouraged (though are not required) to stay on the facility property, except in case of necessity.
- Though it is recommended that residents not participate in unnecessary outings, they may still choose to do so. In this case, they should be encouraged to maintain physical distancing, wear a mask at all times (operators must provide a surgical/procedure mask), ensure Safe Transportation, maintain good hand hygiene, understand risk of unknown exposure and be subject to Health Assessment Screening upon re-entry.

Can you please explain what 'except in the case of necessity' means?

- Residents' perception of necessity will vary. However, when an outing is solely for the purposes of maintaining physical or psychological health, safety/security (including financial obligations), or wellbeing, it is considered a necessity.
- The resident solely makes the determination of what is necessary for them.

When can larger group/recreational activities start up again?

- Recreational and group activities for non-isolated/quarantined residents are permitted and encouraged.
    - Both indoor and outdoor group sizes can be determined by the operator, based on size of their space and ability to adhere to public health guidance.
- Scheduled resident group recreational/special events are to be cancelled/postponed if a site is in a confirmed COVID-19 outbreak or if they cannot occur while meeting expectations.
    - At the discretion of the operator, a site under investigation may have to cancel activities based on the extent of affected residents, interruption of daily operations, type of symptoms, etc.

Are there some group/recreational activities still not recommended?

- Higher risk activities (such as indoor singing, group singing, preparing food, etc.) should be avoided.
- Low risk activities (e.g. religious services (following applicable guidance), crafts, exercise, games, etc.) should be resumed.
- Residents should have access to recreational supplies (e.g. books, playing cards, art supplies, fitness equipment, etc.).
    - Operators must ensure cleaning and disinfection between each use and instruct people who are touching the items to sanitize their hands immediately before and after using the item and throughout the period of use should the situation require (e.g. coughing, touching face, etc.).

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Are outdoor music concerts permitted?

- Outdoor music concerts may occur following public health guidance.
    - Audiences must be restricted to residents and the persons that are supporting them (e.g. staff, volunteers, designated family/support persons or visitors).

How many residents can sit at each table for dining?

- Decisions about how meals/dining is managed should be made in consultation with residents and their families, based on site risk tolerance.
- Group dining should continue for non-isolated/non-quarantined residents.
    - Up to 6 residents (depending on table layout) can sit at a table and tables must be placed 2 metres apart.
        - Operators are encouraged to set up cohorts of residents who are able to visit without physical distancing with one another (e.g. a meal time cohort or table cohort) in their site's plans.
- When the site is in confirmed outbreak, group size should be minimized and additional precautions taken (see order).

Can we continue to offer tours of our empty suites?

- There are many options for showing suites virtually (e.g. video chat, sharing photos, 3D pictures, etc.) that should be considered prior to or as an alternative to in-person tours.
- If required, in-person tours of the facility/suite to prospective residents can be permitted, while following the guidance in the order.

Personal Choice Services and other Amenities

Are personal choice services (hairdressing, barbering, manicures, pedicures, massages and facials) able to re-open in these settings?

- Yes. If there is a resident need for these services and the operator is ready to allow this to happen, services in these setting are permitted.
- All service providers must follow all industry guidance as well as additional requirements outlined in the order to ensure the safety of clients.

Are personal choice service providers required to provide their own PPE?

- Yes, these service providers are responsible to provide their own appropriate PPE according to industry guidance, ensuring it is suitable for the service being provided and any additional requirements of the site.

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Is blow-drying hair recommended?

- Blow drying hair is not recommended unless the stylist and the resident are both wearing masks.
- This applies to both hand held blow dryers and hood/bonnet/dome style hair dryers.

Can personal choice service providers work in multiple licensed supportive living/long-term care facilities?

- Where feasible, they should limit their work to one facility per day.

What about other amenities re-opening within these buildings? (e.g., coffee shops, restaurants, swimming pools, restaurants, day care, and day programs, etc.)

- Amenities, which are accessible to both residents and members of the public) are permitted to open while following all relevant industry guidance and expectations of the order.
    - Operators and business owners/operators should determine additional safety measures to open safely, based upon applicable industry guidance.
- Where there are differences in standards from the order and that of the industry guidance, the higher standard must prevail.

Communication

What are the expectations regarding communication between operators and impacted parties?

- Operators must communicate transparently at all times with residents, families, designated family/support persons, visitors, staff, volunteers and other allowed service providers.
- Communication includes:
    - Updated information relevant to their staff, residents, designated family/support persons and/or visitors, families and any allowed service providers.
    - To residents, any relevant changes in operation at their site, including any adjustments made to house rules (i.e. site specific rules or guidelines in place), resident – operator agreements, handbooks etc.
- Full expectations can be found in the order.

Staff Wellbeing

What can be implemented by operators to address staff wellbeing?

- Workers in these settings are facing unique and additional challenges during the COVID-19 pandemic.

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- Operators are encouraged to regularly reinforce directly to their staff that staff wellbeing is a priority and implement positive work environment organizational policies and processes to address wellbeing at work.
- The order includes several suggestions for what this might include, such as regular team check-ins, ensuring open communication lines and a resource listing that can be used and/or shared with staff.

For more information, please visit alberta.ca/covid or contact asal@gov.ab.ca