

# FUNDER NOTIFICATION: Client or Staff

## SYMPTOMS/TESTING for CoVid-19

TEAM LEADER NOTIFIES	PROGRAM COORDINATOR NOTIFIES	NURSE CLINICIAN NOTIFIES
<p>IF Client: On-Call Nurse</p> <hr/>	<p>Guardianship/ Social Worker/ Analyst <u>Notify – via email</u></p>	<p>8-1-1</p> <hr/>
<p>Team Members &amp; Staffing: POST Isolation Levels</p> <hr/>	<p>Team Leaders- Isolation Level</p> <hr/>	<p>After Hours MCFD/VACFSS 604.660.4927</p> <hr/>
		<p>IF CLIENT: Family / Guardians</p>



**ARCUS**  
Community Resources

**FUNDERS: CLBC, MCFD, VACFSS**