



Province of Alberta

PUBLIC HEALTH ACT

Revised Statutes of Alberta 2000
Chapter P-37

Current as of February 1, 2021

Office Consolidation

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Note

All persons making use of this consolidation are reminded that it has no legislative sanction, that amendments have been embodied for convenience of reference only. The official Statutes and Regulations should be consulted for all purposes of interpreting and applying the law.

Amendments Not in Force

This consolidation incorporates only those amendments in force on the consolidation date shown on the cover. It does not include the following amendments:

RSA 2000 cP-37 s77 repeals ss1(1)(e.1) and (2), 33(2.1) and (2.2), 52.6(1.1)(c) and (1.2), 52.61, 52.92 to 52.992, 53(4.2) to (4.4), 53.1 to 53.4, 66(2)(r), 76.

2020 c35 s30 amends ss1(1)(t) and 37(2)(a).

Regulations

The following is a list of the regulations made under the *Public Health Act* that are filed as Alberta Regulations under the Regulations Act

	Alta. Reg.	<i>Amendments</i>
Public Health Act		
Alberta Aids to Daily Living and Extended Health Benefits.....	236/85	109/87, 265/87, 223/90, 109/2003
Bodies of Deceased Persons.....	135/2008	147/2017, 28/2021, 28/2021

Communicable Diseases	238/85	357/88, 37/98, 206/2001, 96/2005, 58/2006, 35/2007, 68/2008, 270/2009, 44/2014, 147/2016, 17/2018, 10/2019, 81/2019
Co-ordinated Home Care Program.....	296/2003	102/2007, 170/2012, 173/2012, 153/2014, 135/2017, 98/2020, 106/2020
Emergency Powers.....	187/2009	239/2018
Food	31/2006	112/2006, 70/2015, 13/2018, 38/2018, 2/2020, 63/2020
Housing.....	173/99	251/2001, 354/2003, 158/2011, 140/2012, 155/2013, 161/2014, 127/2016, 38/2018
Immunization	182/2018	
Institutions.....	143/81	317/82, 462/83, 109/2003
Nuisance and General Sanitation	243/2003	293/2006, 141/2012, 162/2014, 27/2019
Personal Services	1/2020	
Public Health Act Forms Repeal.....	69/2019	
Public Swimming Pools	204/2014	27/2019
Qualifications of Executive Officers.....	51/99	354/2003, 224/2011, 17/2018
Recreation Area.....	198/2004	85/2012, 127/2016
Regulated Matter.....	174/99	251/2001, 354/2003, 82/2012, 115/2014, 239/2018
Treatment Services.....	248/85	494/87, 17/99, 251/2001, 297/2003, 142/2010, 173/2012, 153/2014, 135/2017, 239/2018
Waiver.....	298/2003	108/2004, 293/2006, 188/2009, 172/2012, 152/2014, 204/2014, 180/2019
Work Camps	218/2002	107/2011, 38/2018

PUBLIC HEALTH ACT

Chapter P-37

Table of Contents

- 1 Definitions
- 2 Jurisdiction of regional health authority

Part 1 Public Health Appeal Board

- 3 Board established
- 4 Duties of Board
- 5 Appeal to Board
- 6 Stay pending appeal
- 7 Annual report

Part 2 Administration

- 8 Alteration and disestablishment
- 9 Staff
- 10 Provision of services by RHA
- 12 Provision of services by Minister
- 13 Chief Medical Officer
- 14 Powers of Chief Medical Officer
- 15 Diseases under surveillance
- 15.1 Order making Act applicable
- 16 Administrative powers
- 17 Inspection by Minister
- 18 Provision of information
- 18.1 Disclosure of information
- 18.2 Provision of information by Minister of Education

**Part 3
Communicable Diseases and
Public Health Emergencies**

- 18.3 Reporting re immunization
- 18.4 Reporting adverse event following immunization
- 18.5 Immunization schedules
- 18.6 Biological agent storage, handling, transportation
- 19 Information to medical officer of health
- 19.1 Information respecting public health emergency
- 20 Discovery and treatment of infection
- 21 Notification of change of address
- 22 Notification of communicable disease
- 23 Discovery in laboratory
- 24 Submission of specimens to Provincial Laboratory
- 25 Disease outside boundaries
- 26 Notification of epidemics and other threats
- 27 Duty to notify Chief Medical Officer
- 28 Weekly summary

Isolation, Quarantine and Special Measures

- 29 Isolation and quarantine
- 30 Entry for examination
- 31 Examination
- 32 Notices
- 33 Effect of isolation or quarantine
- 34 Provision of services
- 35 Decontamination
- 36 Transportation of infected person

Epidemics

- 37 Notification of epidemic
- 38 Order of Lieutenant Governor in Council

Recalcitrant Patients

- 39 Issue of certificate
- 40 Authority of certificate
- 41 Release
- 42 Notification of release
- 43 Treatment after release
- 44 Isolation order
- 45 Authority of isolation order
- 46 Cancellation of isolation order

- 47 Warrant for examination
- 48 Duty on issue of isolation order
- 49 Application to Court for cancellation
- 50 Unauthorized absence
- 51 Transfer to another facility
- 52 Leave of absence

State of Public Health Emergency

- 52.1 State of public health emergency
- 52.2 Local state of public health emergency
- 52.21 Significant likelihood of pandemic influenza
- 52.3 Contents order
- 52.4 Publication of order
- 52.5 Notice to Minister
- 52.6 Powers during emergency
- 52.61 Powers to protect public health
- 52.7 Compensation
- 52.8 Termination of public health emergency order
- 52.81 Termination of state of local public health emergency
- 52.811 Termination of suspension orders
- 52.82 Publication
- 52.83 Regulations Act
- 52.9 Regulations
- 52.91 Termination of employment prohibited
- 52.92 Termination of contracted services provider prohibited
- 52.93 Interpretation
- 52.94 Designation of provincial officer
- 52.95 Powers of provincial officer
- 52.96 Isolation questionnaire and health assessment required
- 52.97 Contents of isolation questionnaire
- 52.98 Collection, use and disclosure of traveller information
- 52.981 Cessation of effect re CMOH Order 05-2020
- 52.99 Provision of information by airport authority
- 52.991 Cessation of effect re CMOH Order 11-2020
- 52.992 Cessation of effect, general

General

- 53 Confidentiality of communicable diseases information
- 53.1 Collection, use and disclosure of information re health care facility staff members
- 53.2 Collection, use and disclosure of information re staff members providing home care services
- 53.3 Staff member information

- 53.4 Cessation of effect
- 54 Application to court
- 55 Offence
- 56 Provision of names
- 57 Delegation of authority

Part 4 General

Inspections and Orders

- 59 Inspection of place other than private dwelling
- 60 Inspection of private place
- 60.1 Assistance by police officer, expert
- 61 Application to Court
- 62 Order
- 62.1 Enforcement of order
- 63 Recovery of costs
- 64 Notice of health hazard
- 65 Notice of health hazard - Metis patented land

Regulations

- 66 Regulations

Miscellaneous

- 66.1 Protection from liability
- 66.2 Court enforcement
- 67 Crown's right of recovery
- 68 Service of documents
- 69 Validity of documents
- 70 Intoxicating gas or vapour
- 71 Obstruction
- 72 Destruction of notice
- 73 Penalty
- 74 Publishing reports and order
- 75 Paramountcy
- 76 Review of Act
- 77 Repeals

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1(1) In this Act,

- (a) “biological agent” includes sera, immune globulins, vaccines and toxoids;
- (b) “Board” means the Public Health Appeal Board established under section 3;
- (c) “carrier” means a person who, without apparent symptoms of a communicable disease, harbours and may disseminate an infectious agent;
- (d) “certificate” means a compulsory examination and treatment certificate;
- (e) “Chief Medical Officer” means the Chief Medical Officer of Health appointed by the Minister under section 13;
- (e.1) “close contact” means a person
 - (i) who, without the consistent and appropriate use of personal protective equipment, provides care to, lives with or has close physical contact with a person who is confirmed as having COVID-19, or
 - (ii) who comes into contact with the infectious body fluids of a person who is confirmed as having COVID-19;
- (f) “communicable disease” means an illness in humans that is caused by an organism or micro-organism or its toxic products and is transmitted directly or indirectly from an infected person or animal or the environment;
- (g) “community health nurse” means a registered nurse within the meaning of the *Health Professions Act* who is employed or engaged by a regional health authority or a provincial health board established under the *Regional Health Authorities Act* or the Department to provide public health services;
- (h) “contact” means any person or animal suspected to have been in association with an infected person or animal or a contaminated environment to a sufficient degree to have had the opportunity to become infected;

- (i) “contamination” means the presence of an infectious agent on a body surface, or on or in an inanimate article or substance including food;
- (j) “council” means
 - (i) the council of a city, town, village, summer village, municipal district or Metis settlement,
 - (ii) in the case of an improvement district, the Minister responsible for the *Municipal Government Act* or a person that Minister designates in writing for the purpose, and
 - (iii) in the case of a special area, the Minister responsible for the *Special Areas Act* or a person that Minister designates in writing for the purpose;
- (k) “Department” means the Department of which the Minister is charged with the administration;
- (l) “Deputy Chief Medical Officer” means the Deputy Chief Medical Officer of Health appointed by the Minister under section 13;
- (m) “disinfection” means the destruction of infectious agents outside the body by any means;
- (n) “disinfestation” means the destruction or removal, by any physical or chemical process, of animal forms present on domestic animals or humans or in the environment;
- (o) “epidemic” means the occurrence in a community of persons of a number of cases of a communicable disease in excess of normal expectations;
- (p) “executive officer” means an executive officer within the meaning of section 9 or 16;
- (q) “facility” means any place where a person can receive treatment for communicable diseases;
- (r) “health practitioner” means any person who provides health care or treatment to any person;
- (s) “health region” means a health region established under the *Regional Health Authorities Act*;
- (t) “hospital” means an approved hospital as defined in the *Hospitals Act*;

- (u) “immunization” means the administration of a biological agent to a person to increase that person’s resistance to the effect of an infectious agent or its toxic products;
- (v) “infection” means the entry and multiplication of an infectious agent in the body of a person or animal;
- (w) “infectious agent” means an organism or micro-organism that is capable of producing a communicable disease;
- (x) “institution” means a correctional institution as defined in the *Corrections Act*, a facility as defined in the *Mental Health Act*, a nursing home within the meaning of the *Nursing Homes Act*, the premises where a child care program that is licensed under the *Early Learning and Child Care Act* is offered or provided and a hostel or other establishment operated to provide accommodation and maintenance for unemployed or indigent persons and, except in section 22, includes a supportive living accommodation licensed under the *Supportive Living Accommodation Licensing Act*;
- (y) “isolation” means the separation of a person or animal infected with a communicable disease from other persons or animals in a place and under conditions that will prevent the direct or indirect conveyance of the infectious agent from the infected person or animal to a susceptible person or animal;
- (z) “laboratory” means a medical diagnostic laboratory where examinations of specimens of blood, spinal fluid, sputum, stool, urine, gastric washings, exudate or other specimen or discharge derived from a body are made for the purpose of determining the presence or absence of an infectious agent;
- (aa) “legal representative” means a lawyer, an executor or administrator of the estate of a deceased person, the trustee or guardian of a represented adult under the *Adult Guardianship and Trusteeship Act*, the agent designated in a personal directive made by a person in accordance with the *Personal Directives Act* and the trustee or guardian of a minor;
- (bb) “medical officer of health” means a physician appointed by the Minister or a regional health authority under this Act as a medical officer of health, and includes the Chief Medical Officer and the Deputy Chief Medical Officer;

- (cc) “Minister” means the Minister determined under section 16 of the *Government Organization Act* as the Minister responsible for this Act;
- (dd) “municipality” means a city, town, village, summer village, municipal district, improvement district, special area and Metis settlement;
- (ee) “nuisance” means a condition that is or that might become injurious or dangerous to the public health, or that might hinder in any manner the prevention or suppression of disease;
- (ee.1) repealed 2005 c13 s8;
- (ff) “owner” means the registered owner, and any person in the actual or apparent possession or control of land or a premises;
- (ff.1) “police officer” means a police officer as defined in the *Police Act*;
- (gg) “prescribed”, with respect to a form, means a form that
 - (i) is in the form prescribed in the regulations, or
 - (ii) is in a form approved by the Minister, where no form has been prescribed in the regulations;
- (hh) “private place” means
 - (i) a private dwelling, and
 - (ii) privately owned land, whether or not it is used in connection with a private dwelling;
- (hh.1) “public health emergency” means an occurrence or threat of
 - (i) an illness,
 - (ii) a health condition,
 - (iii) an epidemic or pandemic disease,
 - (iv) a novel or highly infectious agent or biological toxin, or
 - (v) the presence of a chemical agent or radioactive material that poses a significant risk to the public health;

- (ii) “public place” includes any place in which the public has an interest arising out of the need to safeguard the public health and includes, without limitation,
 - (i) public conveyances and stations and terminals used in connection with them,
 - (ii) places of business and places where business activity is carried on,
 - (iii) learning institutions,
 - (iv) institutions,
 - (v) places of entertainment or amusement,
 - (vi) places of assembly,
 - (vii) dining facilities and licensed premises,
 - (viii) accommodation facilities, including all rental accommodation,
 - (ix) recreation facilities,
 - (x) medical, health, personal and social care facilities, and
 - (xi) any other building, structure or place visited by or accessible to the public;
- (jj) “quarantine” means
 - (i) in respect of persons or animals, the limitation of freedom of movement and contact with other persons or animals, and
 - (ii) in respect of premises, the prohibition against or the limitation on entering or leaving the premises,

during the incubation period of the communicable disease in respect of which the quarantine is imposed;
- (kk) “regional health authority” means a regional health authority established under the *Regional Health Authorities Act*;
- (ll) repealed 2002 c20 s2;
- (mm) “school” means
 - (i) a school operating under the *Education Act*,

- (ii) a place where an early childhood services program is offered or provided, and
- (iii) the premises where a child care program that is licensed under the *Early Learning and Child Care Act* is offered or provided;
- (nn) “sexually transmitted infections clinic” means a clinic operated by the Minister or a regional health authority for the purposes of prevention and treatment of sexually transmitted infections;
- (oo) “teacher” includes an instructor, lecturer, professor, principal, president, supervisor or superintendent of any school, college, university, polytechnic institution, comprehensive community college or other learning institution;
- (pp) “terminal decontamination” means the decontamination of
 - (i) the clothing of a person,
 - (ii) the physical environment of a person,
 - (iii) the contents of the isolation room, and
 - (iv) any article or piece of equipment used in the diagnosis or treatment of a personafter the person has been removed from isolation or has ceased to be a source of infection or after isolation procedures have been discontinued.

(2) Subsection (1)(e.1) ceases to have effect on the lapsing or rescission of Record of Decision — CMOH Order 05-2020.

RSA 2000 cP-37 s1;RSA 2000 cH-7 s147;2002 c20 s2;
2002 c32 s12;2005 c13 s8;2007 cC-10.5 s29;2008 cA-4.2 s149;
2009 cS-23.5 s26;2012 cE-0.3 s282;2013 cS-19.3 s25;
2016 c25 s2;2018 c19 s74;2020 c5 s2;2020 c13 s12;
2020 c31 s40

Jurisdiction of regional health authority

2(1) Where a health unit is disestablished and the health unit is located in a health region under the *Regional Health Authorities Act*, then, subject to the regulations under subsection (2), for the purpose of administering this Act in that part of the health region that formerly constituted the health unit, the regional health authority has the power, authority and jurisdiction and is subject to the duties and obligations that the local board of the health unit had and was subject to.

- (2) The Lieutenant Governor in Council may make regulations
- (a) providing for the non-application of provisions of this Act or the regulations under it in a case where subsection (1) applies,
 - (b) varying the application of provisions of this Act or the regulations under it in a case where subsection (1) applies, and
 - (c) respecting any other matters the Lieutenant Governor in Council considers necessary in a case where subsection (1) applies

for the purposes of facilitating the administration of this Act in such a case.

1994 cR-9.07 s25(31)

Part 1 Public Health Appeal Board

Board established

- 3(1)** There is hereby established a Public Health Appeal Board consisting of not more than 5 members who shall be appointed by the Lieutenant Governor in Council.
- (2)** The Lieutenant Governor in Council shall designate the chair and vice-chair of the Board.
- (3)** The vice-chair shall act as chair in the event of the absence or inability to act of the chair.
- (4)** The members of the Board shall elect from their number an alternate vice-chair, who shall act as chair in the event of the absence or inability to act of the chair and vice-chair.
- (5)** The vice-chair and alternate vice-chair when acting under subsection (3) or (4) have the authority and duties of the chair.
- (6)** The members of the Board shall be appointed for terms not exceeding 3 years and may be reappointed for not more than 2 consecutive additional terms, each not exceeding 3 years.
- (7)** A member of the Board continues to hold office after the expiry of the member's term until
- (a) the expiration of 30 days, or
 - (b) the member's successor is appointed,

whichever occurs first.

(8) Three members constitute a quorum at a meeting of the Board.

(9) The Board shall meet at the call of the chair or on a resolution of the Board.

(10) The Board may make rules governing the calling of meetings, the procedure to be used at meetings and the conduct of the meetings.

(11) Members of the Board

- (a) shall be paid remuneration at the rates prescribed by the Lieutenant Governor in Council, and
- (b) shall be paid their reasonable travelling and living expenses while absent from their ordinary places of residence and in the course of their duties as members of the Board, at the rates prescribed by the Lieutenant Governor in Council.

(11.1) Rates referred to in subsection (11) must be prescribed in accordance with any applicable regulations under the *Alberta Public Agencies Governance Act*.

(11.2) If regulations under the *Alberta Public Agencies Governance Act* establish rates in respect of remuneration or expenses referred to in subsection (11), those regulations prevail, to the extent of any conflict or inconsistency, over any regulations prescribing a rate under subsection (11).

(12) The Minister may provide clerical and secretarial services for the Board.

(13) Repealed 2003 c2 s1(26).

RSA 2000 cP-37 s3;2003 c2 s1(26);2009 cA-31.5 s68

Duties of Board

4(1) The Board shall hear appeals pursuant to section 5.

(2) The Board may engage the services of persons having special technical, professional or other knowledge to assist it in the hearing of appeals.

1984 cP-27.1 s3;1998 c38 s5

Appeal to Board

5(1) In this section, “decision of a regional health authority” means

- (a) an order issued under section 62, and

- (b) a decision to issue or to cancel, suspend or refuse to issue a licence, permit or other approval provided for in the regulations, and any other decision in respect of which an appeal to the Board is permitted under the regulations, whether any of those decisions is made by the regional health authority itself or one of its employees or agents.

(2) A person who

- (a) is directly affected by a decision of a regional health authority, and
- (b) feels himself or herself aggrieved by the decision

may appeal the decision to the Board.

(3) The person referred to in subsection (2) shall commence the appeal by serving a notice of appeal in the prescribed form on the Board and the regional health authority within 10 days after receiving notice of the decision complained of, and the notice of appeal is sufficiently served if it is left at an office of the Board or regional health authority.

(4) Subject to subsections (5) and (6), the Board shall, if it is satisfied that the requirements of subsection (2) have been met, hear the appeal within 30 days after receiving the notice of appeal.

(5) Where the Board is satisfied that the appellant and the regional health authority, or either of them, have not made a reasonable effort to resolve the matters in dispute between them, it may refer the matter to the regional health authority for further consideration and redetermination.

(6) Where the Board refers a matter to the regional health authority under subsection (5), the Board may prescribe a time period within which the regional health authority must deal with the matter and may give to the regional health authority any other directions it considers appropriate.

(7) The Board shall provide the appellant, the regional health authority and, in a case where the decision or order appealed from was made by an employee or agent of the regional health authority, that employee or agent, an opportunity to appear and make representations orally or in writing, or both orally and in writing.

(8) The appellant, the regional health authority and, where the decision or order appealed from was made by an employee or agent of the regional health authority, that employee or agent, may be represented by counsel.

(9) Notwithstanding subsections (3) and (4), the Board may, if it considers it appropriate to do so, extend the time within which an appeal may be taken under subsection (3) or within which the Board must act under subsection (4).

(10) For the purposes of conducting an appeal under this section, the Board has all of the powers, privileges and immunities of a commissioner appointed under the *Public Inquiries Act*.

(11) The Board may confirm, reverse or vary the decision of the regional health authority and shall give written notice of its decision to the appellant and the regional health authority.

1984 cP-27.1 s4;1996 c31 s24

Stay pending appeal

6 An appeal taken pursuant to section 5 does not operate as a stay of the decision appealed from except so far as the chair or vice-chair of the Board so directs.

1984 cP-27.1 s5

Annual report

7(1) The Board shall make a report in each year to the Minister summarizing generally its activities and affairs in the preceding year.

(2) On receiving the report under subsection (1), the Minister shall lay a copy of it before the Legislative Assembly if it is then sitting, and if it is not then sitting, within 15 days after the commencement of the next sitting.

1984 cP-27.1 s6;1998 c38 s6

Part 2 Administration

Alteration and disestablishment

8 The order disestablishing a health unit may contain any provisions the Lieutenant Governor in Council considers necessary

- (a) to provide for the transfer of the assets and property of the local board of the health unit to a regional health authority under the *Regional Health Authorities Act*,
- (b) to provide for the assumption of liabilities and obligations of the local board of the health unit by a regional health authority under the *Regional Health Authorities Act*, and

- (c) to facilitate the taking over of the affairs of the health unit by a regional health authority under the *Regional Health Authorities Act*.

1984 cP-27.1 s10;1988 c41 s4;1994 cR-9.07 s25(31);1996 c31 s5

Staff

9(1) A regional health authority shall appoint one or more persons as medical officers of health and one or more persons as executive officers for the regional health authority for the purpose of carrying out this Act and the regulations.

(2) The Minister may appoint one or more persons as medical officers of health for a regional health authority if the Minister is of the opinion that the number of medical officers of health appointed by the regional health authority is insufficient.

(3) A person who is appointed as a medical officer of health under this section is, by virtue of the appointment, also an executive officer.

RSA 2000 cP-37 s9;2016 c25 s3

Provision of services by RHA

10 A regional health authority shall provide the health promotional, preventive, diagnostic, treatment, rehabilitative and palliative services, supplies, equipment and care that the regulations require it to provide.

1984 cP-27.1 s20;1996 c31 s8

11 Repealed 2005 c13 s8.

Provision of services by Minister

12 The Minister may provide to any person any health promotional, preventive, diagnostic, treatment, rehabilitative or palliative services, supplies, equipment and care and any drugs, medicines and biological agents prescribed in the regulations.

1984 cP-27.1 s22;1996 c31 s10

Chief Medical Officer

13(1) The Minister may appoint a person as Chief Medical Officer of Health and a person as Deputy Chief Medical Officer of Health for the purposes of this Act.

(2) The Deputy Chief Medical Officer may act in the place of the Chief Medical Officer during the Chief Medical Officer's temporary absence or temporary inability to act.

(3) The Chief Medical Officer may in writing delegate to the Deputy Chief Medical Officer any power, duty or function

conferred or imposed on the Chief Medical Officer under this Act or the regulations.

1998 c38 s8

Powers of Chief Medical Officer

14(1) The Chief Medical Officer

- (a) shall, on behalf of the Minister, monitor the health of Albertans and make recommendations to the Minister and regional health authorities on measures to protect and promote the health of the public and to prevent disease and injury,
- (b) shall act as a liaison between the Government and regional health authorities, medical officers of health and executive officers in the administration of this Act,
- (c) shall monitor activities of regional health authorities, medical officers of health and executive officers in the administration of this Act, and
- (d) may give directions to regional health authorities, medical officers of health and executive officers in the exercise of their powers and the carrying out of their responsibilities under this Act.

(2) Where the Chief Medical Officer is of the opinion that a medical officer of health or executive officer is not properly exercising powers or carrying out duties under this Act in respect of a matter, the Chief Medical Officer may assume the powers and duties of the medical officer of health or executive officer in respect of the matter and act in that person's place.

(3) Where the Chief Medical Officer decides to act under subsection (2), the Chief Medical Officer shall forthwith give a notice in writing setting out the reasons why the Chief Medical Officer has so decided to

- (a) the medical officer of health or executive officer,
- (b) where applicable, the regional health authority by whom the medical officer or executive officer is employed or for whom the medical officer of health or executive officer acts as agent, and
- (c) the Minister.

(4) Notwithstanding anything in this section, the Chief Medical Officer has all the power and authority conferred on a medical officer of health or an executive officer under this Act and the

regulations and may exercise that power and authority for any purpose under this Act or the regulations.

RSA 2000 cP-37 s14;2009 c13 s2

Diseases under surveillance

15(1) Where

- (a) a disease is not prescribed as a notifiable disease under the regulations, and
- (b) the Chief Medical Officer considers that it is advisable to keep the disease under surveillance in order to assess the impact of the disease and the need for further intervention under this Act,

the Chief Medical Officer may by notice in writing require a medical officer of health, a physician or a director of a laboratory to provide to the Chief Medical Officer or to a medical officer of health, or to both, at the times and in the manner set out in the notice any information in respect of the disease that is set out in the notice.

(2) A person who receives a notice under subsection (1) shall comply with it.

RSA 2000 cP-37 s15;2016 c25 s4

Order making Act applicable

15.1(1) Notwithstanding anything in this Act, the Minister may, on the advice of the Chief Medical Officer, by order, make any provision of this Act or the regulations applicable in respect of a particular disease if the Minister is satisfied that the disease presents a serious threat to public health.

(2) The *Regulations Act* does not apply in respect of an order referred to in subsection (1).

2002 c32 s12

Administrative powers

16(1) The Minister may appoint one or more physicians as medical officers of health for the purpose of Part 3.

(2) A person who is appointed as a medical officer of health under subsection (1) is, by virtue of the appointment, also an executive officer.

(3) The Minister may designate one or more persons employed in the Department as executive officers for the purposes of this Act.

RSA 2000 cP-37 s16;2016 c25 s5

Inspection by Minister

17 The Minister and employees of the Government authorized by the Minister for the purpose may

- (a) make inquiries into the management and affairs of a regional health authority,
- (b) enter and inspect any place under the jurisdiction of a regional health authority, and
- (c) examine the records of a regional health authority

for the purpose of verifying the accuracy of reports and ensuring that this Act and the regulations are complied with.

1984 cP-27.1 s30;1996 c31 s15

Provision of information

18(1) Where a medical officer of health reasonably believes that a person has engaged in or is engaging in any activity that is causing or may cause a threat to the health of the public or a class of the public, the medical officer of health may by notice in writing require the person to provide to the medical officer of health within the time specified in the notice any information respecting the activity that is specified in the notice.

(2) A person who receives a notice under subsection (1) shall comply with it.

1998 c38 s10

Disclosure of information

18.1(1) In this section,

- (a) “charter school”, “early childhood services program”, “independent student”, “private school” and “board” have the meanings given to them in the *Education Act*;
- (b) “child care program” means a child care program in respect of which a licence has been issued under the *Early Learning and Child Care Act*.

(2) A medical officer of health may by notice in writing require a board, a person responsible for the operation of a private school or of a charter school, an operator of an early childhood services program or a provider of a child care program to provide to the medical officer of health, in the form and manner and within the time specified in the notice, the information set out in subsection (2.1) that is in its custody or within its control, for the purpose of contacting a parent or guardian of a student or child, or contacting an independent student, regarding voluntary health programs,

including immunization, hearing, vision, speech and dental health programs, and for the purpose of communicable diseases control.

(2.1) For the purposes of subsection (2), a medical officer of health may require the following information to be provided:

- (a) the name, address, postal code, date of birth and sex, and the grade level, if applicable, of a student or child and the school, early childhood services program or child care program, as the case may be, attended by the student or child;
- (b) the name, address, postal code, telephone number and electronic address
 - (i) of the parent or guardian of a child or a student other than an independent student, or
 - (ii) of an independent student;
- (c) any other information prescribed in the regulations.

(3) A board, a person responsible for the operation of a private school or charter school or an operator of an early childhood services program or a provider of a child care program who receives a notice under subsection (2) shall comply with it.

2009 c13 s3;2012 cE-0.3 s282;2016 c25 s6;2020 c31 s40

Provision of information by Minister of Education

18.2(1) The Minister may require the Minister of Education to provide to the Minister, in the form and manner and within the time specified, the information set out in subsection (2) that is in the custody or under the control of the Department of Education, for the purpose of contacting a parent or guardian of a student, or contacting an independent student, respecting voluntary health programs, including immunization, hearing, vision, speech and dental health programs, and for the purpose of communicable diseases control.

(2) For the purposes of subsection (1), the Minister may require the following information to be provided:

- (a) a student's name, address, postal code, date of birth, sex, grade level and school;
- (b) the name, address, postal code, telephone number and electronic address
 - (i) of the parent or guardian of a student other than an independent student, or

- (ii) of an independent student;
 - (c) any other information prescribed in the regulations.
- 2016 c25 s7

Part 3

Communicable Diseases and Public Health Emergencies

Reporting re immunization

18.3 A health practitioner who performs an immunization or conducts an assessment in respect of immunization shall report information respecting immunization to the Minister in accordance with the regulations.

2016 c25 s8

Reporting adverse event following immunization

18.4 A health practitioner shall, in accordance with the regulations, report any adverse event following immunization of which the health practitioner becomes aware in respect of a person to whom the health practitioner has provided or is providing professional services.

2016 c25 s8

Immunization schedules

18.5 A health practitioner who performs an immunization shall comply with

- (a) the most recent version of an immunization schedule published by the Chief Medical Officer, or
- (b) the part of the most recent version of an immunization schedule published by the Chief Medical Officer

that is identified by the Chief Medical Officer as being mandatory.

2016 c25 s8

Biological agent storage, handling, transportation

18.6(1) A person who stores, handles or transports, or directs the storage, handling or transportation of, a biological agent intended for use in immunization shall do so in accordance with the regulations.

(2) A person referred to in subsection (1) who becomes aware of a contravention of the regulations referred to in subsection (1) shall take action in accordance with the regulations.

2016 c25 s8

Information to medical officer of health

19(1) Where a medical officer of health knows or has reason to believe

- (a) that a person suffering from a communicable disease is or may be in or has frequented or may have frequented a public place, or
- (b) that a public place may be contaminated with a communicable disease,

the medical officer of health may by notice in writing to the person in charge of the public place require that person to provide to the medical officer of health within the time specified in the notice any information relating to the public place, the person and the communicable disease that is specified in the notice.

(2) A person who receives a notice referred to in subsection (1) shall comply with it.

1998 c38 s12

Information respecting public health emergency

19.1(1) Where a medical officer of health

- (a) knows of or has reason to suspect the existence of, or the threat of the existence of, a public health emergency, and
- (b) has reason to believe that a person has information relevant to the public health emergency that will assist the medical officer of health in carrying out duties and exercising powers under section 29 in respect of the public health emergency,

the medical officer of health or an executive officer or community health nurse designated for that purpose by the medical officer of health may, by notice in writing, require the person who has the information to provide the information that is specified in the notice to the medical officer of health, executive officer or community health nurse.

(2) A person who receives a notice referred to in subsection (1) shall comply with it.

2002 c32 s12

Discovery and treatment of infection

20(1) Every person who knows or has reason to believe that the person is or may be infected with a communicable disease prescribed in the regulations for the purposes of this subsection shall immediately consult a physician to determine whether the

person is infected or not, and if the person is found to be infected, shall submit to the treatment directed and comply with any other conditions prescribed by the physician until the physician is satisfied that the person is not infectious.

(2) Every person who knows or has reason to believe that the person is or may be infected with a sexually transmitted infection prescribed in the regulations for the purposes of this subsection shall immediately consult a physician or attend a sexually transmitted infections clinic to determine whether the person is infected or not, and if the person is found to be infected, shall submit to the treatment directed and comply with any other conditions prescribed by a physician until the physician is satisfied that the person is not infectious.

(3) A person is subject to the duties imposed under subsections (1) and (2) with respect to minor children under the person's custody, care or control.

RSA 2000 cP-37 s20;2016 c25 s9

Notification of change of address

21 During a period in which a person or a minor under the person's custody, care or control is required by section 20 to submit to treatment or to comply with conditions, that person shall immediately notify the consulting physician, the clinic or a medical officer of health of a regional health authority of any change in the person's address or the address of the minor, as the case may be.

RSA 2000 cP-37 s21;2016 c25 s10

Notification of communicable disease

22(1) Where a health practitioner, a teacher or a person in charge of an institution knows or has reason to believe that a person under the care, custody, supervision or control of the health practitioner, teacher or person in charge of an institution is infected with a communicable disease prescribed in the regulations for the purposes of this subsection, the health practitioner, teacher or person in charge of an institution shall notify a medical officer of health

- (a) by the fastest means possible in the case of a prescribed disease that is designated in the regulations as requiring immediate notification, or
- (b) within 48 hours in the prescribed form in the case of any other prescribed disease.

(1.1) Where an operator of a supportive living accommodation licensed under the *Supportive Living Accommodation Licensing Act* knows or has reason to believe that a person residing at the

supportive living accommodation is infected with a communicable disease prescribed in the regulations for the purposes of subsection (1), the operator shall notify a medical officer of health in accordance with subsection (1)(a) and (b).

(2) Where a physician, a nurse practitioner or a midwife knows or has reason to believe that a person under the care in a hospital of the physician, nurse practitioner or midwife is infected with a disease to which subsection (1) applies, the physician, nurse practitioner or midwife shall, in addition to carrying out the physician's, nurse practitioner's or midwife's responsibilities under subsection (1), immediately inform the medical director or other person in charge of the hospital, and the medical director shall notify a medical officer of health by telephone or in accordance with the prescribed form.

(3) Where a physician, a community health nurse, a nurse practitioner, a midwife or a person in charge of an institution knows or has reason to believe that a person under the care, custody, supervision or control of the physician, community health nurse, nurse practitioner, midwife or person in charge of an institution is infected with a disease referred to in section 20(2), the physician, community health nurse, nurse practitioner, midwife or person in charge of an institution shall, within 48 hours, notify a medical officer of health in the prescribed form.

(4) Where an operator of a supportive living accommodation licensed under the *Supportive Living Accommodation Licensing Act* knows or has reason to believe that a person residing at the supportive living accommodation is infected with a disease referred to in section 20(2), the operator shall, within 48 hours, notify a medical officer of health in the prescribed form.

RSA 2000 cP-37 s22;2002 c20 s4;2007 c23 s4;
2009 cS-23.5 s26;2016 c25 s11

Discovery in laboratory

23 Where an examination of a specimen derived from a human body reveals evidence of a communicable disease, the director of the laboratory conducting the examination shall,

- (a) in the case of a disease prescribed in the regulations for the purposes of this clause, notify a medical officer of health
 - (i) by the fastest means possible in the case of a prescribed disease that is designated in the regulations as requiring immediate notification, or
 - (ii) within 48 hours in the prescribed form or by telephone, in the case of any other prescribed disease,

and

- (b) in the case of a disease referred to in section 20(2), notify a medical officer of health in the prescribed form within 48 hours.

RSA 2000 cP-37 s23;2016 c25 s12

Submission of specimens to Provincial Laboratory

24 Where examination of a specimen at a laboratory indicates the existence or possible existence of a communicable disease prescribed in the regulations for the purposes of this section, the director of the laboratory conducting the examination shall ensure that a sample, together with a description of the type of examination that was carried out, is provided to the Provincial Laboratory of Public Health in accordance with the regulations.

1998 c38 s13

Disease outside boundaries

25 Where a medical officer of health receives notification of a suspected case of a communicable disease referred to in section 20(1) or (2) that occurs outside the boundaries of the health region, that medical officer of health shall immediately notify a medical officer of health of the regional health authority of the health region in which the case occurred.

RSA 2000 cP-37 s25;2016 c25 s13

Notification of epidemics and other threats

26 A health practitioner, a teacher or a person in charge of an institution who knows of or has reason to suspect the existence of

- (a) a communicable disease in epidemic form,
- (b) another illness or health condition occurring at an unusually high rate, or
- (c) a communicable disease or another illness or health condition that is caused by a nuisance or other threat to the public health

shall immediately notify a medical officer of health of a regional health authority by the fastest means possible.

RSA 2000 cP-37 s26;2002 c32 s12;2007 c23 s4;2016 c25 s14

Duty to notify Chief Medical Officer

27(1) Where a medical officer of health receives

- (a) notification under section 26(a), or
- (b) notification of a communicable disease that is designated in the regulations as requiring immediate notification

the medical officer of health shall immediately notify the Chief Medical Officer by the fastest means possible.

(2) Where a medical officer of health receives a notification under section 26(b) or (c) and reasonably believes that the illness, communicable disease or health condition constitutes a significant risk to the public health, the medical officer of health shall immediately notify the Chief Medical Officer by the fastest means possible.

RSA 2000 cP-37 s27;2002 c32 s12

Weekly summary

28 A regional health authority shall submit to the Chief Medical Officer a weekly summary in the prescribed form of all cases of communicable disease referred to in section 20 occurring within the health region.

1984 cP-27.1 s38;1996 c31 s17;1998 c38 s19

Isolation, Quarantine and Special Measures

Isolation and quarantine

29(1) A medical officer of health who knows of or has reason to suspect the existence of a communicable disease or a public health emergency within the boundaries of the health region in which the medical officer of health has jurisdiction may initiate an investigation to determine whether any action is necessary to protect the public health.

(2) Where the investigation confirms the presence of a communicable disease, the medical officer of health

- (a) shall carry out the measures that the medical officer of health is required by this Act and the regulations to carry out, and
- (b) may do any or all of the following:
 - (i) take whatever steps the medical officer of health considers necessary
 - (A) to suppress the disease in those who may already have been infected with it,
 - (B) to protect those who have not already been exposed to the disease,
 - (C) to break the chain of transmission and prevent spread of the disease, and
 - (D) to remove the source of infection;

(ii) by order

- (A) prohibit a person from attending a school,
- (B) prohibit a person from engaging in the person's occupation, or
- (C) prohibit a person from having contact with other persons or any class of persons

for any period and subject to any conditions that the medical officer of health considers appropriate, where the medical officer of health determines that the person's engaging in that activity could transmit an infectious agent;

- (iii) issue written orders for the decontamination or destruction of any bedding, clothing or other articles that have been contaminated or that the medical officer of health reasonably suspects have been contaminated.

(2.1) Where the investigation confirms the existence of a public health emergency, the medical officer of health

- (a) has all the same powers and duties in respect of the public health emergency as he or she has under subsection (2) in the case of a communicable disease, and
- (b) may take whatever other steps are, in the medical officer of health's opinion, necessary in order to lessen the impact of the public health emergency.

(3) A medical officer of health shall forthwith notify the Chief Medical Officer of any action taken under subsection (2)(b) or of the existence of a public health emergency.

(3.1) On being notified of the existence of a public health emergency under subsection (3) the Chief Medical Officer shall forthwith notify the Minister.

(4) The jurisdiction of a medical officer of health extends to any person who is known or suspected to be

- (a) infected with a communicable disease, illness or health condition,
- (b) a carrier,
- (c) a contact,

- (d) susceptible to and at risk of contact with a communicable disease, illness or health condition, or
- (e) exposed to a chemical agent or radioactive material,

whether or not that person resides within the boundaries of the health region.

RSA 2000 cP-37 s29;2002 c32 s12

Entry for examination

30(1) Where a medical officer of health knows or has reason to believe that

- (a) a person suffering from a communicable disease referred to in section 20 may be found in any place, or
- (b) that any place may be contaminated with such a communicable disease,

the medical officer of health may enter that place without a warrant for the purpose of conducting an examination to determine the existence of the communicable disease.

(2) Where a medical officer of health is conducting an examination pursuant to subsection (1), the medical officer of health may

- (a) order the detention of any person, and
- (b) order the closure of the place, including any business that is carried on in it,

until the medical officer of health has completed the investigation, but not for a period of more than 24 hours.

(3) When the medical officer of health is not able to complete the investigation within 24 hours, the medical officer of health may make an application to a judge of the Provincial Court for an order to extend the period of detention or closure under subsection (2) for an additional period of not more than 7 days, and the judge may make the order accordingly.

RSA 2000 cP-37 s30;2008 c32 s26

Examination

31(1) Where a medical officer of health knows or has reason to believe that a person may be infected with a communicable disease referred to in section 20, that person shall, at the request of the medical officer of health, submit to any examinations necessary to determine whether the person is infected with the disease.

(2) In conducting an examination pursuant to subsection (1) to determine the existence of a communicable disease, the medical officer of health may require from any person who has knowledge of it the production of any information concerning the disease, including the sources or suspected sources of the disease and the names and addresses of any persons who may have been exposed to or become infected with the disease.

1984 cP-27.1 s41

Notices

32(1) A medical officer of health may cause to be placed warning notices in the prescribed form in, on, at or near any place in which a person is isolated or quarantined, or which requires decontamination or destruction.

(2) No person shall remove a warning notice placed in accordance with this section unless the person has the consent of a medical officer of health.

1984 cP-27.1 s42

Effect of isolation or quarantine

33(1) Where a person infected with a communicable disease requires isolation or quarantine as prescribed in the regulations, the person shall be isolated or quarantined in a hospital or other place approved for the purpose by a medical officer of health.

(2) No person who is suffering from a communicable disease for which isolation or quarantine is required under the regulations shall remain or be permitted to remain in any public place, other than a hospital or other place approved under subsection (1), unless a medical officer of health is satisfied that the presence of the person in the public place would involve no risk to the public health.

(2.1) For the purposes of this section, “person infected with a communicable disease” referred to in subsection (1) and a “person who is suffering from a communicable disease” referred to in subsection (2) include the following persons:

- (a) a person entering Alberta after having travelled internationally;
- (b) a close contact of a person who is confirmed as having COVID-19;
- (c) a person exhibiting any of the following symptoms that are not related to the person’s pre-existing illness or health condition:
 - (i) cough;

- (ii) fever;
- (iii) shortness of breath;
- (iv) runny nose;
- (v) sore throat.

(2.2) Subsection (2.1) ceases to have effect on the lapsing or rescission of Record of Decision — CMOH Order 05-2020.

(3) Where a person is isolated or quarantined in

- (a) a social care facility,
- (a.1) a supportive living accommodation licensed under the *Supportive Living Accommodation Licensing Act*,
- (b) a food handling establishment, or
- (c) living accommodation attached to a social care facility, supportive living accommodation or food handling establishment,

a medical officer of health may, by notice to the owner of the social care facility, supportive living accommodation or food handling establishment, order the owner not to operate or permit the operation of the social care facility, supportive living accommodation or food handling establishment until decontamination of the social care facility, supportive living accommodation or food handling establishment is completed.

(4) Where a person is isolated or quarantined in a place under circumstances that require terminal decontamination, a medical officer of health may, by notice to the owner of the place, order the owner to refuse entry to the place to any person other than

- (a) an executive officer,
- (b) a medical officer of health, or
- (c) a person with the consent of an executive officer or a medical officer of health

until decontamination is completed.

RSA 2000 cP-37 s33;2009 cS-23.5 s26;2016 c25 s15;
2020 c13 s12;2020 c27 s10

Provision of services

34(1) When a person is isolated or quarantined in a hospital or other place approved for the purpose by a medical officer of health, the medical officer of health shall ensure that the person is provided with all supplies and services necessary for the person's health and subsistence.

(2) The medical officer of health shall ensure that any person providing supplies or services pursuant to this section takes adequate precaution to avoid contracting the communicable disease.

(3) Where the Minister is satisfied that it would cause undue hardship to require a person to whom supplies or services are provided under this section to pay for them, the Minister may pay for all or part of the cost of the supplies or services.

RSA 2000 cP-37 s34;2016 c25 s16

Decontamination

35 No person shall

- (a) remove anything from a place in respect of which decontamination is required, or
- (b) give, lend, sell or offer for sale anything that has been exposed to contamination

until decontamination has been completed to the satisfaction of a medical officer of health.

RSA 2000 cP-37 s35;2016 c25 s17

Transportation of infected person

36 A person transporting another person who that person knows or has reason to believe is suffering from a communicable disease requiring isolation or quarantine under the regulations shall inform a medical officer of health of the regional health authority of the health region in which the person is being transported and comply with any conditions respecting the transportation that are prescribed by the medical officer of health.

RSA 2000 cP-37 s36;2016 c25 s18

Epidemics**Notification of epidemic**

37(1) When a medical officer of health is of the opinion that

- (a) a communicable disease is in epidemic form, and
- (b) hospital facilities within the area are inadequate to provide the necessary isolation or quarantine facilities,

the medical officer of health shall immediately inform the Minister.

- (2) On the recommendation of the Minister, the Lieutenant Governor in Council
- (a) may order a board of an approved hospital as defined in the *Hospitals Act* to provide isolation or quarantine accommodation in the amount and manner prescribed in the order, and
 - (b) may order the owner of a facility to provide isolation or quarantine accommodation in the amount and manner prescribed in the order.
- (3) Where an order is made pursuant to subsection (2)(b), any reasonable expense incurred by the owner of a facility in compliance with the order is the responsibility of the Crown in right of Alberta.

1984 cP-27.1 s47;1996 c31 s20

Order of Lieutenant Governor in Council

- 38(1)** Where the Lieutenant Governor in Council is satisfied that a communicable disease referred to in section 20(1) has become or may become epidemic or that a public health emergency exists, the Lieutenant Governor in Council may do any or all of the following:
- (a) order the closure of any public place;
 - (b) subject to the *Legislative Assembly Act* and the *Senatorial Selection Act*, order the postponement of any intended election for a period not exceeding 3 months;
 - (c) in the case of a communicable disease, order the immunization or re-immunization of persons who are not then immunized against the disease or who do not have sufficient other evidence of immunity to the disease.
- (2) Where an election is postponed under subsection (1), the order shall name a date for holding the nominations or polling, or both of them, and nothing in the order adversely affects or invalidates anything done or the status of any person during the period of time between the date of the order and the completion of the election.
- (3) Where a person refuses to be immunized pursuant to an order of the Lieutenant Governor in Council, the person shall be subject to this Part with respect to the disease concerned as if the person were proven to be infected with that disease.

RSA 2000 cP-37 s38;2002 c32 s12

Recalcitrant Patients

Issue of certificate

39(1) Where a physician, community health nurse, midwife or nurse practitioner knows or has reason to believe that a person

- (a) is infected with a disease prescribed in the regulations for the purposes of this section, and
- (b) refuses or neglects
 - (i) to submit
 - (A) to a medical examination for the purpose of ascertaining whether the person is infected with that disease, or
 - (B) to medical, surgical or other remedial treatment that has been prescribed by a physician and that is necessary to render the person non-infectious, or
 - (ii) to comply with any other conditions that have been prescribed by a physician as being necessary to mitigate the disease or limit its spread to others,

the physician, community health nurse, midwife or nurse practitioner shall immediately notify a medical officer of health of a regional health authority in the prescribed form.

(2) Where the medical officer of health is satisfied as to the sufficiency of the evidence that the person may be infected, the medical officer of health shall issue a certificate in the prescribed form.

(3) A certificate pursuant to subsection (2) must be issued within 72 hours of the date of service of the notification pursuant to subsection (1).

(4) Where the physician referred to in subsection (1) is a medical officer of health in the health region in which the alleged infected person is located, the physician may issue the certificate referred to in subsection (2).

(5) A person in respect of whom a certificate is issued may apply to a judge of the Court of Queen's Bench at any time for cancellation of the certificate.

(6) The application shall be served on

- (a) the medical officer of health who issued the certificate, and

- (b) the chief executive officer of the facility in which the applicant is detained, if the applicant is under detention at the time of the application,

not less than 2 days before the application is returnable.

(7) Notwithstanding subsection (6), a judge of the Court, on the ex parte application of the person referred to in subsection (5), may dispense with the service of the application under subsection (6) or authorize the giving of a shorter period of notice.

(8) Where the judge considers it appropriate to do so, the judge may order that the application under subsection (5) be heard in private.

(9) The judge may grant or refuse the order applied for and may make any other order the judge considers appropriate.

RSA 2000 cP-37 s39;2002 c20 s5;2009 c53 s149;2016 c25 s19

Authority of certificate

40(1) A certificate is authority

- (a) for any peace officer to apprehend the person named in it and convey the person to any facility specified by the medical officer of health who issued the certificate within 7 days from the date the certificate is issued,
- (b) for a physician to perform any test or physical examination required to determine whether that person has a communicable disease and to detain that person at the facility for the period required to obtain the result of the examination,
- (c) for any physician to treat or prescribe treatment for that person in order to render that person non-infectious, with or without the consent of the person, and to detain the person for that purpose, and
- (d) for a physician to prescribe any other conditions necessary to mitigate the disease or limit its spread to others.

(2) The medical director of, or in the medical director's absence the attending physician at, a facility to which a person is conveyed under subsection (1) shall ensure that the person is examined under that section within 24 hours after the person's arrival at the facility.

(3) Where a person is detained pursuant to a certificate, the medical director of the facility in which the person is detained shall forthwith

- (a) inform the person or the person's guardian, if any, of the reason for the issuance of the certificate,
- (b) advise the person or the person's guardian, if any, that the person has a right to retain and instruct counsel without delay, and
- (c) give the person or the person's guardian, if any, a copy of section 39.

RSA 2000 cP-37 s40;2007 c23 s4;2016 c25 s20

Release

41(1) Subject to subsection (2), a person who is detained in a facility pursuant to a certificate shall be released not later than 7 days after the date the person is admitted to the facility pursuant to the certificate, unless an isolation order is issued under section 44.

(2) A person who is detained in a facility pursuant to a certificate shall be released forthwith if the physician who examines the person certifies

- (a) that there is no evidence of active disease, or
- (b) that, although there is evidence of active disease, the physician is satisfied that the person will comply with the treatment and any other conditions ordered by the physician in a manner that will ensure the protection of the public health.

1984 cP-27.1 s51

Notification of release

42 Where a person is released pursuant to section 41, the physician who examined the patient or the medical director of the facility shall, on the release of the patient, forthwith notify the medical officer of health who issued the certificate of the circumstances of the release.

1984 cP-27.1 s52

Treatment after release

43(1) Where a person is released pursuant to section 41(2)(b), the person shall comply with the treatment and any other conditions that are prescribed by any physician assigned by the medical director of the facility.

(2) Where a person who has been required to submit to treatment or comply with conditions following the person's release fails to undergo treatment or comply with the conditions, a medical officer of health may issue an order in the prescribed form to a peace

officer or other person to apprehend that person and return that person to the facility.

(3) On receipt of an order under subsection (2), a peace officer or other person is empowered to arrest without warrant the person named in it and return that person to the facility.

(4) Sections 41 and 42 and subsections (1), (2) and (3) apply to a person who is arrested and returned to a facility under subsection (3).

1984 cP-27.1 s53;1988 c41 s15

Isolation order

44(1) Where one physician supported by a laboratory report demonstrating evidence of an infectious agent certifies or 2 physicians certify that a person is infected with an organism that produces a disease prescribed in the regulations for the purposes of this section and that the person refuses or neglects

- (a) to submit to medical, surgical or other remedial treatment, or
- (b) to comply with any other conditions

that have been prescribed by a physician as being necessary to mitigate that disease or to limit its spread to others, the physician or physicians shall each issue an isolation order in the prescribed form.

(2) Subsection (1) applies whether or not there is a certificate in existence in respect of the person who is the subject of the isolation order or orders.

(3) A physician issuing an isolation order shall forthwith send a copy of the isolation order to the Chief Medical Officer.

1984 cP-27.1 s54;1988 c41 s16;1998 c38 s19

Authority of isolation order

45(1) An isolation order under section 44 is authority for a health practitioner to observe, examine, care for, treat, obtain biological specimens from, control and detain in a facility the person named in it with or without that person's consent until the order is cancelled under section 46.

(2) A person in respect of whom isolation is ordered under section 44 shall be re-examined by a physician at least once every 7 days to ascertain whether the person may be released under section 46.

RSA 2000 cP-37 s45;2007 c23 s4

Cancellation of isolation order

46(1) Where, after separate examinations by each of them, 2 physicians are of the opinion that a person in respect of whom isolation has been ordered under section 44

- (a) is not infectious, or
- (b) will comply with the conditions of the person's discharge,

the 2 physicians shall issue an order in the prescribed form cancelling the isolation order.

(2) Immediately on issuing an order cancelling an isolation order, the physicians who signed the order shall send a copy of it to the Chief Medical Officer.

1984 cP-27.1 s56;1988 c41 s18;1998 c38 s19

Warrant for examination

47(1) Any person who has reasonable and probable grounds to believe that a person

- (a) is infected with a disease prescribed in the regulations for the purpose of this section, and
- (b) refuses or neglects
 - (i) to submit
 - (A) to a medical examination for the purpose of ascertaining whether the person is infected with the disease, or
 - (B) to medical, surgical or other remedial treatment that has been prescribed by a physician and that is necessary to render the person non-infectious, or
 - (ii) to comply with any other conditions that have been prescribed by a physician as being necessary to mitigate the disease or limit its spread to others,

may bring an information under oath before a judge of the Provincial Court.

(2) Where an information is brought before a judge of the Provincial Court under subsection (1) and the judge is satisfied that the person with respect to whom the information is brought should be examined in the interests of the person's own health or the health of others and that the examination cannot reasonably be arranged in any other way, the judge may issue a warrant in the

prescribed form to apprehend that person for the purpose of the examination.

(3) A warrant under this section may be directed to any peace officer and shall name or otherwise describe the person with respect to whom the warrant is issued.

(4) Where a peace officer apprehends a person pursuant to a warrant under this section, the person is deemed to be a person in respect of whom a certificate has been issued under section 39.

RSA 2000 cP-37 s47;2008 c32 s26

Duty on issue of isolation order

48 Where a person is detained pursuant to an isolation order or orders, the medical director of the facility in which the person is detained shall forthwith

- (a) inform the person or the person's guardian, if any, of the reason for the issuance of the isolation order or orders,
- (b) advise the person or the person's guardian, if any, that the person has a right to retain and instruct counsel without delay, and
- (c) give the person or the person's guardian, if any, a copy of section 49.

Application to Court for cancellation

49(1) A person in respect of whom isolation is ordered may apply to a judge of the Court of Queen's Bench at any time for cancellation of the isolation order or orders.

(2) The application shall be served on

- (a) the physician or physicians who issued the isolation order or orders, and
- (b) the chief executive officer of the facility in which the applicant is a patient

not less than 7 days before the application is returnable.

(3) Notwithstanding subsection (2), a judge of the Court, on the ex parte application of the person referred to in subsection (1), may dispense with the service of the application under subsection (2) or authorize the giving of a shorter period of notice.

(4) Where the judge considers it appropriate to do so, the judge may order that the application under subsection (2) be heard in private.

(5) The judge may grant or refuse the order applied for and may make any other order the judge considers appropriate.

RSA 2000 cP-37 s49;2009 c53 s149

Unauthorized absence

50(1) Where a person in respect of whom isolation has been ordered leaves the facility and leave of absence has not been granted by the medical director of the facility, the medical director may issue an order in the prescribed form to a peace officer or other person ordering the return of the person to the facility.

(2) An order issued pursuant to subsection (1) is sufficient authority for the person to whom it is directed to apprehend the person named in it and return the person to the facility.

(3) A person who is returned to a facility under this section may be detained until the conditions under section 46 have been met.

1984 cP-27.1 s60

Transfer to another facility

51(1) The medical director of the facility in which a person is detained may, for reasons of treatment or in compliance with the person's wishes, transfer the person to another facility, on completing a memorandum of transfer in the prescribed form.

(2) Where a person is transferred under subsection (1), the authority to detain, control and treat the person continues in force in the facility to which the person is transferred.

1984 cP-27.1 s61

Leave of absence

52(1) The medical director or an attending physician at a facility in which a person is detained may grant the person a leave of absence from the facility subject to any terms and conditions prescribed by the medical director or attending physician to ensure that the public health is protected.

(2) Where a person is on a leave of absence granted under this section and it appears to the medical director or the attending physician that the person is not complying with the conditions to which the leave of absence is subject, the medical director or attending physician may revoke the leave of absence and recall the person to the facility.

(3) Section 50 applies in the case of a person who has been recalled under subsection (2) and fails to return to the facility in accordance with the instructions of the medical director or attending physician.

1984 cP-27.1 s62

State of Public Health Emergency

State of public health emergency

52.1(1) Where, on the advice of the Chief Medical Officer, the Lieutenant Governor in Council is satisfied that

- (a) a public health emergency exists or may exist, and
- (b) prompt co-ordination of action or special regulation of persons or property is required in order to protect the public health,

the Lieutenant Governor in Council may make an order declaring a state of public health emergency relating to all or any part of Alberta.

(2) On the making of an order under subsection (1) and for up to 60 days following the lapsing of that order, a person referred to in subsection (3) may by order, without consultation,

- (a) suspend or modify the application or operation of all or part of an enactment, subject to the terms and conditions that person may prescribe, or
- (b) specify or set out provisions that apply in addition to, or instead of, any provision of an enactment,

if the person is satisfied that doing so is in the public interest.

(2.1) An order made under subsection (2) may be made retroactive to a date not earlier than the date on which a state of public health emergency was declared under subsection (1).

(2.2) An order made under subsection (2) may not

- (a) impose or increase any tax or impost,
- (b) appropriate any part of the public revenue or any tax or impost, or
- (c) create a new offence with retroactive effect.

(2.3) Every order made under subsection (2) on or after March 17, 2020 and before the coming into force of this subsection that is purported to apply retroactively to a date not earlier than March 17, 2020 is deemed to have been validly made.

(2.4) Where there is a conflict or inconsistency between an order made under subsection (2) and a provision of the enactment to

which the order relates, the order prevails to the extent of the conflict or inconsistency.

(3) The following persons may make an order under subsection (2):

- (a) the Minister responsible for the enactment;
- (b) if the Minister responsible for the enactment is not available, the Minister of Health.

2002 c32 s12;2007 c23 s4;2013 c10 s37;2020 c5 s3

Local state of public health emergency

52.2(1) Where, on the advice of a medical officer of health and in consultation with the Chief Medical Officer, a regional health authority is satisfied that

- (a) a public health emergency exists or may exist in the health region, and
- (b) prompt co-ordination of action or special regulation of persons or property is required in order to protect the public health,

the regional health authority may make an order declaring a local state of public health emergency relating to all or part of the health region.

(2) Where the number of members of a regional health authority who attend a meeting for the purpose of making an order under subsection (1) is less than the quorum required under the bylaws of the regional health authority, the Minister may, notwithstanding the bylaws, order that the number of members attending constitutes a quorum for the purposes of the meeting.

2002 c32 s12;2016 c25 s21

Significant likelihood of pandemic influenza

52.21(1) Where, on the advice of the Chief Medical Officer, the Lieutenant Governor in Council is satisfied that

- (a) there is a significant likelihood of pandemic influenza, and
- (b) prompt co-ordination of action is required in order to avert or minimize the pandemic,

the Lieutenant Governor in Council may make an order authorizing a Minister to make orders under subsection (2).

(2) On the making of an order under subsection (1) and continuing until the lapsing of that order, a Minister authorized under subsection (1) may by order, without consultation,

- (a) suspend or modify the application or operation of all or part of an enactment for which the Minister is responsible, subject to the terms and conditions the Minister may prescribe, or
- (b) specify or set out provisions that apply in addition to, or instead of, any provision of an enactment for which the Minister is responsible,

if the person is satisfied that failing to do so may directly or indirectly unreasonably hinder or delay action required in order to protect the public health.

(3) An order made by a Minister under subsection (2) may be made retroactive to a date not earlier than the date on which an order was made under subsection (1) in relation to that Minister.

(4) An order made under subsection (2) may not

- (a) impose or increase any tax or impost,
- (b) appropriate any part of the public revenue or any tax or impost, or
- (c) create a new offence with retroactive effect.

(5) Where there is a conflict or inconsistency between an order made under subsection (2) and a provision of the enactment to which the order relates, the order prevails to the extent of the conflict or inconsistency.

2007 c23 s4;2020 c5 s4

Contents order

52.3 An order under section 52.1 or 52.2 must identify the nature of the public health emergency and the area to which it relates.

2002 c32 s12

Publication of order

52.4 The following persons shall publish and make available the details of an order under section 52.1, 52.2 or 52.21 in the manner the person considers appropriate:

- (a) if the order is made under section 52.1(1) or 52.21(1), the Minister;
- (b) if the order is made under section 52.1(2) or 52.21(2), the Minister who made the order;
- (c) if the order is made under section 52.2, the regional health authority that made the order.

2002 c32 s12;2007 c23 s4

Notice to Minister

52.5 A regional health authority shall, forthwith on making an order under section 52.2, provide a copy of the order to the Minister.

2002 c32 s12

Powers during emergency

52.6(1) On the making of an order under section 52.1 and for up to 60 days following the lapsing of that order the Minister or a regional health authority may do any or all of the following for the purpose of preventing, combating or alleviating the effects of the public health emergency and protecting the public health:

- (a) acquire or use any real or personal property;
- (b) authorize or require any qualified person to render aid of a type the person is qualified to provide;
- (c) authorize the conscription of persons needed to meet an emergency;
- (d) authorize the entry into any building or on any land, without warrant, by any person;
- (e) provide for the distribution of essential health and medical supplies and provide, maintain and co-ordinate the delivery of health services.

(1.01) On the making of an order under section 52.2 and during the state of public health emergency the Minister or the regional health authority may exercise any or all of the powers set out in subsection (1)(a) to (e) for the purpose of preventing, combating or alleviating the effects of the public health emergency and protecting the public health.

(1.1) On the making of an order under section 52.1(1) in respect of pandemic influenza and for up to 60 days following the lapsing of that order, the Chief Medical Officer may, subject to any terms and conditions the Chief Medical Officer may impose, authorize the absence from employment of any persons

- (a) who are ill with pandemic influenza,
- (b) who are caring for a family member ill with pandemic influenza, or
- (c) whose absence is required in order for the person to comply with an order of the Chief Medical Officer made under section 29(2.1).

(1.2) Subsection (1.1)(c) ceases to have effect on the later of the following:

- (a) the lapsing or rescission of Record of Decision — CMOH Order 10-2020;
- (b) the lapsing or rescission of Record of Decision — CMOH Order 13-2020.

(2) Nothing in this section limits or abrogates the operation of any other provision in this Act or the regulations that imposes a duty or confers a power on any person.

2002 c32 s12;2007 c23 s4;2020 c13 s12

Powers to protect public health

52.61(1) In this section,

- (a) “airport” means an airport as defined in section 52.93;
- (b) “airport authority” means an airport authority as defined in section 52.93;
- (c) “provincial officer” means a provincial officer as defined in section 52.93;
- (d) “traveller” means a traveller as defined in section 52.93.

(2) Irrespective of whether the state of public health emergency declared under Order in Council numbered O.C. 80/2020 remains in effect, the Minister or a regional health authority may exercise the powers set out in section 52.6(1)(a) to (e), notwithstanding any limitation in that subsection on when the powers may be exercised, with respect to any of the following for the purpose of preventing, combating or alleviating the effects of the public health emergency and protecting the public health:

- (a) the entry of executive officers to any area of an airport, without a warrant, and the access by executive officers to every area of an airport that it is possible for travellers to access, including any area that a traveller may access beyond a traveller screening checkpoint, for the purpose of monitoring an airport authority’s compliance with Record of Decision — CMOH Order 11-2020 and this Act;
- (b) the provision by the Calgary Airport Authority and the Edmonton Regional Airports Authority of an appropriate onsite location for the temporary isolation or quarantine of travellers;

- (c) the entry of provincial officers to any onsite location referred to in clause (b) and the access to and use of the location for the temporary isolation or quarantine of travellers, as required by Record of Decision — CMOH Order 05-2020, until such time as the travellers can arrange for suitable transportation, as determined by a provincial officer, to the respective addresses at which the travellers are to remain in isolation or quarantine for the period required by Record of Decision — CMOH Order 05-2020;
- (d) the premises on or within which is operated a nursing home as defined in the *Nursing Homes Act* or a supportive living accommodation as defined in the *Supportive Living Accommodation Licensing Act*, at or within which premises one or more residents or staff has or may have COVID-19;
- (e) the operation by the Calgary Homeless Foundation and HomeSpace Society of an isolation centre, located at 2622 – 39 Avenue NE in the City of Calgary, serving individuals who
 - (i) are experiencing homelessness or are home insecure, and
 - (ii) have or may have COVID-19for the purpose of preventing, combating or alleviating the effects of the public health emergency and protecting the public health.

(3) Irrespective of whether the state of public health emergency declared under Order in Council numbered O.C. 80/2020 remains in effect, the Chief Medical Officer may, subject to any terms and conditions the Chief Medical Officer may impose, exercise the power set out in section 52.6(1.1)(c), notwithstanding any limitation in that subsection on when the power may be exercised, with respect to Record of Decision — CMOH Order 10-2020 and Record of Decision — CMOH Order 13-2020.

2020 c13 s12

Compensation

52.7(1) Where the Minister or a regional health authority acquires or uses real or personal property under section 52.6 or where real or personal property is damaged or destroyed due to the exercise of any powers under that section, the Minister or regional health authority shall pay reasonable compensation in respect of the acquisition, use, damage or destruction.

(2) If any dispute arises concerning the amount of compensation payable under subsection (1) the matter is to be determined by arbitration, and the *Arbitration Act* applies in such a case.

2002 c32 s12

Termination of public health emergency order

52.8(1) An order under section 52.1(1) or 52.21(1) lapses, unless continued by a resolution of the Legislative Assembly, at the earlier of the following:

- (a) at the end of 30 days, but if the order is in respect of pandemic influenza, at the end of 90 days;
- (b) when the order is terminated by the Lieutenant Governor in Council.

(2) Where, on the advice of the Chief Medical Officer, the Lieutenant Governor in Council considers that a public health emergency no longer exists in an area in relation to which an order was made under section 52.1(1) or 52.21(1), the Lieutenant Governor in Council shall make an order terminating the declaration in respect of that area.

2002 c32 s12;2007 c23 s4

Termination of state of local public health emergency

52.81(1) The Minister may cancel an order made under section 52.2 at any time the Minister considers appropriate in the circumstances.

(2) An order under section 52.2 ceases to be of any force or effect on the making of an order under section 52.1 relating to the same area of the health region.

(3) An order under section 52.2 lapses at the end of 30 days unless

- (a) it is sooner cancelled by the Minister or terminated by the regional health authority, or
- (b) it is renewed for an additional period not exceeding 30 days.

(4) Sections 52.4 and 52.5 apply to the renewal of an order under section 52.2.

(5) Where, on the advice of a medical officer of health and in consultation with the Chief Medical Officer, a regional health authority considers that a public health emergency no longer exists in an area in relation to which an order under section 52.2 was made, the regional health authority shall make an order terminating the declaration in respect of that area.

2002 c32 s12;2016 c25 s21

Termination of suspension orders

52.811(1) An order under section 52.1(2) or 52.21(2) lapses, unless it is sooner continued by an order of the Lieutenant Governor in Council, at the earliest of the following:

- (a) 60 days after the related order under section 52.1(1) or 52.21(1) lapses;
- (b) when the order is terminated by the Minister who made the order;
- (c) when the order is terminated by the Lieutenant Governor in Council.

(2) The Minister who makes an order under section 52.1(2) or 52.21(2) shall, by order, terminate that order when that Minister is satisfied that the order is no longer in the public interest.

(3) The Lieutenant Governor in Council may continue an order that would otherwise lapse under subsection (1) for a period that does not exceed 180 days after the lapsing of the related order under section 52.1(1) or 52.21(1).

2007 c23 s4

Publication

52.82 Immediately after an order is made under section 52.8(2) or 52.81(5), the Minister or regional health authority shall cause the details of the order to be published by any means of communication that the Minister or regional health authority considers will make the details of the order known to the majority of the population of the area affected by the termination order.

2002 c32 s12

Regulations Act

52.83 The *Regulations Act* does not apply to an order made under section 52.1, 52.2 or 52.21.

2002 c32 s12;2007 c23 s4

Regulations

52.9 The Lieutenant Governor in Council may make regulations respecting the exercising of powers under section 52.6.

2002 c32 s12

Termination of employment prohibited

52.91 No employer shall terminate, restrict or in any way discriminate against an employee for an absence from employment

- (a) that is in respect of and occurs during a public health emergency declared under section 52.1 and

- (i) that is by reason only of the employee having being subject to a certificate issued pursuant to section 39, or
- (ii) that is by reason only of the employee having been subject to an isolation order pursuant to section 44,
- (b) that is by reason only of the employee having been conscripted pursuant to section 52.6(1)(c) or (1.01), or
- (c) that is authorized under section 52.6(1.1).

2002 c32 s12;2007 c23 s4;2020 c13 s12

Termination of contracted services provider prohibited

52.92(1) No person who retains the services of another person on a basis other than an employment agreement shall terminate the contract of, restrict or in any way discriminate against that person for an absence from or interruption in providing those services that is required in order for the person to comply with an order of the Chief Medical Officer made under section 29(2.1).

(2) Subsection (1) ceases to have effect on the later of the following:

- (a) the lapsing or rescission of Record of Decision — CMOH Order 10-2020;
- (b) the lapsing or rescission of Record of Decision — CMOH Order 13-2020.

2020 c13 s12

Interpretation

52.93 In sections 52.94 to 52.98 and 52.99,

- (a) “airport” means YYC Calgary International Airport or Edmonton International Airport;
- (b) “airport authority” means the Calgary Airport Authority or the Edmonton Regional Airports Authority;
- (c) “Coutts Provincial Checkpoint” means the provincial checkpoint located in southern Alberta on Highway 4 on the Canadian side of the Coutts Alberta-United States land border port of entry;
- (d) “health assessment” means the assessment as to whether a traveller may be experiencing any of the following symptoms that are not related to the traveller’s pre-existing illness or health condition through physical observation and the taking of a traveller’s temperature using non-invasive methods:

- (i) cough;
- (ii) fever;
- (iii) shortness of breath;
- (iv) runny nose;
- (v) sore throat;
- (e) “individually identifying health information” means individually identifying health information within the meaning of the *Health Information Act*;
- (f) “isolation questionnaire” means the isolation questionnaire referred to in section 53.96;
- (g) “provincial officer” means a provincial officer designated by the Minister under section 52.94;
- (h) “traveller” means a person entering Alberta after having travelled internationally.

2020 c13 s12;2020 c27 s10

Designation of provincial officer

52.94 The Minister may designate any person employed or engaged by the Department or by a regional health authority as a provincial officer for the purposes of sections 52.95 to 52.98.

2020 c13 s12

Powers of provincial officer

52.95 A provincial officer is authorized to do any of the following:

- (a) collect an isolation questionnaire from a traveller;
- (b) conduct a health assessment of a traveller;
- (c) detain for up to 12 hours, and isolate or quarantine during detention, any traveller who does not have suitable transportation, as determined by the provincial officer, to an address where the traveller will be in isolation or quarantine as required by Record of Decision — CMOH Order 05-2020.

2020 c13 s12

Isolation questionnaire and health assessment required

52.96(1) Every traveller arriving at an airport shall, at the request of a provincial officer,

- (a) provide a completed isolation questionnaire, or be identified in a completed isolation questionnaire provided, to a provincial officer in accordance with section 52.97, and
 - (b) submit to a health assessment by a provincial officer.
- (2)** Every traveller arriving at Coutts Provincial Checkpoint shall, at the request of a provincial officer,
- (a) provide a completed isolation questionnaire, or be identified in a completed isolation questionnaire provided, to a provincial officer in accordance with section 52.97, and
 - (b) submit to a health assessment by a provincial officer.

2020 c13 s12

Contents of isolation questionnaire

52.97 An isolation questionnaire referred to in section 52.96 shall include the following information, if applicable:

- (a) contact information, including
 - (i) first name,
 - (ii) last name,
 - (iii) date of birth,
 - (iv) contact phone number, and
 - (v) email address;
- (b) travel information, including
 - (i) the number of any additional travellers in the traveller's group who are members of the traveller's household and will be in isolation or quarantine, as required by Record of Decision — CMOH Order 05-2020, at the same address as the traveller,
 - (ii) the first name of each additional traveller,
 - (iii) the last name of each additional traveller,
 - (iv) the date of birth of each additional traveller,
 - (v) the traveller's arrival date,
 - (vi) the traveller's airline flight number,

- (vii) the name of the city and country the traveller is arriving from, and
- (viii) the name of every city and country the traveller, and each additional traveller in the traveller's group, has visited in the previous 14 days;
- (c) traveller transport information, including the form of transportation the traveller and each additional traveller in the traveller's group will take to the address at which they will be in isolation or quarantine as required by Record of Decision — CMOH Order 05-2020;
- (d) other information respecting the traveller and the traveller's group, including
 - (i) a description of the accommodation the traveller has arranged for the isolation or quarantine period applicable to the traveller and each additional traveller in the traveller's group, including whether the accommodation is at a private residence, with family or at a commercial location (hotel),
 - (ii) the name of the city where the traveller and each additional traveller in the traveller's group will be in isolation or quarantine,
 - (iii) the address where the traveller and each additional traveller in the traveller's group will be in isolation or quarantine,
 - (iv) whether the traveller or any additional traveller in the traveller's group requires accommodation assistance to be in isolation or to quarantine apart from anyone who is 65 years of age or older or who has heart disease, high blood pressure, asthma or other lung disease, diabetes, cancer or immune suppression or is taking prednisone medication, and
 - (v) whether the traveller or any additional traveller in the traveller's group is able to make necessary arrangements during the applicable isolation or quarantine period, including food, medication, child care, cleaning supplies and pet care, if applicable.

2020 c13 s12

Collection, use and disclosure of traveller information

52.98(1) Despite section 53, the Department may collect, use and disclose, in accordance with sections 52.95 to 52.97 and this

section, individually identifying health information, without the consent of the traveller who is the subject of the information.

(2) The Department may collect and use individually identifying health information collected by a provincial officer in accordance with section 52.96 for the purpose of contacting a traveller to

- (a) provide information to a traveller about available Government of Alberta resources or other health services, and
- (b) collect further information respecting the isolation or quarantine of a traveller or a member of a traveller's group as required by Record of Decision — CMOH Order 05-2020.

(3) The Department may disclose individually identifying health information collected in a traveller's isolation questionnaire to other departments within the Government of Alberta for the purpose of enabling the departments to provide services to support a traveller in complying with the requirement to isolate or quarantine, as required by Record of Decision — CMOH Order 05-2020.

(4) The Department may disclose individually identifying health information collected by a provincial officer under section 52.96 to executive officers for the purpose of determining whether a traveller is acting in compliance with this Act.

(5) The Department may use or disclose individually identifying health information collected in a traveller's isolation questionnaire or collected when a traveller is contacted pursuant to subsection (2)(b) for the purposes of issuing a violation ticket under Part 3 of the *Provincial Offences Procedure Act*.

(6) Section 64 of the *Health Information Act*, as it relates to the requirement to prepare a privacy impact assessment that describes how proposed administrative practices and information systems relating to the collection, use and disclosure of individually identifying health information may affect the privacy of the individual who is the subject of the information, does not apply to administrative practices or information systems that may be required in relation to the collection, use or disclosure of information described in this section.

2020 c13 s12

Cessation of effect re CMOH Order 05-2020

52.981 Sections 52.94 to 52.98 cease to have effect on the lapsing or rescission of Record of Decision — CMOH Order 05 2020.

2020 c13 s12

Provision of information by airport authority

52.99 On the request of the Chief Medical Officer, an airport authority shall provide to the Chief Medical Officer, in the form and manner, and within the time specified, any information the Chief Medical Officer may request respecting

- (a) the specific measures an airport authority is taking to implement public health measures set out in sections 2, 3 and 5 of Record of Decision — CMOH Order 11-2020, and
- (b) the effectiveness of such public health measures.

2020 c13 s12

Cessation of effect re CMOH Order 11-2020

52.991 Section 52.99 ceases to have effect on the lapsing or rescission of Record of Decision — CMOH Order 11-2020.

2020 c13 s12

Cessation of effect, general

52.992 Section 52.93 ceases to have effect on the later of the following:

- (a) the lapsing or rescission of Record of Decision — CMOH Order 05-2020;
- (b) the lapsing or rescission of Record of Decision — CMOH Order 11-2020.

2020 c13 s12

General**Confidentiality of communicable diseases information**

53(1) Information contained in any file, record, document or paper maintained by the Chief Medical Officer or by a regional health authority or an employee or agent on its behalf that comes into existence through anything done under this Part and that indicates that a person is or was infected with a communicable disease shall be treated as private and confidential in respect of the person to whom the information relates and shall not be published, released or disclosed in any manner that would be detrimental to the personal interest, reputation or privacy of that person.

(2) For the purposes of assessing and improving the standards of care furnished to persons suffering from communicable diseases, compiling statistics with respect to communicable diseases, conducting research into communicable diseases, or for any reason relating to communicable disease that the Chief Medical Officer considers to be in the interest of protecting the public health, the Chief Medical Officer may require any health practitioner to furnish the Chief Medical Officer with the following information:

- (a) a report containing the name and address of any patient of that health practitioner who is, was or may have been suffering from a communicable disease and a description of the diagnostic and treatment services provided to the patient;
- (b) medical or other records, or extracts or copies of them, in respect of that patient and in the possession of the health practitioner.

(3) Information obtained by the Chief Medical Officer or by a regional health authority or an employee or agent on its behalf pursuant to this section shall be treated as private and confidential and, subject to subsections (4) and (4.1), shall not be published, released or disclosed in any manner that would be detrimental to the personal interest, reputation or privacy of the patient.

(4) Information obtained by the Chief Medical Officer or by a regional health authority or an employee or agent on its behalf may be disclosed by the Chief Medical Officer or the regional health authority, employee or agent

- (a) to any person when required by law;
- (a.1) to any person where the Chief Medical Officer, regional health authority, employee or agent believes on reasonable grounds that the disclosure will avert or minimize an imminent danger to the health or safety of any person;
- (b) to the person to whom the information relates or the person's legal representative;
- (c) in statistical form if the person to whom it relates is not revealed or made identifiable;
- (d) repealed RSA 2000 cH-5 s123;
- (e) to a person or body conducting an investigation or disciplinary proceedings pursuant to legislation governing a

profession or occupation that is specified in the regulations when

- (i) the information is requested by the person or body in accordance with the procedure governing the investigation or disciplinary proceedings, and
- (ii) the person to whom the information relates consents to the disclosure.

(4.1) Information obtained by the Chief Medical Officer may be disclosed by the Chief Medical Officer to the Government of Canada, the government of another province or territory, the government of a foreign country or an agency of any of those governments for the purpose of addressing public health matters, patient safety, quality of care or the general public interest.

(4.2) Despite subsections (1) and (3), information obtained by the Chief Medical Officer may, on request by a police service, as defined in the Police Act, be disclosed by the Chief Medical Officer to the police service to enable a police officer, as defined in the Police Act, who has come in contact with the body fluids of an individual claiming to have COVID-19 to ascertain whether the individual has tested positive for COVID-19 and whether Record of Decision — CMOH Order 05-2020 applies to the police officer.

(4.3) The Chief Medical Officer may access information via the Alberta EHR, as defined in Part 5.1 of the Health Information Act, and use the information accessible via the Alberta EHR for the purposes of disclosing information under subsection (4.2).

(4.4) Subsections (4.2) and (4.3) cease to have effect on the lapsing or rescission of Record of Decision — CMOH Order 05-2020.

(5) Subsection (1) does not prohibit the disclosure of information

- (a) to any person when required by law to do so,
- (a.1) to any person where the Chief Medical Officer, regional health authority, employee or agent believes on reasonable grounds that the disclosure will avert or minimize an imminent danger to the health or safety of any person,
- (b) to any person with the written consent of the Minister, where in the Minister's opinion it is in the public interest that the information be disclosed to that person, or of the person to whom the information relates or the person's legal representative, or

- (c) to any person where the disclosure is necessary in the course of the administration of this Part.

RSA 2000 cP-37 s53; RSA 2000 cH-5 s123;
2002 c32 s12;2007 c23 s4;2009 c13 s4;2020 c13 s12

**Collection, use and disclosure of information re
health care facility staff members**

53.1(1) In this section,

- (a) “contractor” means an individual who, or corporation that, under a contract or a subcontract with the operator of a health care facility, provides or arranges for the provision of health care services or support services within the health care facility;
- (b) “health care facility” means a health care facility as defined in Part 2 of Record of Decision — CMOH Order 10-2020;
- (c) “staff member” means an individual who is employed by, or provides services under a contract with, the operator of a health care facility or a contractor.

(2) The Chief Medical Officer may, by written notice, require an operator of a health care facility or a contractor to disclose to the Chief Medical Officer and the Department any or all of the information set out in section 53.3.

(3) An operator of a health care facility and a contractor shall, as soon as is reasonably possible after receiving a written notice under subsection (2), disclose to the Chief Medical Officer and the Department the information identified in the written notice.

(4) The Chief Medical Officer and the Department may use the information obtained under subsection (3) for the purposes of restricting the movement of staff members among health care facilities as required by Record of Decision — CMOH Order 10-2020.

(5) The Chief Medical Officer and the Department may disclose the information obtained under subsection (3), other than a staff member’s social insurance number, to operators of health care facilities and contractors for the same purposes for which the information may be used under subsection (4).

2020 c13 s12

**Collection, use and disclosure of information re
staff members providing home care services**

53.2(1) In this section,

- (a) “contractor” means an individual who, or corporation that, under a contract or subcontract with a regional health authority, provides or arranges for the provision of home care services;
- (b) “health care facility” means a health care facility as defined in Part 2 of Record of Decision — CMOH Order 10-2020;
- (c) “home care services” means health care services or support services provided under the *Co-ordinated Home Care Program Regulation* (AR 296/2003);
- (d) “staff member” means an individual who provides home care services as an employee of, or under a contract with, a contractor.

(2) The Chief Medical Officer may, by written notice, require a contractor to disclose to the Chief Medical Officer and the Department any or all of the information set out in section 53.3.

(3) A contractor shall, as soon as is reasonably possible after receiving a written notice under subsection (2), disclose to the Chief Medical Officer and the Department the information identified in the written notice.

(4) The Chief Medical Officer and the Department may use the information obtained under subsection (3) for the purposes of

- (a) identifying any potential impacts to home care staffing, and
- (b) developing options to address any potential gaps in workforce supply in the home care sector

resulting from actions taken for the purposes of restricting the movement of staff members among health care facilities as required by Record of Decision — CMOH Order 10-2020.

(5) The Chief Medical Officer and the Department may disclose the information obtained under subsection (3), other than a staff member’s social insurance number, to contractors for the same purposes for which the information may be used under subsection (4).

2020 c13 s12

Staff member information

53.3 For the purposes of sections 53.1 and 53.2, the following information may be required to be disclosed to the Chief Medical Officer and the Department:

- (a) in respect of every staff member of an operator of a health care facility or of a contractor,

- (i) the staff member's name;
 - (ii) the staff member's identification number;
 - (iii) the staff member's social insurance number;
 - (iv) the staff member's contact information;
 - (v) a statement that the staff member is an employee of the operator or contractor or that the staff member provides services under a contract with the operator or contractor;
 - (vi) the staff member's job title and professional designation, if any, and any other information about the staff member's role;
 - (vii) the staff member's category and classification;
 - (viii) the number of hours worked by the staff member at the health care facility or in the provision of home care services within the time period specified in the written notice;
 - (ix) if the staff member is an employee who is a member of a union, the name of the union and the collective agreement, if any, covering the staff member;
- (b) any other information that is related to the purpose for which information may be used under section 53.1(4) or 53.2(4).

2020 c13 s12

Cessation of effect

53.4 Sections 53.1 to 53.3 cease to have effect on the lapsing or rescission of Record of Decision — CMOH Order 10-2020.

2020 c13 s12

Application to court

54(1) Where a person

- (a) is prohibited by section 53 from publishing, releasing or disclosing information, or
- (b) refuses to disclose information that the person is permitted by section 53 to disclose,

the person to whom the information relates or the person's legal representative may apply for an order directing the person having the information to release it or a copy of it to the person to whom

the information relates or the person's legal representative or to some other person named in the order.

(2) An application under subsection (1)

- (a) shall, if it is made in the course of any action or proceeding to which the person to whom the information relates or the person's legal representative is a party, be made on notice to a judge of the court in which the action or proceeding is taken, and
- (b) shall, in any other case, be made to a judge of the Court of Queen's Bench.

(3) Where the judge considers it appropriate to do so, the judge may order that the application under subsection (1) be heard in private.

(4) In an application under subsection (1), the onus of showing why the order should not be made for the release of the information is on the respondent to the motion.

RSA 2000 cP-37 s54;2009 c53 s149

Offence

55 No person shall knowingly release, publish or disclose information contrary to section 53.

1984 cP-27.1 s65

Provision of names

56(1) A person suffering from a communicable disease referred to in section 20(2) shall, on request, provide the physician or sexually transmitted infections clinic responsible for the person's treatment with the names of all persons with whom the person has had sexual contact.

(2) Notwithstanding section 53, a physician who is provided with the names of contacts pursuant to subsection (1) shall immediately provide the information to a medical officer of health.

(3) Notwithstanding section 53, a medical officer of health may notify a person named as a contact pursuant to subsection (1).

RSA 2000 cP-37 s56;2016 c25 s22

Delegation of authority

57 The Chief Medical Officer may in writing delegate to an employee of the Department any of the powers, duties and functions conferred or imposed on the Chief Medical Officer by this Act or the regulations.

1984 cP-27.1 s67;1998 c38 s19

58 Repealed 2002 c32 s12.

Part 4 General

Inspections and Orders

Inspection of place other than private dwelling

59(1) An executive officer may inspect any public place for the purpose of determining the presence of a nuisance or determining whether this Act and the regulations are being complied with.

(2) An executive officer making an inspection under subsection (1) may

- (a) at any reasonable hour enter in or on the public place that is the subject of the inspection;
- (b) require the production of any books, records or other documents that are relevant to the purpose of the inspection and examine them, make copies of them or remove them temporarily for the purpose of making copies;
- (c) make reasonable oral or written inquiries of any person who the executive officer believes on reasonable grounds may have information relevant to the subject-matter of the inspection;
- (d) inspect and take samples of any substance, food, medication or equipment being used in or on the public place;
- (e) perform tests, take photographs and make recordings in respect of the public place.

(3) Where an executive officer removes any books, records or other documents under subsection (2)(b), the executive officer shall

- (a) give to the person from whom the items were taken a receipt for the items, and
- (b) forthwith return the items to the person from whom they were taken when they have served the purpose for which they were taken.

1984 cP-27.1 s69;1998 c38 s16

Inspection of private place

60 Where an executive officer believes on reasonable and probable grounds that a nuisance exists in or on a private place or that the private place or the owner of it is in contravention of this

Act or the regulations, the executive officer may, with the consent of the owner or pursuant to an order under section 61,

- (a) enter in or on the private place at a reasonable hour and inspect it;
- (b) make reasonable oral or written inquiries of any person who the executive officer believes on reasonable grounds may have information relevant to the subject-matter of the inspection;
- (c) take samples of any substance, food, medication or equipment being used in or on the private place;
- (d) perform tests, take photographs and make recordings in respect of the private place.

1984 cP-27.1 s70;1998 c38 s17

Assistance by police officer, expert

60.1 An executive officer making an inspection who enters in or on a public place or private place under section 59 or 60 may be accompanied by

- (a) a police officer whose presence is required by the executive officer for the purposes of assisting with the inspection, or
- (b) a qualified expert or professional whose presence is required by the executive officer for the purposes of inspecting and taking samples under section 59(2)(d) or 60(c) or performing tests, taking photographs or making recordings under section 59(2)(e) or 60(d).

2020 c5 s5

Application to Court

61(1) Where the owner of a public place or a private place refuses to allow an executive officer to exercise the executive officer's powers under section 59 or 60 or hinders or interferes with the executive officer in the exercise of those powers, the executive officer may apply to a judge of the Court of Queen's Bench for an order directing the owner to do or refrain from doing anything the judge considers necessary in order to enable the executive officer to exercise the executive officer's powers, and the judge may make the order accordingly.

(2) An application under subsection (1) may be made ex parte where the judge considers it proper to do so.

RSA 2000 cP-37 s61;2009 c53 s149

Order

62(1) Where, after an inspection under section 59 or 60, the executive officer has reasonable and probable grounds to believe that a nuisance exists in or on the public place or private place that was the subject of the inspection or that the place or the owner of it or any other person is in contravention of this Act or the regulations, the executive officer may issue a written order in accordance with this section.

(2) An order shall be served on the person to whom it is directed and shall set out the reasons it was made, what the person is required to do and the time within which it must be done.

(3) Where the order is directed to a person who is not the registered owner, a copy of it shall also be served forthwith on the registered owner.

(4) An order may include, but is not limited to, provisions for the following:

- (a) requiring the vacating of the place or any part of it;
- (b) declaring the place or any part of it to be unfit for human habitation;
- (c) requiring the closure of the place or any part of it;
- (d) requiring the doing of work specified in the order in, on or about the place;
- (e) requiring the removal from the place or the vicinity of the place of anything that the order states causes a nuisance;
- (f) requiring the destruction of anything specified in the order;
- (g) prohibiting or regulating the selling, offering for sale, supplying, distributing, displaying, manufacturing, preparing, preserving, processing, packaging, serving, storing, transporting or handling of any food or thing in, on, to or from the place.

(5) Where the delay necessary to put an order under this section in writing will or is likely to increase substantially the hazard to the health of any person, the executive officer may issue the order orally.

(6) As soon as is reasonably possible after issuing an oral order under subsection (5), the executive officer shall serve a written version of the order in accordance with subsections (2) and (3).

(7) Where an order is issued under subsection (4)(a), (b) or (c), the executive officer shall ensure that a copy of the order, or in the case of an oral order, a notice of the requirements of the order, is posted in a conspicuous place at, on or near the public place or private place to which the order relates.

(8) A regional health authority shall maintain a record of all orders issued under subsection (4)(a), (b) or (c) and shall make the record available for inspection by the public during the business hours of the main office of the regional health authority.

(9) If, in the course of an inspection under this Act, the executive officer is of the opinion that a condition of emergency exists due to the existence of a nuisance, the executive officer may, notwithstanding anything in this Act, forthwith take any steps the executive officer considers appropriate to remove or lessen the nuisance.

1984 cP-27.1 s72;1988 c41 s20;1996 c31 s24

Enforcement of order

62.1(1) If a person to whom an order is directed under section 62 fails to carry out the order within the time limited by it in the case of an order that is not appealed, or within the time limited by the Board in the case of an order that is appealed to the Board, the executive officer or a person appointed by the executive officer may, together with any persons that are necessary, enter the public place or private place and carry out the order.

(2) A police officer may accompany an executive officer or a person appointed by the executive officer who is carrying out an order under subsection (1) for the purposes of assisting the executive officer or person appointed by the executive officer in carrying out the order.

2020 c5 s6

Recovery of costs

63(1) In this section, “clerk” means

- (a) the chief administrative officer in the case of a city, town, village, summer village or municipal district,
- (b) the settlement administrator, in the case of a Metis settlement,
- (c) the Deputy Minister of the Minister responsible for the *Municipal Government Act*, in the case of an improvement district, or

(d) the Deputy Minister of the Minister responsible for the *Special Areas Act*, in the case of a special area.

(2) Repealed 2020 c5 s7.

(3) The expenses incurred by a regional health authority in carrying out an order under this section constitute a debt owing to the regional health authority from the person to whom the order is directed.

(4) Where a regional health authority carries out an order under this section and the person to whom the order is directed fails, within 60 days after a demand for payment, to pay the expenses incurred by the regional health authority, the secretary of the regional health authority may transmit to the clerk of the municipality in which the land concerned is located a statement setting out

- (a) the amount of the expenses,
- (b) the name of the registered owner of the land to which the order relates, and
- (c) the location of the land to which the order relates.

(5) On receipt of a statement under subsection (4), the municipality shall place the amount of the expenses incurred in carrying out the order on the tax roll as an additional tax against the land concerned and that amount

- (a) forms a lien on the land in favour of the municipality, and
- (b) is, for all purposes, deemed to be taxes imposed and assessed on land and in arrears under the *Municipal Government Act* from the date the amount was placed on the tax roll, and that Act applies to the enforcement, collection and recovery of the amount.

(6) Subsection (5) does not apply to a Metis settlement.

(7) Any amount collected by the municipality by virtue of subsection (5) shall be paid to the regional health authority.

(8) Where an amount recovered under this section by a regional health authority from a person other than the registered owner of the land to which the order relates is, as between that person and the registered owner, the responsibility of the registered owner, that person is entitled to recover the amount from the registered owner or to deduct the amount from any other amount due from that person to the registered owner.

(9) Where an amount recovered under this section by a regional health authority from the registered owner of land is, as between the registered owner and another person, the responsibility of that other person, the registered owner is entitled to recover the amount from that other person or to deduct the amount from any other amount due from the registered owner to that other person.

RSA 2000 cP-37 s63;2020 c5 s7

Notice of health hazard

64(1) When an order is issued under section 62, the regional health authority may cause to be filed with the Registrar of Land Titles a notice of health hazard against the registration of any person as transferee or owner of, or of any instrument affecting, the land that is the subject of the order, unless the instrument or certificate of title is expressed to be subject to that notice.

(2) A notice of health hazard registered under this section does not lapse and shall not be cancelled or withdrawn except on the receipt by the Registrar of a notice in writing from the regional health authority requesting cancellation or withdrawal.

(3) On registering a notice of health hazard, the Registrar shall notify the person against whose title the notice is registered and notify caveators and mortgagees when the addresses of those persons may be ascertained from the certificate of title.

1984 cP-27.1 s74;1996 c31 s24

Notice of health hazard - Metis patented land

65(1) When an order is issued under section 62 in respect of patented land as defined in the *Metis Settlements Act*, the regional health authority may submit a notice of health hazard to the Registrar of the Metis Settlements Land Registry and the Registrar shall record the notice against the Metis title register for the land that is subject to the order.

(2) A notice of health hazard recorded under this section does not lapse and shall not be cancelled except on the receipt by the Registrar of the Metis Settlements Land Registry, of a notice in writing from the regional health authority requesting cancellation.

(3) On recording a notice of health hazard, the Registrar of the Metis Settlements Land Registry shall notify the person against whose Metis title the notice is recorded and every person who has recorded an interest against the Metis title.

1998 c22 s32

Regulations

Regulations

66(1) The Lieutenant Governor in Council may make regulations

- (a) prescribing communicable diseases for the purposes of this Act;
- (b) designating prescribed communicable diseases of which immediate notification is required for the purposes of sections 22(1)(a), 23(a)(i) and 27(1)(b);
- (c) respecting the prevention and control of the employment of persons who are carriers of or are infected with prescribed communicable diseases;
- (d) respecting isolation, quarantine, disinfection, disinfestation, decontamination, destruction of property, exclusion from employment, school or a public place and other special measures for the purposes of section 29(2);
- (e) respecting the provision of samples to the Provincial Laboratory of Public Health for the purposes of section 24;
- (f) respecting the keeping of records for the purposes of Part 3, including, without limitation, regulations setting out
 - (i) who must keep records,
 - (ii) what information must be kept in the records and the form in which records must be kept, and
 - (iii) confidentiality provisions in respect of the records;
- (g) respecting the immunization of persons pursuant to section 38(1)(c);
- (h) respecting the prevention, investigation and suppression among animals of infectious diseases communicable to humans;
- (i) respecting the quantity and manner of application of an agent to the eyes of newborn children to prevent the occurrence of prescribed communicable diseases;
- (j) respecting the licensing of embalmers and prescribing qualifications for admission of embalmers to practise in Alberta;

- (k) respecting the qualifications of persons employed as executive officers by regional health authorities;
- (l) respecting the powers, duties and authority of executive officers or classes of executive officers;
- (m) respecting the kinds and basic standards of health promotional, preventive, diagnostic, treatment, rehabilitative and palliative services, supplies, equipment and care that must be provided by regional health authorities and the conditions under which they are to be provided;
- (n) respecting the services, supplies, equipment, care, drugs, medicines and biological agents that may be provided by the Minister for the purpose of section 12 and respecting the persons to whom and the conditions under which they may be provided;
- (o) establishing a mechanism to deal with appeals from decisions made in connection with the provision of services, supplies, equipment or care under regulations made under clause (n), and setting out what decisions may be appealed and the procedure to apply in an appeal;
- (p) specifying professions and occupations for the purposes of section 53(4)(e);
- (q) specifying regulated matter for the purposes of section 70;
- (r) respecting all aspects of the granting, cancellation and suspension of licences, permits or other approvals for any activity subject to regulations under this subsection;
- (s) specifying additional decisions for the purposes of section 5(1)(b) that may be appealed to the Board under that section;
- (t) prescribing information for the purposes of section 18.1(2.1)(c) or 18.2(2)(c);
- (u) prescribing forms for the purposes of regulations under this subsection;
- (v) authorizing the waiving or mitigation of the application of any of the provisions of the regulations in particular cases, respecting the circumstances under which the waiver or mitigation may be granted and respecting the conditions to which a grant of a waiver or mitigation is subject;

- (v.1) respecting reporting by health practitioners in respect of immunization;
- (v.2) respecting reporting by health practitioners in respect of adverse events following immunization;
- (v.3) respecting the handling, storage and transportation of biological agents intended for use in immunization, including, without limitation, regulations respecting actions to be taken after a contravention occurs in respect of the handling, storage and transportation of the biological agents;
- (v.4) defining words or expressions used but not defined in this Act;
- (w) respecting any other matter that the Lieutenant Governor in Council considers necessary to carry out the intent of this Act.

(2) The Minister may make regulations

- (a) repealed 2016 c25 s23;
- (b) respecting the immunization of children attending or wishing to attend a child care program that is licensed under the *Early Learning and Child Care Act*;
- (c) respecting the construction, location, operation, maintenance, equipping, sanitation and cleansing of food establishments engaged in selling, offering for sale, producing, supplying, distributing, displaying, manufacturing, preparing, preserving, processing, packaging, labelling, serving, storing, transporting or handling any food;
- (d) respecting the establishment of standards for food, including standards for water and handling food, and providing for the destruction of any food that does not meet those standards;
- (e) respecting the location, operation, maintenance, equipping, cleansing, disinfection and disinfestation of
 - (i) camps and campgrounds, and
 - (ii) water facilities, including wells, water fountains, cisterns, dugouts and water tanks;
- (f) respecting the construction, location, operation, maintenance, disinfection, disinfestation and disposition of outdoor lavatories;

- (g) respecting the handling and disposal of biomedical waste;
- (h) respecting the location, operation, maintenance, equipping, cleansing, disinfection and disinfestation of public places;
- (i) respecting the cleansing, disinfection and disinfestation of private dwellings;
- (j) respecting the construction, inspection, operation, maintenance, equipping, cleansing, disinfection and disinfestation of public swimming pools;
- (k) respecting the prevention and removal of nuisances;
- (l) prescribing the maximum levels of contaminants permissible in air, water or soil;
- (m) respecting all aspects of the granting, cancellation and suspension of licences, permits or other approvals for any activity subject to regulation under this subsection;
- (n) respecting the preparation, interment, disinterment and transportation of human corpses;
- (o) authorizing a regional health authority to charge fees for goods and services provided by or on behalf of the regional health authority in respect of its carrying out its duties and exercising its powers under this Act, and respecting the amounts of the fees that may be charged;
- (p) respecting forms for the purposes of section 5(3) and Part 3;
- (q) prescribing forms for the purposes of regulations under this subsection;
- (r) respecting any matter that the Minister considers necessary to carry out the intent of an order of the Chief Medical Officer under section 29.

(3) A regulation made under subsection (1) or (2) may incorporate, adopt or declare in force a code, standard, guideline, schedule or body of rules, including a code, standard, guideline, schedule or body of rules developed by the Minister, relating to any matter in respect of which a regulation may be made under subsection (1) or (2).

(4) Where a code, standard, guideline, schedule or body of rules is incorporated, adopted or declared in force by a regulation made under subsection (1) or (2), the Minister shall ensure that a copy of

the code, standard, guideline, schedule or body of rules is readily available to the public.

(4.1) The *Regulations Act* does not apply to a code, standard, guideline, schedule or body of rules incorporated, adopted or declared in force by a regulation made under subsection (1) or (2).

(5) A code, standard, guideline, schedule or body of rules may be incorporated, adopted or declared in force by a regulation made under subsection (1) or (2)

- (a) in whole or in part or with modifications, and
- (b) as it reads on a specific day or as amended from time to time.

(6) Regulations under subsection (1) or (2) may be made applicable to a particular portion of Alberta only.

RSA 2000 cP-37 s66;2002 c20 s6;2005 c13 s8;2007 cC-10.5 s29;
2007 c18 s6;2007 c23 s4;2009 c13 s5;2016 c25 s23;2017 c22 s44;
2020 c13 s12;2020 c31 s40

Miscellaneous

Protection from liability

66.1(1) No action for damages may be commenced against

- (a) the Crown or a Minister of the Crown,
- (b) a regional health authority or a member, employee or agent of a regional health authority,
- (c) an employee under the administration of the Minister,
- (d) the Chief Medical Officer, the Deputy Chief Medical Officer, an executive officer or a medical officer of health,
- (e) a health practitioner,
- (f) a teacher, a person in charge of an institution or a medical director of a facility, or
- (g) repealed 2008 cH-5.3 s24,
- (h) a provincial health board established under the *Regional Health Authorities Act*

for anything done or not done by that person in good faith while carrying out duties or exercising powers under this or any other enactment.

(2) No action for damages may be commenced against any person or organization acting under the direction of the Crown, a Minister of the Crown, the Chief Medical Officer, the Deputy Chief Medical Officer or a medical officer of health for anything done or not done by that person or organization in good faith directly or indirectly related to a public health emergency while carrying out duties or exercising powers under this or any other enactment.

2002 c32 s12;2007 c23 s4;2008 cH-4.3 s24

Court enforcement

66.2(1) The Court of Queen's Bench may, on application by the Minister, a regional health authority or, in the case of section 59, 60 or 61, an executive officer, make any order it considers necessary to enforce this Act.

(2) An application under this section may be heard in any manner the Court considers appropriate and may be heard before the application is filed.

(3) An interim order may be made under this section on an ex parte application.

2007 c23 s4;2009 c53 s149

Crown's right of recovery

67 The Crown in right of Alberta is entitled to recover the Crown's cost of public health services under the *Crown's Right of Recovery Act* or the *Opioid Damages and Health Care Costs Recovery Act*.

RSA 2000 cP-37 s67;2009 cC-35 s59;2019 cO-8.5 s18

Service of documents

68(1) Where this Act or the regulations require or permit the service of an order, notice or other document on a person, then unless this Act otherwise provides, the order, notice or other document is sufficiently served if it is

- (a) served personally on the person,
- (b) sent by registered mail to the person at the person's last known address,
- (b.1) served by electronic means, including facsimile, on a person at the electronic address provided by that person, where the electronic means provides
 - (i) the sender with confirmation that transmission to the electronic address of the recipient of the order, notice or other document was successfully completed, and

- (ii) the recipient with the order, notice or other document in a form that is usable for subsequent reference,

or

- (c) published in a newspaper in accordance with subsection (2).

(2) Where the person serving an order, notice or other document, after having taken reasonable steps for the purpose, is unable to locate the person to be served or to determine that person's actual address, the order, notice or other document may be served by publishing it in at least 2 issues, at least a week apart, of a newspaper having general circulation

- (a) in the place where the person to be served had that person's last known address according to the records or other information available to the person serving the order, notice or other document, and
- (b) if the notice, order or other document relates to the property of the person to be served or is given in proceedings that relate to that person's property, in the place where the property is located.

RSA 2000 cP-37 s68;2020 c5 s8

Validity of documents

69 A certificate, notice, order, warrant or other form issued under this Act or the regulations shall not be held to be insufficient or invalid by reason only of any irregularity, informality or insufficiency in it or in any proceedings in connection with its issuance.

1984 cP-27.1 s77

Intoxicating gas or vapour

70(1) In this section,

- (a) "intoxicating vapour" means any gas, vapour, fume or liquid that is emitted, given off or produced from a regulated matter;
- (b) "regulated matter" means any matter specified by regulation as a regulated matter for the purposes of this section.

(2) No person shall for the purpose of inducing euphoria, hallucinations or intoxication

- (a) inhale, administer or otherwise introduce into the person's respiratory system, or

- (b) assist or cause another person to inhale, administer or otherwise introduce into that other person's respiratory system

an intoxicating vapour.

(3) No person shall manufacture or give, sell or otherwise distribute any regulated matter for the purpose of inducing euphoria, hallucinations or intoxication in any person.

(4) No person shall manufacture or give, sell or offer to sell or give or otherwise distribute a regulated matter if the person knows or ought to know that the regulated matter is to be used for the purpose of inducing euphoria, hallucinations or intoxication in any person.

(5) This section does not apply to

- (a) the manufacture or sale of a regulated matter for medical purposes, or
- (b) the inhalation, administration or other introduction of an intoxicating vapour into the respiratory system under the supervision of
 - (i) a regulated member of the College of Physicians and Surgeons of Alberta under the *Health Professions Act* authorized to use the title "physician" who is not a student enrolled in a program of studies,
 - (ii) a regulated member of the dental profession under the *Health Professions Act* who is not a student enrolled in a program of studies, or
 - (iii) a person acting under the direction of a person referred to in subclause (i) or (ii).

(6) A person who contravenes this section is guilty of an offence and liable

- (a) for a first offence,
 - (i) in the case of an individual, to a fine of not less than \$500 and not more than \$1500, to imprisonment for not more than 6 months or to both fine and imprisonment, and
 - (ii) in the case of a corporation, to a fine of not less than \$2000 and not more than \$50 000,

and

- (b) for a 2nd offence and subsequent offences
 - (i) in the case of an individual, to imprisonment for not more than 6 months, and
 - (ii) in the case of a corporation, to a fine of not less than \$2000 and not more than \$50 000.

RSA 2000 cP-37 s70;RSA 2000 cH-7 ss145,146;
2005 c13 s4(21);2008 c34 s18;2016 c9 s29

Obstruction

71 No person shall obstruct, molest, hinder or interfere with a person in the execution of any duty imposed or in the exercise of any power conferred on the person by this Act or the regulations.

1984 cP-27.1 s79

Destruction of notice

72 No person shall conceal, deface, destroy or remove any notice posted for public information under this Act or the regulations.

1984 cP-27.1 s80

Penalty

73(1) A person who contravenes this Act, the regulations, an order under section 62 or an order of a medical officer of health or physician under Part 3 is guilty of an offence.

(2) A person who contravenes an order under section 62 or an order of a physician under Part 3 is liable to a fine of not less than \$100 and not more than \$5000 for each day or part of a day during which the contravention occurs or continues.

(3) A person who contravenes this Act, the regulations or an order of a medical officer of health under Part 3 is, if no penalty in respect of that offence is prescribed elsewhere in this Act, liable to a fine of not more than \$100 000 in the case of a first offence and \$500 000 in the case of a subsequent offence.

(4) Where a person is convicted of an offence under this Act, the judge, in addition to any other penalty the judge may impose, may order the person to comply with the provision of this Act or the regulations or the order for the contravention of which the person was convicted.

RSA 2000 cP-37 s73;2020 c5 s9

Publishing reports and order

74 A regional health authority or the Minister may publish the following documents in the manner the regional health authority or the Minister, as the case may be, considers appropriate:

(a) a report arising from an inspection under this Part;

(b) an order issued under section 62.

RSA 2000 cP-37 s74;2009 c13 s6

Paramountcy

75 Except for the *Alberta Bill of Rights*, this Act prevails over any enactment that it conflicts or is inconsistent with, including the *Health Information Act*, and a regulation under this Act prevails over any other bylaw, rule, order or regulation with which it conflicts.

RSA 2000 cP-37 s75;RSA 2000 cH-5 s123

Review of Act

76(1) A comprehensive review of this Act must be commenced no later than August 1, 2020.

(2) The review of this Act must determine which, if any, of the new provisions of this Act and the *Health Information Act* enacted by Bill 24, introduced during the 2nd session of the 30th Legislature and entitled the *COVID-19 Pandemic Response Statutes Amendment Act, 2020* are still necessary and which, if any, of those provisions should be modified or repealed.

(3) A report on the review of this Act, including the determinations required under subsection (2) and any recommendations arising from the review, must be submitted to the Legislative Assembly.

2020 c13 s12

Repeals

77 The following provisions are repealed on December 31, 2021:

section 1(1)(e.1) and (2);
section 33(2.1) and (2.2);
section 52.6(1.1)(c) and (1.2);
section 52.61;
sections 52.92 to 52.992;
section 53(4.2) to (4.4);
sections 53.1 to 53.4;
section 66(2)(r);
section 76.

2020 c13 s12



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