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COVID-19 Group and Campus-Based Facilities Practice Guidance

ALBERTA CHILDREN'S SERVICES
ALIGN ASSOCIATION OF COMMUNITY SERVICES
ALBERTA HEALTH

COVID-19 Group Facilities Practice Guidance

Table of Contents

PLEASE NOTE: This guidance is only current as of the date on the front page.

- INTRODUCTION4**
- GENERAL INFORMATION5**
 - AHS Coordinated COVID-19 Response Line – 1-844-343-09715
 - Prevention5
- COVID-19 IMMUNIZATION FOR CHILDREN & YOUTH 5 AND OVER6**
- REPORTING COVID-19.....7**
 - Group and Campus-Based Care Confirmed COVID-19 Reporting.....7**
- GUIDANCE FOR SERVICE PROVIDERS.....78**
 - Visitors8
 - Practicum Students and Volunteers.....8
 - Residents on Home Visits 89
 - Physical Distancing in the Workplace 89
 - Physical Restraints..... 89
 - Travel within Alberta.....9
 - Travel between Provinces..... 910
 - Travel outside of Canada 910
- PLANNING FOR A POTENTIAL OUTBREAK 910**
- RAPID TESTING 910**
- RESPONDING TO A SICK CHILD OR YOUTH 11**
 - Staff Responsibilities..... 11
- INFORMATION ON ISOLATION 13**
- PERSONAL PROTECTIVE EQUIPMENT (PPE)..... 13**
 - Putting on and Removing PPE 13
 - Access to PPE 13
- HUMAN RESOURCES 14**
 - Attendance Management 14**
 - Emergency Scheduling 14**
 - Deployment of Staff and Resources 15**
 - Screening for Symptoms in Staff 15**
 - Staff Just Returning from Travelling From Outside of Canada 15**
 - Occupational Health and Safety 15**



COVID-19 Group Facilities Practice Guidance

Psychosocial Support 16

Staff and Operator Disclosure 16

FURTHER INFORMATION **16**



COVID-19 Group Facilities Practice Guidance

INTRODUCTION

This Practice Guidance provides minimum expectations of agencies and their staff. Agencies may adhere to higher standards, as they deem necessary or appropriate.

This document is a COVID-19 Practice Guideline intended to inform service providers for children and youth in the care and custody of Alberta Children's Services. This document consolidates and outlines general recommendations to prevent the spread of COVID-19 in these group and campus-based care types of settings.

PLEASE NOTE: This guidance is only current as of the date on the front page.

Children's Services group and campus-based care homes are licensed under the [Child, Youth and Family Enhancement Act](#) and the [Residential Facilities Licensing Regulation](#). Children's Services licensed group and campus-based homes are therefore NOT subject to the same restrictions as apply to a "health care facility" as defined in the Chief Medical Officer of Health (CMOH) Orders for health care, addictions services, or supportive living congregate and long-term care settings.*

*The facilities subject to the CMOH Orders are governed by the *Hospitals Act*, *Nursing Home Act*, *Supportive Living Accommodation Licensing Act*, *Alberta Housing Act* and the *Mental Health Services Protection Act* (for licensed residential addiction treatment service providers). None of these Acts relate to Children's Services' licensed residential facilities.

"[a] health care facility" is defined in the current [Congregate Care CMOH Order](#) as: an auxiliary hospital, a nursing home, a designated or licensed supportive living accommodation, a lodge accommodation, and any facility in which AHS offers or provides residential hospice services as defined under these Acts.

To stay current on the most recent public health recommendations related to COVID-19 in Alberta, please visit [Alberta Health](#) or [Alberta Health Services \(AHS\)](#)

This Guidance complements an agency's Business Continuity and Essential Service Response Plan. Many agencies will already have addressed the agency's intentions regarding restrictions as they apply to their particular operations, staff and clients.

This guidance has incorporated feedback from the Public Health Management team.

COVID-19 Group Facilities Practice Guidance

GENERAL INFORMATION

The most current information on COVID-19, including symptoms and screening for those over and under 18 years of age, please refer to the [Alberta Health Daily Checklist](#) and [Alberta Health Services information](#).

AHS Coordinated COVID-19 Response Line – 1-844-343-0971

As soon as a staff, child or youth shows symptoms of COVID-19, operators of group homes with four or more beds **MUST CONTACT** the [AHS Coordinated COVID-19 Response Line for Congregate Living Setting Operators](#) for additional guidance and decision-making. Symptomatic staff or child/youth should complete the [COVID-19 self-assessment tool](#) or call 811 to arrange for testing.

Note: Individuals are legally required to isolate for 10 days if they test positive for COVID-19 or have any [core symptoms](#) that are not related to a pre-existing illness or health condition.

Note: Facilities with fewer than 4 beds (which are outside the AHS definition of “congregate care”) also call the AHS Coordinated COVID-19 Response Line for guidance and support.

Prevention

Routine public health practices can minimize transmission of respiratory infections, including COVID-19, influenza and common colds. These practices include: proper hand hygiene and respiratory etiquette, enhanced cleaning and disinfecting, maintaining ventilation systems, staying home when sick and getting vaccinated.

Ensure there are enough supplies on hand for proper hand hygiene, including soap, warm running water and/or alcohol based hand sanitizer (ABHS) containing at least 60% alcohol and paper towels or hot air dryers. Ensure regular environmental cleaning and disinfection as per AHS COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities (see: General Environmental Cleaning below).

Staff must practice frequent hand hygiene using soap and warm water or ABHS. This includes in the following situations:

- arrival at the facility and departure,
- before preparing food,
- after any contact with saliva or nasal secretions (e.g., used tissues),
- after handling children’s belongings,
- after cleaning activities,
- after touching the face, coughing or sneezing and after using the washroom.

Refer to hand hygiene guidance [here](#).

All staff are to perform hand hygiene prior to entering a facility or a new area of the same facility.

COVID-19 Group Facilities Practice Guidance

If using disposable gloves for any tasks, hand-washing should be done before putting on and after removing gloves. Gloves must be changed if they are soiled, ripped or become dirty.

Program staff in group and campus based care are required to wear a mask while at work, except while alone in work stations or office.

Ensure that children/youth are aware that they are to notify staff immediately if they are feeling unwell. If a child/youth exhibits symptoms, complete the online assessment and arrange testing if required, they must be isolated immediately and follow proper procedures.

Provide tissues and garbage bins for use by staff and children/youth. No-touch garbage cans are preferred for disposal of items.

Post signage throughout your facility. Examples of posters that can be posted:

- [Help Prevent the Spread Posters](#)
- [How to Hand wash](#)
- [Cover Your Cough](#)
- [Alcohol-Based Hand Rub](#)

Encourage all staff and volunteers to get the COVID-19 vaccine and the seasonal flu vaccine. While the seasonal flu vaccine will not prevent COVID- 19, reducing cases of influenza will lessen the burden of illness and the overall concern of symptomatic individuals in the facility.

COVID-19 IMMUNIZATION FOR CHILDREN & YOUTH 5 AND OVER

The COVID-19 immunization is available for all Albertans 5 years of age and over. If a child or youth has an underlying medical condition, caseworkers **MUST** consult with a doctor and record this discussion and the doctor's recommendations in the youth's file. Caseworkers are to follow [the Enhancement Policy Manual](#): Intervention Section, Policy 9.1.7 Immunizations to obtain appropriate consents when arranging for the COVID-19 vaccine for the child or youth.

Caseworkers will discuss arrangements for child or youth's immunization as needed, including signed consents as necessary. Caseworkers will also discuss and determine who will book and go to the appointment with the child/youth. Some child or youth's parents or guardians may be involved in this discussion. If you have any questions email the COVID [mailbox: CS-CI-COVID-19@gov.ab.ca](mailto:CS-CI-COVID-19@gov.ab.ca).

For youth not in care or in temporary care who express interest in receiving the COVID-19 vaccine and whose parents/guardians do not support this, caseworkers will continue to work with the family to provide education related to the benefits and safety of the vaccine. In some cases, a youth under the age of 18 may be declared a 'mature minor' by a health professional for the purposes of making the decision related to COVID-19 vaccination.

COVID-19 Group Facilities Practice Guidance

Once a minor is deemed a mature minor by a health professional for the purposes of making the decision related to the COVID-19 vaccination, they correspondingly have authority to manage the disclosure of health information related to the COVID-19 vaccination. The parent or guardian does not have an automatic right of access to the mature minor's confidential information unless the mature minor provides written consent.

The youth's caseworker talks with the youth's health care provider for more information regarding mature minor.

For more information, refer to [COVID-19 Vaccines](#) and the Alberta Health website on [Vaccine Distribution](#).

PROOF OF COVID-19 VACCINATION

Caseworkers will support caregivers (including facilities) in obtaining the proof of COVID-19 vaccination for children and youth in care through alberta.ca/CovidRecords and document the dates of the vaccinations in CICIO if they haven't done so following the child or youth's vaccination.

If there is a problem accessing the child's/youth records, proof of COVID-19 vaccination can also be requested from the Participating Registry Agents, pharmacy, physician's office, public health centre, or as a last resort by calling 811.

Caseworkers will support youths receiving services to obtain a copy of their COVID-19 vaccination record. A copy should also be provided for children/youth who would benefit from carrying their own card.

Children and youth under the age of 18 do not need to show personal identification in addition to the proof of vaccination.

REPORTING COVID-19

As of December 23, 2021 agencies are no longer required to report confirmed positive COVID-19 cases to their contract manager/specialist for the purpose of Ministry tracking.

GUIDANCE FOR SERVICE PROVIDERS

Given the extended period of time of the public health restrictions and the impact on the children and families CS provides services to, it is very important to resume previous practice including caseworker in person contact with children and caregivers. This also means that there should be proactive planning and facilitating face to face access, family time and participation at cultural events and celebrations for children and youth in care while also adhering to current public health measures. In person does not necessarily always mean in the home or facility. These decisions should be made in collaboration with

COVID-19 Group Facilities Practice Guidance

the caseworker, child, youth, family and/or caregiver (facility) and based on the need to physically enter a premises and their comfort level for in person visits.

Visitors

Visitors should follow all Alberta Health and Agency safety measures.

Practicum Students and Volunteers

Agencies are to independently utilize discretion in considering the feasibility of hosting practicum students and volunteers during the pandemic. Considerations could include:

- Reducing the number of practicum students or support placements with a blend of direct (in-person) and remote (on-line) learning and supervision.
- Practicum students should be required to meet staff COVID-19 standards and expectations.
- Volunteers should be required to meet visitor COVID-19 standards and expectations.

Residents on Home Visits

Follow all precautions and expectations in place for individuals entering or re-entering the facility. The COVID-19 screening questions can be used when planning with the case team and those with whom the child or youth is visiting.

Physical Distancing in the Workplace

Up to date information on physical distancing in the workplace can be found [here](#).

Physical Restraints

Physical Restraints are interventions that may only be used as a last resort. Close physical proximity is required for physical restraints, therefore it is important to:

1. Revisit with staff the policy and the threshold at which physical restraints would be considered.
2. Have PPE readily available, and where possible, staff to don PPE prior to a physical restraint.
3. If it is not possible to don PPE prior to the use of a restraint, another staff may assist with the donning of PPE.
4. Once a physical restraint is no longer required, have the child or youth and staff complete hygiene including the washing of hands.
5. Consider cleaning the environment a physical restraint took place in to help eliminate any droplets.

TRAVEL

*****Please see updates regarding travel on [Alberta.ca](#) and [Government of Canada](#) *****

In addition to what is currently in Intervention Policy 7.4.2 *Approving Travel*, consider:

COVID-19 Group Facilities Practice Guidance

- what additional safety measures will be taken to mitigate risk of exposure to COVID-19 to ensure child or youth safety and well-being,
- any special needs including increased health risks the child or youth may have with potential exposure to COVID-19 and planning to address these needs (other professionals may need to be consulted), and
- travellers may be subject to additional restrictions and health measures during their travels and at their final destination. Check with local authorities and identify how this will be managed.

Travel within Alberta

- Travel of child/youth within Alberta must be approved by a CS casework supervisor as per Policy 7.4.2.

Travel between Provinces

- If the director is not the sole guardian of the child or youth, travel **cannot** proceed without approval from the guardian. Travel between provinces must be approved by a CS manager as per Intervention Policy 7.4.2 *Approving Travel*.

Travel outside of Canada

- Travel outside of Canada must be approved by a Category 4 Director or DFNA Director as per Policy 7.4.2. Requests for travel must follow the [COVID-19 travel requirements](#).

PLANNING FOR A POTENTIAL OUTBREAK

Refer to your agency's Business Continuity and Essential Service Response Plan.

RAPID TESTING

Employers and service providers can apply to receive free rapid test kits for use in their organization's COVID-19 screening program.

For further details on rapid testing please visit <https://www.alberta.ca/rapid-testing-program.aspx>

Note: Children's Services is not covering the costs of rapid tests for caregivers, staff, parents/guardians, agency staff or others. This includes not covering the costs for rapid tests to attend a place that

COVID-19 Group Facilities Practice Guidance

participates in the Restriction Exemption Program. Note: A rapid test may be considered for a child coming into care who is ill or has been exposed to a COVID positive case with Children's Services supervisor approval.

COVID-19 Group Facilities Practice Guidance

RESPONDING TO A SICK CHILD OR YOUTH

Staff Responsibilities

[AHS Coordinated COVID-19 Response](#) (1-844-343-0971) 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.

With a COVID-19 outbreak, the individual(s) with symptoms must be promptly isolated. The AHS Coordinated COVID-19 Response personnel, as indicated by their protocols, will arrange testing of the child or youth for COVID-19.

Operators must review the [AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites](#). Document updated August 2021.

Notify the child's case team, or the after-hours office when a child presents with symptoms.

The following information will act as a guide for staff supporting children/youth who have developed symptoms. Staff should also follow any additional recommendations from the COVID-19 Coordinated Response Line for Congregate Living Setting Operators – 1-844-343-0971.

General Guidance	<ul style="list-style-type: none">• Perform frequent hand hygiene• Practice good respiratory etiquette
Screening	<ul style="list-style-type: none">• Before leaving home, staff self-screen for symptoms each day that they enter the facility using the applicable checklist for their age group (Child Alberta Health Daily Checklist or Adult Alberta Health Daily Checklist).• Children/youth should notify staff if they are feeling unwell
Child/youth with COVID-19 symptoms or confirmed COVID-19 case	<ul style="list-style-type: none">• Notify the child's/youth case team, or the after-hours office• Child/youth who has COVID-19 symptoms must be isolated in their individual bedroom (or appropriate room as determined by the facility) and be tested with consent. Follow recommendations from the COVID-19 Coordinated Response Line for Congregate Living Setting Operators – 1-844-343-0971.• Place child/youth on contact and droplet precautions and signage inside the room, near the door, alerting other staff and children that precautions are required.• Provide a mask right away to any child/youth exhibiting respiratory illness symptoms.• Serve meals in room. If this is not practical, restrict to their own unit.• Limit caregivers to one person.• Household members should wear a medical or procedural mask and eye protection when within two meters and should perform hand hygiene after contact.• Caregivers should follow AHS PPE recommendations when in direct contact with the child/youth, or when in direct contact with the child's environment as well as soiled materials and surfaces. Perform hand hygiene before putting on and after removal of gloves

COVID-19 Group Facilities Practice Guidance

	<ul style="list-style-type: none"> Do not share personal items such as toothbrushes, towels, washcloths, bed linen, unwashed eating utensils, drinks, phones, computers, or other electronic devices etc.
Isolation requirements	<ul style="list-style-type: none"> A surgical/procedure mask and good hand hygiene is considered sufficient PPE for an asymptomatic caregiver working with asymptomatic children/youth, including within the 48 hours prior to developing symptoms in the child/youth. Child/youth and staff are legally required to isolate for 10 days if they tested positive for COVID-19, or have any core symptoms that are not related to a pre-existing illness or health condition. See Isolation for more information and follow AHS direction. Quarantine is no longer legally required for close contacts of positive cases (unless directed to do so by local public health officials), however, it is strongly recommended that cases notify their household contacts of the exposure and that anyone who is not fully immunized against COVID-19 stay home for 14 days if they live in the same residence as the person with COVID-19, OR if they have been in frequent, long-duration or close-range interaction with a person with COVID-19 (e.g. siblings, someone who slept over, or someone who provided direct physical care to the child) Cases are also recommended to notify their other close contacts that they may have been exposed to a case of COVID-19 and ask them to monitor for symptoms.
Cleaning and disinfection	<ul style="list-style-type: none"> Engage in frequent, thorough cleaning and disinfecting. Clean and disinfect frequently touched objects (e.g. toilets, beside tables and door handles, etc.) and surfaces, as per AHS COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities
Handling Personal Items/Laundry	<ul style="list-style-type: none"> All used disposable contaminated items should be placed in a lined container before disposing of them with other household waste. Contaminated laundry should be placed into a laundry bag or basket with a plastic liner and should not be shaken. Clothing and linens belonging to the symptomatic child/youth can be washed together with other laundry, using regular laundry soap and hot water (60-90°C). Laundry should be thoroughly dried. Hand hygiene should be performed after handling contaminated laundry/personal items. If the laundry container comes in contact with contaminated laundry, it should be cleaned/ disinfecting as per AHS COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities
Outbreak Notification	<ul style="list-style-type: none"> Operators will notify children/youth and staff if there is a suspected or confirmed outbreak at the site and will identify the best way to communicate (e.g. letters, email, posters, website, etc.). The operator will work with public health to implement additional measures to stop the spread COVID-19 at the site or to support children/youth who may challenges in adhering to public health measures e.g. isolation NOTE: if a symptomatic child/youth or staff tests result is negative for COVID-19, then usual influenza-like-illness or gastrointestinal illness outbreak protocols should be followed, as appropriate to the identified organism causing the outbreak.

COVID-19 Group Facilities Practice Guidance

INFORMATION ON ISOLATION

Alberta [Isolation requirements](#) are found online and may be helpful to staff in providing children and youth answers to their questions.

If a child is refusing to isolate when they are presenting with symptoms or have a confirmed case of COVID-19, contact the caseworker or the after-hours office for further direction.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal Protective Equipment (PPE) is a key element in preventing the transmission of disease. To ensure an ongoing supply of PPE, they should only be used when necessary. Also, if not used properly, not only will PPE fail to prevent transmission, it may in fact contribute to the spread of disease. For more information on when and how to use PPE, click [here](#). [Additional information found here](#)

Putting on and Removing PPE

Alberta Health Services has created a [video](#) demonstrating how to safely put on and remove PPE when required.

Access to PPE

This is the Provincial Emergency Social Services Emergency Coordination Center's NEW PPE procurement process.

For more information on the appropriate PPE required for your organization's environment, please review the [Alberta Health Services best practices](#) on PPE use.

1. Each Agency must review their existing PPE inventory and continue to source PPE materials through local sources as best as possible. If you have a URGENT need now and you have exhausted all other resources please contact ALIGN at nicolem@alignab.ca
2. When an Agency is running low on PPE supplies, they can submit their PPE requests using the following website: <https://xnet.gov.ab.ca/ppe>

To assist triaging the requests, please ensure to indicate the following:

COVID-19 Group Facilities Practice Guidance

- In the “Agency Type” drop-down choose “Group Home/Residential (Child Intervention)”
- In the “Other/Comment” section add:
 - Your PPE is at critical or urgent level (see below for definition)
 - Staff to client ratio
 - A request for N95 masks would requires confirmation from Infection/Protection as per the’ Integrated guidelines for the distribution of PPE, sanitization and hygiene products during Covid-19’.
 - Any other important information
- Ensure that your order is for no more than 14 days

Note: Not all requested PPE materials may be supplied

There is an attempt to process and fill orders as quickly as possible and organizations may receive partial shipments, as supplies are sent out as soon as they come in. Organizations should keep track of their various packing slips to ensure all requested items are received.

Definitions:

- Critical – You only have enough PPE to last 24 hrs
- Urgent – You only have enough PPE to last 48 hrs.
- Vital – You only have enough PPE to last 72 hrs.

Consolidated information regarding PPE’s in one document can be found [here](#) as well as the ALIGN Communication page.

HUMAN RESOURCES

All workplaces should develop alternate human resource policies for a pandemic emergency to address the following issues:

Attendance Management

For the most current information, including symptom screening, please refer to [Alberta Health Services information](#).

Emergency Scheduling

During this pandemic, work schedules may have to be changed. In planning for these changes, agencies must consider the implications of:

- shift changes
- staff ratio
- changes to hours of work
- compensation and scheduling of overtime
- the need to assign the most qualified employees to specific tasks

COVID-19 Group Facilities Practice Guidance

- training employees for newly assigned work
- provision of food to employees
- parking requirements or reimbursement for transportation expenses
- scheduling of breaks

Collective agreements, if applicable, may not adequately address these issues. Agencies should negotiate solutions to these issues with each relevant union, where applicable, so that emergency response plans can be implemented effectively and efficiently.

Deployment of Staff and Resources

Staff will be encouraged and supported by employers to limit movement and working between facilities where and when possible.

Staff working in a site with a confirmed case of COVID-19 may **only** work in that site until AHS deems there is no longer an outbreak. Once AHS deems the outbreak ended, staff may resume working at multiple sites. Staff may continue to work at more than one site when a site is “**under investigation**” or a “**site under COVID-19 investigation.**” If an outbreak is confirmed, however, staff are limited to working at that site until the outbreak is over.

Screening for Symptoms in Staff

If you have any symptom, stay home, contact your supervisor and [take the online assessment to arrange testing if required](#).

The most up to date information on testing and isolation requirements can be found at:

- [testing](#)
- [isolation requirements](#)

AHS Coordinated COVID-19 Response Line for Congregate Living Setting Operators **MUST BE** contacted as soon as a staff or child shows symptoms of COVID-19 for additional guidance and decision-making. Group homes with fewer than four beds, although they fall outside the AHS definition for “congregate care”, may also access this resource. Staff are to identify themselves as “group care staff” when speaking to AHS.

Staff Just Returning from Travelling From Outside of Canada

Staff can stay up to date on current recommendations for travelers [here](#).

Occupational Health and Safety

Changing pandemic restrictions may cause a high level of fear and anxiety among the general population. Employees will be concerned about their own health and the health of their families. Employees will have questions relating to occupational health and safety. Informing employees of their rights, providing training and equipment as appropriate, and communicating openly about emergency

COVID-19 Group Facilities Practice Guidance

planning processes will help to alleviate anxiety. Click [here](#) to see more *Information Regarding Right to Refuse Dangerous Work*.

Psychosocial Support

People affected by a disaster, such as a pandemic, must adjust to major changes in their lives. People may be grieving for friends or family members and may have to deal with personal or family crises. Many people will need to talk about their feelings and experiences and learn how to face the challenges of an unknown future.

All agencies should develop strategies to increase psychosocial support for both employees and children and youth during a pandemic.

Staff and Operator Disclosure

Staff must immediately tell their supervisor, at any site where that staff member works, if any of the following applies:

- If they have worked at or are working at a site where there is a confirmed COVID-19 outbreak
- If they have symptoms, they are a household contact of a confirmed case or they have been informed by a confirmed case of COVID-19 that they have been exposed to COVID-19, or
- If they have tested positive for COVID-19.

Staff may be subject to work restrictions, depending on exposure and a risk assessment.

For more information on “close contacts” see [AHS Information for Close Contacts of a COVID-19 Case](#).

FURTHER INFORMATION

Up-to-date information on the evolving situation of COVID-19 in Alberta and Canada is available on the following websites:

- [Alberta Health \(COVID-19 Info for Albertans\)](#)
- [Alberta Health Services \(Novel Coronavirus COVID-19\)](#)
- [Public Health Agency of Canada \(COVID-19: Being Prepared\)](#)

COVID-19 Group Facilities Practice Guidance

- APPENDIX 1: AHS ZONE PUBLIC HEALTH CONTACTS

AHS ZONE (Link to Zone MOH)	REGULAR HOURS			AFTER HOURS
	Business hours may vary slightly from Zone to Zone, but are typically 8:30 am – 4:30 pm			
Zone 1 South	Communicable Disease Control	CDC Intake	587-220-5753	(403) 388-6111 Chinook Regional Hospital Switchboard
	Environmental Public Health	EPH CDC Lead	403-388-6689	1-844-388-6691
Zone 2 Calgary	Communicable Disease Control	CDC Intake	403-955-6750	(403) 264-5615
	Environmental Public Health	EPH Disease Control	403-943-2400	MOH On-Call
Zone 3 Central	Communicable Disease Control	CDC Intake	403-356-6420	(403) 391-8027 CDC On-Call
	Environmental Public Health	24 Hour Intake	1-866-654-7890	1-866-654-7890
Zone 4 Edmonton	Communicable Disease Control	CDC Intake Pager	780-445-7226	(780) 433-3940
	Environmental Public Health	EPH		MOH On-Call
	Communicable Disease Control	CDC Intake		1-800-732-8981

COVID-19 Group Facilities Practice Guidance

Zone 5 North	Environmental Public Health	EPH	1-855-513-7530	Public Health On-Call
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