COVID-19 INFORMATION

QUESTIONS & ANSWERS:

Safe Visiting in Licensed Supportive Living, Long-Term Care and Hospice Settings (CMOH Order 29-2020)

What are the main changes to the visiting order?
There have been several adjustments made to the visiting order, including:

- Adding hospices to the scope
- Consistent access for up to two designated family/support person(s)
    - These individuals are supported as essential to maintaining resident mental and physical health
- Access to additional people in extenuating circumstances
    - End of life (last 4-6 weeks of life, except in the case of hospice)
    - Change in health status (due to medical/social/spiritual crisis)
    - Pressing circumstances (e.g. financial or legal matters, family crises)
- Expanded outdoor visits in designated spaces
    - Designated person does not have to be present
    - Up to 5 people, including the resident
- Operators must develop a policy and process for safe visiting based on resident needs and preferences
- Allowance for indoor visits by additional people in designated shared spaces, as determined by a risk tolerance assessment
- Clear parameters for restricted access, when necessary
- Clear concerns/dispute process

General Questions

*****Please scroll for frequent questions from residents, designated family/support persons and visitors, operators and staff members.

Where does Chief Medical Officer of Health (CMOH) Order 29-2020 apply?

- The CMOH Order 29-2020, the visitor order, applies to licensed supportive living, long-term care, and hospice sites only.
- If a site contains both licensed supportive living spaces and unlicensed spaces, CMOH Order 29-2020 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.

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Who can be a designated family/support person?

- A family/support person can be anyone who is designated by a resident or their alternate decision maker, for any reason, and who is 18 or older (or over 16 in rare circumstances). This could be a family member, friend, legal guardian, companion (privately paid or volunteer), etc.

What is the difference between a designated family/support person and a visitor?

- A designated family/support person is anyone identified by a resident to support the maintenance of his or her mental and physical health. Access to the resident can be for any reason and operators must not overly restrict access.
- Visitors are people other than the designated person, who are permitted in extenuating circumstances or for social visits, when determined feasible.

What are extenuating circumstances when someone is allowed to visit?

- These circumstances include:
  - end of life (last 4-6 weeks of life)
  - change in health status (physical or mental)
  - pressing circumstances (e.g. legal matters, family crisis)
- In the case of a hospice, all residents are permitted end-of-life visits starting at the time of admission.

When would a resident be considered at end of life to allow for end-of-life visits?

- While it is difficult to be precise around when an individual is at end of life, in the context of COVID-19, visits at end of life refers to the last four to six weeks of life.
- A suggested consideration to help make this determination would be to ask yourself, *would I be surprised if this resident were alive four to six weeks from now?*
- In the case of a hospice, all residents are permitted end-of-life visits starting at the time of admission.

What space (resident room, common indoor spaces, outdoors) is the safest for a visit to occur? Can operators restrict visits in any of these spaces?

- All visits, following safety precautions, can be safe. However, in congregate settings, outdoor visits are considered the safest followed by visits in the resident's room.
- Depending on the site's risk tolerance assessment, operators may also provide designated indoor shared space(s) for visits. While operators cannot overly restrict visits from designated family/support persons in resident rooms, they are able to restrict visits in other spaces, both indoors and outdoors (e.g. based on site layout or risk tolerance).

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How many people can visit a resident at one time?

- This will depend on the site and the situation of the resident.
- Up to two visiting persons are permitted in a resident room, unless it is an end of life visit.
  - For end of life visits, up to three visiting persons are permitted if from different households. If from the same household, then there is no maximum.
- For visits in indoor designated spaces, up to three people (including the resident) are permitted per grouping, unless the site can safely accommodate more.
- For outdoor visits, up to five people (including the resident) are permitted per grouping if appropriate physical distancing can be maintained within and between groupings.
  - If visiting persons are from the same household, distancing is not required between them.
- Table 1 of Order 29-2020 (pages 11 and 19) provides a summary of indoor and outdoor visit requirements.

What are shared care areas? Are visitors or designated family/support persons allowed in shared care areas?

- Shared care areas are areas where direct care, such as assistance with eating, rehabilitation or recreation support, bathing support, is provided.
- Semi-private resident rooms (rooms with two residents) should be considered a resident room and not a shared care area.
- An operator must permit only one designated family/support person per resident to provide support in shared care area. Visitors are not permitted in shared care areas.
- To clarify, shared care areas are different from designated indoor spaces, which are spaces that sites can choose to designate, based on risk tolerance and feasibility, for visits to happen with people other than the designated family/support person.

Where can social visits take place?

- Where social visits can take place depends on each site's risk tolerance assessments and will differ based on site configuration.
- Depending on the site's physical space and risk tolerance, options for social visits can include outdoors, in resident rooms, or in specifically designated indoor spaces.

Do operators need to approve and/or schedule all visits?

- Any visit in designated shared spaces (indoor or outdoors) with or without the designated family/support person present, will be subject to scheduling based on the operator's process.

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- Any visit in a resident room should be coordinated with the operator; however, a standing schedule for designated family/support person presence is recommended.

What is a standing schedule?

- A standing schedule is a set plan outlining the days and times a designated family/support person will be on site, which is consistent week after week (not booked with the operator each time). For example, a spouse may plan to come daily for bedtime or mealtime support, and/or a support worker may come every Tuesday and Thursday mid afternoon for companionship.
- This is the recommended approach for designated family/support persons as a way for operators to expect their presence without having to schedule every single visit.

What, if any, visits are permitted when a site is in a confirmed outbreak?

- This will be based on a site's risk tolerance assessment and the extent of the outbreak.
- A confirmed site outbreak may impact a designated family/support person's standing schedule (e.g. if they feel at risk) and may require additional Personal Protective Equipment but will not automatically prohibit their presence altogether.
- Visitors for social visits may be restricted based on the site specific policy.
- The Medical Officer of Health who is directing the outbreak response may require additional restrictions over and above the site policy, should they deem it necessary.

Why are there not different and more restrictive visitor policies for higher levels of care (e.g. nursing homes) as compared to smaller group homes who serve clients who are potentially less vulnerable?

- The intent of the revised policy is to establish a framework for minimum requirements regarding visits, with the possibility for more (or fewer) requirements to be built into each site's own visitor policy, depending on the site circumstance, risk tolerance assessment, and needs and preferences of residents. This framework is adaptable to all settings and ensures local resident needs and preferences are the foundation.

What is a risk tolerance assessment?

- A risk tolerance assessment considers many different factors to determine a site's ability to mitigate the risk of increased people onsite.
- Factors include the site size and designation (e.g. group home, seniors lodge, supportive living), resident health status, risk tolerance of staff and residents, etc.

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- It is recommended that an operator develop a risk tolerance assessment, in consultation with residents and families, when considering permitting indoor social visits (with people beyond the designated family/support persons).

Why are there such variances in the approach that operators are taking?

- Each site and resident population is different. While the revised provincial policy sets a consistent framework which outlines minimum parameters for visits, there will be ongoing differences between sites, based on resident needs and preferences and the site's risk tolerance assessment.

Can residents visit with each other in their rooms/suites? Can they visit and do activities together (e.g., meals, cards, crafts)?

- Non-isolating (not symptomatic nor required to isolate in the case of outbreak protocols) and non-quarantining (not a close contact of someone who is symptomatic) residents are encouraged to visit and enjoy shared activities together, following all safety precautions (including hand hygiene, disinfecting shared items).

Do residents at the same site have to maintain physical distance from one another?

- Residents who are not required to isolate or quarantine are permitted to visit with one another without physical distancing in place if the site is not in a confirmed outbreak or under investigation for an outbreak.

What Personal Protective Equipment (PPE) requirements are there for visitors during visits?

- Continuous masking is required indoors (with some exceptions) and, if physical distancing cannot be maintained, outdoors as well.
  - Based on the site's risk tolerance assessment, operators may determine a preferred type of mask.
  - If the resident being visited is isolated or quarantined, or the site is under investigation for or experiencing an outbreak, masking and other PPE requirements may change.
- Operators or visiting persons may supply the PPE.
  - Each site's policy may determine who supplies PPE, based on the site's consultation, risk tolerance assessment, and PPE availability.
- Additional PPE is required when visiting a symptomatic resident, or when the site is in outbreak, so please talk with the site contact. This may mean the site provides the PPE.

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Do facilities have enough Personal Protective Equipment (PPE) to support visits?

- We continue to work with all facilities serving vulnerable populations to make sure they have adequate PPE to support the continued safety of staff, residents and visitors.
- This said, operators may require or request that visiting persons supply the required PPE depending on circumstance.

Some facilities schedule drive-by parades and visits through the window. Are these still permitted?

- Yes. Operators, staff, residents and families should continue to work together to find innovative, accessible and feasible solutions to tackle ongoing negative consequences, such as social isolation and loneliness.
- This may include scheduled virtual visits, visits through the window and 'drive-by parades' as part of social/leisure activity programming, while following all guidelines and requirements for enhanced cleaning protocols and group activities.

Are designated indoor spaces mandatory at every site?

- Designated indoor spaces are not mandatory at every site.
  - Some sites may not ever have a designated indoor space due to the building's design and space capacity.
  - Designated indoor spaces are also dependent on the site's risk tolerance assessment, informed by resident, staff, and family risk tolerance and preference.

Can operators charge residents for additional cleaning costs related to the extra visits happening?

- For publicly funded long-term care, designated supportive living and seniors' lodges, these costs are appropriate uses of the extra COVID-19 funding received from government and operators can submit these costs as part of their regular reporting for COVID-19 related expenses. **These sites should not be charging clients extra fees.**
- For private pay supportive living, operators must ensure that they are meeting all of the requirements of any existing and applicable legislation (e.g., Supportive Living Accommodation Standards) before making a decision to charge residents.
  - Operators must ensure that they act in accordance with resident agreements (i.e. that the agreements allow for any added fees for particular supplies or services; that any required/agreed notice periods are met; etc.).

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Are operators able to restrict visits to "visiting hours" for designated family/support persons?

- Operators' visiting policies must be resident and family-centred, which means offering times for visits that work for families and residents and working with designated family/support persons and visitors to find mutually agreeable times to visit.
- If visiting hours are set, there should be a process outlined and communicated for accommodating exceptions (i.e., in circumstances identified as extenuating as per page 7 of CMOH Order 29-2020, or for designated family/support persons who find they cannot ever visit during these hours).

Are privately paid companions allowed to enter the site?

- Residents may choose to designate a privately paid companion as one of their designated family/support persons or have them visit as a social visitor, if permitted by their site's policy.

Are visitors from another country or province allowed?

- Any Albertan who has travelled outside of Canada in the last 14 days must quarantine for a minimum of 14 days according to federal law and provincial order, but visitors from other provinces are not required to quarantine.
- However, each individual is required to reflect on and assess their own risk of unknown exposure during the health screening questionnaire before each visit.

Are designated family/support persons (including privately paid companions) restricted to visiting a single site under this order?

- No, designated family/support persons and other visitors are not restricted to visiting a single site.
- However, it is important to recognize that attending multiple sites within this order is considered a high risk of unknown exposure as per Table 3.

Are residents allowed to visit other congregate care sites?

- Yes. Residents from congregate care sites may be a visitor or designated family/support person at another licensed supportive living, long-term care, or hospice site.
- They would be required to follow the same screening and PPE requirements as any other visitor or designated family/support person.

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- It is important to recognize that attending multiple sites is considered a high risk of unknown exposure as per Table 3.
- As with all others, it is recommended that people not visit more than one other licensed supportive living, long-term care or hospice site in the same day (in addition to the one where they live).

Are couples who share a suite able to each have two designated family/support persons, and are they able to visit at the same time?

- Yes, each resident is allowed to designate two family/support persons, so a couple who shares a suite would be able to have a combined total of four designated support persons.
- If the couple who share a suite agree, and physical distancing can be maintained, the designated persons may visit at the same time.

Frequent Questions from Designated Family/Support Persons, Visitors and Residents

My loved one or friend is a licensed supportive living or a long-term care resident. Am I allowed to visit?

- At minimum, we are permitting
  (a) up to two designated family/support persons for indoor visits
  (b) other visitors (beyond designated persons) for outdoor visits or indoors in extenuating circumstances (end of life, significant change in health status, pressing circumstance).
- Other visitors may also be allowed to have social visits indoors, depending on the site's risk tolerance assessment.
- Please work with a designated family/support person of the resident to determine your ability to visit.
- The resident's voice, desiring or being comfortable with the safety of the visit, should always determine whether a visit happens or not.

My loved one is a hospice client. Am I allowed to visit?

- Yes. Up to three persons at one time are permitted as long as distancing can be maintained.
  - If all visitors are from the same household, there is no maximum because they do not have to maintain physical distance from others in their household.

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As a designated family/support person or visitor, what is expected of me?

- As a designated family/support person or visitor, you are expected to be educated on safe visiting practices and related site policies. This includes understanding your risk of unknown exposure to COVID-19.
- On each visit you must undergo active health assessment screening at entry and self-check for symptoms throughout your visit. Any person who fails the health assessment screening and questionnaire will not be permitted to enter.
- Visits must be coordinated with the operator and you must wear a mask continuously throughout the building (with exceptions in certain circumstances) and any other required personal protective equipment.
- Only visit the resident(s) you are supporting.
- Notify the operator if symptoms develop within 14 days of your visit.
- Be receptive to operator education and take accountability for Safe Visiting Practices set out in the Order and any additional policies set by the operator to enable safe visiting.

In order to visit, I am required to assess my risk of unknown exposure to COVID-19. What does this mean?

- This is a safe visiting practice to raise your awareness, as a visiting person, of the risk factors in your everyday life that may unknowingly increase your exposure to COVID-19. Please refer to page 15 of Order 29-2020 for more information.
- While you are not required to disclose your risk of unknown exposure to the operator, and you will not be denied entry because of your self-assessment alone, you should make sure the resident you are visiting is aware of your risk (and is willing to have you as a visitor, given those risks), and behave accordingly.
- Some activities, like ability to engage in safe physical touch, will be informed by your risk of unknown exposure.

I am a designated family/support person and my loved one is in isolation/quarantine. Am I still able to visit?

- Yes. An outbreak does not automatically prohibit you from visiting; however, the decision is at your discretion as it exposes you to risk.
- If you do visit, you will need to follow additional Personal Protective Equipment (PPE) protocol and only visit the resident in their room.
- As always, when the site is in outbreak, the zone Medical Officer of Health managing an outbreak has the authority to direct additional restrictions and directions based on their assessment of the situation, which may impact your visit.

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I am a designated family/support person and am on site regularly to deliver direct care to my loved one. Am I able to have someone fill in temporarily for me if I need a break?

- Yes. A resident may identify a temporary replacement designated family/support person for approval if a designated family/support person is unable to perform their role for a period of time (e.g. self-isolation, other caregiving duties, or otherwise unable).
- This is to enable a replacement when required, not for the designate to change regularly or multiple times.

As a designated family/support person or visitor, what do I need to do to keep residents safe from COVID-19?

- Protect yourself from exposure of COVID-19 both onsite and offsite, remaining vigilant in following all public health guidance.
- When visiting a continuing care resident, you must:
  - Undergo a health screening
  - Wear required personal protective equipment
  - Adhere to physical distancing
  - Practice hand washing and good hygiene
  - Stay in location of visit and only visit with the resident you are supporting
  - Follow all facility directions
- **Do not visit if you are sick.**
- Review the Family Support/Visiting fact sheet and the Safe Access to Congregate Living Residents video and follow all guidance.

I am a resident. What do I need to do to keep myself and other residents and staff around me safe from COVID-19?

- Assess your own health to check for COVID-19 symptoms, and report any symptoms immediately. **Follow all requirements if you have any symptoms or are isolated/quarantined for any illness, including COVID-19.**
- Protect yourself from exposure of COVID-19 both onsite and offsite, remaining vigilant in following all public health guidance.
- Assess your own risk and communicate that to the staff, your family and visiting persons who may wish to come and see you.
- Remember that others' risk tolerance – those who live and work in the same site as you – may not be the same as yours, so what you do (or don't do) may also impact them.
- Review the Resident Fact Sheet and the Safe Access to Congregate Living Residents video and follow all guidance.

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Am I allowed to bring my pet when visiting my loved one?

- Under the revised visiting policy, visiting animals are permitted, following all operator protocol.
- Animals must be well and from a household with no COVID-19 or other illness, or no known exposure to COVID cases, and visit only with the intended resident.

Am I allowed to bring gifts when I visit a resident?

- Yes, gifts are permitted, following any additional operator protocol, which may include disinfecting the item at entry.

Can I hold my loved ones' hands or give them a hug?

- If your risk of unknown exposure is low to medium, and you understand the risks of physical touch, holding hands or giving your loved one a hug can be supported following all safety precautions, including wearing a mask and practicing enhanced hand hygiene.
- Please review the specifics in the Order itself and ask your site contact if you have any questions.

If I wear a mask, my loved one gets extremely distressed or can't hear me. Can I wear something else?

- If physical distancing can be maintained, it is okay to take your mask off in these scenarios. If the distance cannot be maintained, there may be some options for you.
- You will need to work with the site contact to understand what alternative options might be available to enable the visit. We recognize this is difficult and options may be limited or not ideal or feasible, depending on the person (e.g. resident wearing a medical grade mask themselves).

Can I take off my mask in my loved one's room?

- Single-use masks may be removed (and immediately disposed) for indoor visits in a resident room **if physical distancing can be maintained**. A new mask must be worn in transit through the site and all public health guidance for use of masks must be followed.

Can I take my loved one for a walk off the property during the visit? What about in a courtyard or garden area within the site?

- Yes, you can go for a walk off the property during the visit.
  - Residents who are not required to isolate are still encouraged to stay on the facility property, except in case of necessity (e.g., medical appointments, groceries, pharmacy, spend time outdoors, work commitments, etc.).

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- Whether you can visit in a courtyard or garden area that is on-site will vary depending on the site (e.g. depending on whether physical distancing can be maintained and residents' risk tolerance assessment – a site may or may not designate this as a visiting location).

As a designated family/support person or visitor, where can I go with concerns about visiting?

- The first place to start with your concerns is with the operator, as they create the site's visiting policy and are required to have a dispute resolution process in place.
  - The operator must work with you and your loved one to address your concerns. This may involve the Resident and Family Council, if there is one at your site.
- If the operator is unable to resolve your concern, the organization/agency's executive level support will get involved.
- If neither the operator nor the organization address your concerns, you may contact Alberta Health Accommodation Standards and Licencing or Alberta Health Services AHS Patient Relations (only for designated supportive living or long-term care) for support.

Frequent Questions from Operators and Staff Members

To what degree and through what processes are operators expected to consult with residents, families and staff about the site-specific house rules with respect to the visiting policy?

- Operators are expected to develop an approach to visiting that considers the needs and preferences of residents and families that is directed by the risk tolerance of residents.
- This means that if residents, as a collective, are wanting to assume more risk of exposure to COVID-19, this should be supported by the approach the operator develops. The same is the case when residents are not willing to assume more risk as a collective.
- Processes to gather feedback from residents and families might include through the Resident and Family Council, through online/paper surveys, small group meetings, meal time ballots, etc.
- Recognizing that individual resident preferences may ultimately vary from the developed site plan and policy (i.e., if they don't agree with the direction from most other residents and families), customized individual approaches will be supported to the greatest extent possible.

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- For example, a resident who is more risk averse and does not want to be exposed to more visitors may decide to refuse all in-room visits (whether from designated family/support people or other allowed visitors) and choose only to visit with people outdoors, even though the Order allows designated family/support people to enter that resident room and the site to make a designated indoor space available for visits.

What should operators do when families/residents have very different values or perspectives on risk tolerance?

- As you work on the risk tolerance assessment and site-level plan and discuss it with residents and families, this is an opportunity to hear and address concerns and communicate that different perspectives are expected.
- Each operator should already have mechanisms in place for involving residents and families in site decisions and know what would work best at their site.
- This process is about communicating openly with residents, families, and staff regarding risks and benefits, and engaging with them to identify solutions that work for the majority while respecting the concerns of the few.

Some sites have shared rooms. How do you manage this if roommates have different risk tolerance?

- Operators and staff should work with residents who live in a shared room, and their family/support persons, to develop an approach to visiting within that room that balances risk and safety for each resident.
- Visits in shared rooms may need to be pre-arranged or scheduled to accommodate the unique needs and preferences of all residents in the shared room.
- If residents in shared rooms cannot reach a resolution (e.g. a roommate does not wish to allow visitors into their room and does not wish to leave their room for their roommates' visitors), alternatives must be provided, including:
  - Exchanging in-room visits for visits in an alternative space
  - Cohorting residents who do not wish to have visitors in their room

I am a staff member and I used to bring my pet to work with me – can I do that again?

- Under the revised visiting policy, this would be supported; however, please speak to your employer to ensure it is permitted.

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Who can staff or an operator turn to for advice and information around safe touch and/or Personal Protective Equipment (PPE) requirements?

- For additional information:
  - If the operator is a health-funded site (designated supportive living, long-term care, contracted hospice), a good first step is to consult with your usual Alberta Health Services (AHS) program contact, as they may be able to assist with options.
  - If the operator is not health-funded (e.g., licensed supportive living other than designated supportive living), contact AHS's Infection Prevention and Control at continuingcare@albertahealthservices.ca.

How long do operators need to keep the record of the individual's visit inside the site (e.g., name, date and time of visit) on file? How long do operators need to keep the visitor's health assessment (individual's temperature and screening questionnaire) on file?

- Operators **are not** required to store the completed COVID-19 Questionnaires from any person who enters.
- Operators **are** required to record the name, contact information, date and time of each visit for contact tracing purposes.
  - This documentation should be kept for a minimum of four weeks.
  - In the case of a COVID-19 exposure or outbreak, AHS Public health officials will rely on this information for their investigation. It is imperative that the information is accurate.
  - Any personal information that is collected for COVID-19 contact tracing can only be used for this purpose, unless an individual provides their consent.
- 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 *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

Why are sites required to evaluate their safe visiting policy every three weeks? What does this involve?

- Evaluation is required to ensure that each site's policy is responsive to factors such as COVID-19 case numbers in the region, changes in resident preference and risk tolerance, updated COVID-19 guidance (e.g. mask use), and any other factors listed in Table 2 of Order 29-2020.

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- This requirement does not mean operators have to rewrite their site safe visiting policy every three weeks but rather review their policy in reference to all the factors listed above and on Table 2.

If there are higher COVID-19 case numbers in the region, can the operator restrict visits?

- Expectations for restricted access can be found on page 12 of CMOH Order 29-2020.
- The risk tolerance assessment and site-level policy that operators develop with residents, staff, and families will inform the site's response to higher case numbers in the region.
- Designated family/support persons shall never be overly restricted in their access to the resident(s) they support.
- Temporary restrictions of other visits are permitted. These types of restrictions would be circumstance-specific and determined in advance, in conjunction with residents, staff, and families and in discussion with public health officials and zone Medical Officers of Health.
- Operators and families can sign up for email or text notifications to find out if their region has been declared under the "Watch" category based on the number of COVID-19 cases in the community.

Do visits have to be supervised?

- Supervision is **not** required or expected.
- Designated family/support persons and visitors play an important role in residents' lives and must take on personal responsibility to follow the order and site policies.
- The operator's role is to communicate their safe visiting policy, educate visiting persons, provide Personal Protective Equipment in some cases, and have considerations/processes in place for when visiting persons are not following guidelines.

What resources are available to help operators create and implement a site-specific safe visiting policy?

- A suite of educational materials is available, including a PowerPoint explaining the changes in the visitor policy, sent to operators with the Order, fact sheets and a video to help educate designated family/support persons and visitors.

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As an operator, where can I direct residents and families who have concerns?

- The first place to start for concerns resolution is the site level.
- Operators are expected to develop an approach to visiting that considers the needs and preferences of residents and families that is directed by the risk tolerance of residents. As you work on this plan, and discuss it with the residents and families, part of that conversation will enable you to hear and address those concerns.
- Operators are required to document all disputes in accordance with existing concern/complaints processes under the Accommodation Standards and/or Continuing Care Health Service Standards (where relevant).
- The dispute resolution process outlined in CMOH Order 29-2020 (page 13) includes at a minimum the following escalation:
  1. An operator must first work with the resident and designated family/support person(s) to address any concerns that arise regarding the site policy and interpretation and implementation of the Order. This may include the Resident and Family Council, if applicable.
  2. Should concerns not be resolved at site level, the concern would go to the organizational/agency executive level, where applicable.
  3. Should the concern still be unresolved after speaking with the operator and an executive of the organization/agency, Alberta Health Accommodation Standards and Licencing or Alberta Health Services AHS Patient Relations (only for designated supportive living or long-term care) may be contacted for support.

For more information, please refer to CMOH Order 29-2020 and Appendix A.

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