

Provincial Population & Public Health  
Communicable Disease Control  
Safe Healthy Environments

# Guide for Outbreak Prevention & Control in Shelter Sites

Includes Respiratory, Gastrointestinal & Rash Illness

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- Inconsistencies

Submit feedback in an email to: [CDCResourceFeedback@share.albertahealthservices.ca](mailto:CDCResourceFeedback@share.albertahealthservices.ca).

Note: If you have questions about a specific outbreak, or site-specific processes, always direct your questions to your designated site lead or the AHS Public Health Outbreak Team investigator.

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## Introduction

Community shelter operators, staff and volunteers have a responsibility to maintain a healthy environment for clients. This guide provides current Alberta Health Services (AHS) recommendations and strategies to prevent and manage outbreaks<sup>1</sup> of communicable diseases<sup>2</sup> in shelters.

Shelters are an environment where illness is more likely to spread due to the close living and sleeping quarters. Identifying excess illness early in this setting may be challenging, but efforts to identify outbreaks early are important. The earlier an outbreak is detected, the easier it is to bring under control.

Shelters are recommended to have clear plans and actions in place to prevent illness outbreaks. The prevention, preparedness, and reporting elements in this guide, are critical to control the spread of illness.

Shelters may have challenges when implementing the recommendations in this guide. These may include limited staffing, physical layout, shared accommodation, and communal areas. Shelters are encouraged to:

- Develop their own site-specific policies to meet these recommendations when developing their plans for outbreaks of communicable diseases.
- Reach out to the AHS Public Health Outbreak Team for advice and support.

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### Scope

This document is intended for operators, staff, and volunteers in community shelters, who provide temporary (often overnight) accommodation for individuals who are experiencing homelessness and, in some cases, are fleeing domestic violence or elder abuse. Outbreaks in sites that do not meet these criteria are not routinely reported and managed by the AHS Public Health Outbreak Team.

Information in this document may be helpful for other sites such as expanded shelter spaces, temporary housing, short-term and long-term supportive transitional beds/units for Albertans facing homelessness, precarious housing, and family/domestic violence. These sites are not expected to report illness but may contact the AHS Public Health Outbreak Team for support.

### Land Acknowledgement

Our work takes place on historical and contemporary Indigenous lands, including the territories of Treaty 6, Treaty 7 & Treaty 8 and the homeland of the Métis Nation of Alberta and eight Metis Settlements. We also acknowledge the many Indigenous communities that have been forged in urban centres across Alberta.

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<sup>1</sup> An outbreak occurs when there are more cases of a communicable disease than are normally expected in a specific time and place.

<sup>2</sup> A communicable disease is an illness caused by an organism or micro-organism or its toxic products that is transmitted directly or indirectly from an infected person or animal or the environment.

## How to prevent an outbreak

Outbreak prevention measures are important to prevent the spread of all communicable diseases. These prevention practices are key to stopping the spread of respiratory, gastrointestinal (GI) and rash illnesses. Examples of outbreak prevention practices include:

- Getting immunized against COVID-19 and seasonal influenza
- Staying home when ill
- Performing frequent, effective hand hygiene
- Practicing [respiratory etiquette](#) (such as coughing, sneezing into a tissue or elbow)
- Wearing a mask to reduce the risk of becoming ill and help protect others
  - Clients, staff and visitors can decide whether they want to wear a mask
- Performing diligent cleaning and disinfection.

A [Shelter Outbreak Checklist](#) is available that summarizes the key steps before, during, and after an outbreak. The printable checklist:

- Outlines the key tasks and responsibilities for shelter operators and staff.
- Is to be used in combination with the guide, for detailed information.
- May be used in combination with site-specific policies.

This guide outlines general outbreak prevention measures for respiratory, gastrointestinal and rash illness outbreaks that are applicable to shelter sites. It is recommended that these measures be part of everyday operations to prevent an outbreak.

- For general recommendations to stop the spread of respiratory illness, operators and staff are encouraged to review the Alberta Health [General Guidance for COVID-19 and Other Respiratory Infections](#).

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### Outbreak prevention measures

#### Cleaning and disinfection

- Ensure routine cleaning and disinfection of high touch surfaces (such as doorknobs, light switches, desktops, staff rooms and washrooms). Refer to [Appendix A](#) for environmental cleaning and disinfection recommendations.

#### Prevent illness spread

- Encourage frequent, effective hand hygiene and respiratory etiquette for staff and clients. See [Appendix B](#) for details and posters.
- Have a plan in place if a client or staff member develops any symptoms of illness while at the shelter.
  - It is recommended that ill clients remain in an area away from others.
    - See [Appendix B](#) for information on supporting symptomatic clients to stay away from others.
  - Ill staff are recommended to go home.
  - If available, staff are recommended to use personal protective equipment (PPE) when working with a symptomatic client. See [Appendix B](#) for more information.
- Post signs that remind staff or visitors who have symptoms not to enter the shelter.

## Food handling

- Provide access to hand sanitizer and encourage clients to perform hand hygiene prior to handling food or eating.
- Minimize client handling of shared food and utensils. Germs can spread from person to person or through contaminated surfaces and serving utensils.
- Provide and encourage clients to use individual cups whenever possible.
- Follow routine food safety practices:
  - Ensure staff and clients who volunteer to support meals are healthy and practice good hand hygiene.
  - Clean and disinfect all surfaces of tables and chairs (including the underneath edge of the chair seat) after each meal.
  - Assign staff to cleaning duties **OR** food preparation and food service. If this is not possible, staff are recommended to perform thorough hand hygiene, and to complete food preparation before cleaning.
- Site cleaning resource:
  - [Key Points for Ready to Use Disinfectant Wipes](#).

## Recreation and common areas

- Encourage use of outdoor spaces and well-ventilated indoor areas.
- Discourage sharing of personal items such as drinking cups, cigarettes / vaping equipment, and towels.

## Sleeping arrangements

- Have at least one meter of distance between sleeping surfaces.
  - Place cots, mats, and beds head-to-toe if there is less than one meter between sleeping surfaces.

## Identify illness

- Early identification of symptoms helps limit the spread of illness within the shelter.
  - Watch [clients](#) for symptoms of illness. See [Table A](#).
  - [Staff](#) are recommended to stay home if they are ill.
  - Recommend symptomatic [visitors](#) do not enter the shelter.
- Familiarize all staff about site policies and practices regarding:
  - Attendance and illness
  - Monitoring and reporting clients with symptoms of illness to the shelter operator
  - Policies or procedures related to cleaning and disinfection, hand hygiene and respiratory etiquette
  - Location of hand sanitizer and hand washing stations.

## Reporting illness to PPHST

### Illness surveillance

The AHS Public Health Outbreak Team identifies outbreaks by assessing patterns and symptoms of illness.

Shelters staff and operators are responsible for:

- Monitoring the number of ill clients and their symptoms. This is illness surveillance.
- Report to AHS Population Public Health Support Team (PPHST) when an **unusual occurrence of illness** (above the baseline of what is expected) is identified.
  - See [Table A](#) for details on when to report.

**Contact PPHST at 1-844-343-0971** to receive initial guidance and decision-making support. PPHST is a provincial, centralized outbreak reporting and response resource (formerly known as CEIR).

**Table A: Reporting illness to PPHST**

Type of Illness	When to report
<b>Respiratory Illness</b>	<p>An unusual number of clients with NEW onset of two or more symptoms within seven days (at least one symptom must be from List A):</p> <ul style="list-style-type: none"> <li>• <b>List A:</b> cough, shortness of breath, sore throat, loss or altered sense of taste/smell, runny nose / nasal congestion</li> <li>• <b>List B:</b> fever, fatigue (significant and unusual), muscle ache / joint pain, headache, nausea, diarrhea</li> </ul>
<b>Gastrointestinal Illness</b>	<p>An unusual number of clients with NEW onset of diarrhea or vomiting within 48 hours.</p> <p><b>Note:</b> If there is an unusual increase in <b>GI illness</b> (above the baseline of what is expected) among staff, report to PPHST as this could be an indicator of a potential outbreak. Report to PPHST even if staff were not present at work with symptoms.</p>
<b>Rash Illness</b>	<p>An unusual number of clients with similar rash illness within a 10-day period.</p>
<b>Other Unusual Illness</b>	<p>Report to PPHST if there are questions or concerns about other unusual illnesses.</p> <ul style="list-style-type: none"> <li>• Sites are recommended to call regarding diseases that may benefit from further advice and/or investigation. This includes group A streptococcus, measles, mumps, pertussis (whooping cough), meningitis, monkeypox, hepatitis, scabies and any other illnesses of concern.</li> </ul>

# Controlling outbreaks

## Working with the AHS Public Health Outbreak Team

PPHST will notify the AHS Public Health Outbreak Team when a shelter reports an unusual number of ill residents. This means the shelter may have an outbreak. The AHS Public Health Outbreak Team will need more information from the shelter to determine if there is an outbreak. To determine if there is an outbreak, they will:

- Review the information provided to PPHST by the shelter.
- Contact the shelter to discuss the illness details.

If there is an outbreak at the shelter, the AHS Public Health Outbreak Team will:

- Declare the outbreak.
- Advise the shelter what type of outbreak is occurring (respiratory, gastrointestinal, or rash).
- Advise how to report any additional symptomatic clients and/or staff.
- Direct the shelter to continue using [outbreak prevention measures](#) and to start using outbreak control measures.

## Managing outbreaks

Outbreak control measures are used to manage an outbreak and stop the spread of illness. The AHS Public Health Outbreak Team will advise the shelter on which outbreak control measures are recommended and when to start using them.

- [Control measures for all outbreaks](#) stop the spread of illness for any type of outbreak.
- [Additional outbreak control measures](#) stop the spread of illness for specific outbreak types.
  - The specific additional outbreak control measures recommended will depend on the type of outbreak at the site (respiratory, gastrointestinal or rash).
- Table B outlines which outbreak measures are required for each outbreak type.

**Table B: Outbreak control measures**

Type of outbreak	What to do
No outbreak	<ul style="list-style-type: none"> <li>• Continue to use <a href="#">outbreak prevention measures</a>.</li> </ul>
Respiratory illness outbreak	<ul style="list-style-type: none"> <li>• Continue to use <a href="#">outbreak prevention measures</a>.</li> <li>• Start to use <a href="#">control measures for all outbreaks</a>.</li> <li>• Also start to use additional measures for <a href="#">managing respiratory illness outbreaks</a>.</li> </ul>
Gastrointestinal illness outbreak	<ul style="list-style-type: none"> <li>• Continue to use <a href="#">outbreak prevention measures</a>.</li> <li>• Start to use <a href="#">control measures for all outbreaks</a>.</li> <li>• Also start to use <a href="#">managing gastrointestinal (GI) illness outbreaks</a>.</li> </ul>
Rash illness outbreak	<ul style="list-style-type: none"> <li>• Continue to use <a href="#">outbreak prevention measures</a>.</li> <li>• Start to use <a href="#">control measures for all outbreaks</a>.</li> <li>• Also start to use <a href="#">managing rash illness outbreaks</a>.</li> </ul>



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## Control measures for all outbreaks

If there is an outbreak of any kind, the AHS Public Health Outbreak Team will:

- Request detailed information about the symptoms of ill clients, when symptoms started, the number of ill clients and possible alternate explanations for their symptoms (such as seasonal allergies, asthma and food intolerances).
- Request information about the shelter space such as maximum number of spaces and current number of occupied spaces.
- Request staff track and report additional clients or staff who develop similar symptoms.
- Review the [outbreak prevention measures](#).
- Recommend that the shelter start using:
  - [Enhanced cleaning and disinfection](#).
  - Modified [food-handling practices](#).
  - Modified [shared transport](#) practices.

Shelter operators will:

- Communicate with administration, staff, and services providers regarding the outbreak, including other programs at the site (such as day programs).
- Educate clients and staff on what an outbreak means and provide information and support on how to maintain health and wellbeing during the outbreak.
- Discuss the spread of illness, self-care, respiratory etiquette and hand hygiene with staff and clients (see [Appendix B](#)).
- Emphasize the importance of staff and clients monitoring for symptoms from [Table A](#).
- Discuss with the AHS Public Health Outbreak Team if a targeted immunization campaign is recommended.
- Work collaboratively with partners, including the AHS Public Health Outbreak Team, Community Support Services, municipalities, and other partners to provide additional human resource support where required.

### Enhanced cleaning and disinfection

Surfaces become contaminated with respiratory secretions, vomit or feces that contain viruses or bacteria that cause illness. Although sites should always use robust environmental cleaning and disinfection, during an outbreak enhanced cleaning and disinfection is important. In specific types of outbreaks, the AHS Public Health Outbreak team may adjust recommended cleaning and disinfection products.

Ways that the shelter operators can support enhanced cleaning and disinfection include:

- Increase the frequency of cleaning and disinfection of high-traffic areas.
  - High touch surfaces include, but are not limited to, toilets, faucets, light switches and door handles.
- Ensure there are adequate supplies of cleaning and disinfection products to meet increased product usage during the outbreak.
- Perform more frequent cleaning and disinfection of environmental surfaces and equipment in areas where symptomatic clients are spending time.
- Consider all surfaces where symptomatic clients are spending time as contaminated.
  - Clean all contaminated equipment and environmental surfaces between uses (such as shared equipment and tables).
  - Clean and disinfect sleeping mats after every use (such as each morning) and store mats in a way that prevents contamination (such as a separate space not accessed by clients).

- See [Appendix A](#) for additional information on enhanced cleaning and disinfection.

### **Food handling practices**

In addition to the [routine food handling](#) principles outlined in the [outbreak prevention measures](#), limit client handling of shared food, dishes and utensils during an outbreak:

- Place food onto client dishes.
- Provide clients with individual cutlery sets.
- Hand out snacks directly to clients.
- Remove shared food containers (such as water pitchers, and salt and pepper shakers).

### **Shared transport**

- During transportation, symptomatic clients are recommended to perform [hand hygiene](#).
- If respiratory symptoms such as cough are present, wear a well-fitting mask.
- If gastrointestinal symptoms such as vomiting are present:
  - Contain vomit in a leak-proof container (such as a garbage bag).
  - Use appropriate PPE and supplies to manage cleaning (see [Appendix A](#)).

## Additional outbreak control measures

This section of the guide outlines the specific outbreak control measures for respiratory, gastrointestinal and rash outbreaks. All outbreaks always use:

- The [outbreak prevention measures](#)
- AND**
- The [control measures for all outbreaks](#).

Additional outbreak control measures are recommended based on the type of outbreak.

- All outbreaks will follow the control measures for all outbreaks.
- Depending on the illness causing the outbreak, some additional targeted measures are needed to stop it from spreading.
- Each section will outline these additional measures by outbreak type.

These additional measures are outlined in the following sections:

- [Managing respiratory illness outbreaks](#)
- [Managing gastrointestinal illness outbreaks](#)
- [Managing rash illness outbreaks](#).

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## Managing respiratory illness outbreaks

Respiratory infections are caused by microorganisms such as viruses or bacteria that affect the airway and lungs. The microorganisms can be spread directly from person-to-person by coughing or sneezing or, indirectly by contact with contaminated surfaces.

Although respiratory illness outbreaks in sites can occur at any time of year, in Alberta most outbreaks occur between October and April.

- Most respiratory illness cases are mild and self-limiting; however, serious illness can occur in weakened individuals. Symptoms of respiratory illness often include cough, runny or stuffy nose and sore throat. These symptoms may be caused by viruses such as influenza, respiratory syncytial virus (RSV), and the common cold.
- Outbreak measures are aimed at early detection and eliminating spread of illness. It is important that infection control measures are implemented promptly (see [Appendix B](#)).

During a respiratory illness outbreak the AHS Public Health Outbreak Team will regularly connect with the shelter to assess how the outbreak is progressing and when the outbreak is over.

When the AHS Public Health Outbreak Team declares a respiratory illness outbreak, sites are recommended to **continue** the [outbreak prevention measures](#) and start the [control measures for all outbreaks](#).

## Respiratory illness-specific outbreak measures

The AHS Public Health Outbreak Team may recommend the following respiratory illness-specific outbreak control measures.

### Managing clients with respiratory symptoms

- Client with respiratory symptoms or those who have tested positive for COVID-19 are recommended to stay away from others until:
  - Symptoms have improved, **AND**
  - They are feeling well enough to resume normal activities, **AND**
  - They have been free of fever for 24 hours without the use of fever-reducing medication.
- If a client is unable to stay away from others while symptomatic, they are recommended to wear a mask for a total of 10 days from when their symptoms started while indoors and around other people.

Each client can best decide if their symptoms are improving (that is, they feel better than on the previous days).

### Specimen collection

Generally, collecting specimens to identify the cause of the respiratory illness outbreak will not be needed. The specific organism causing the illness does not change how the outbreak is managed.

- The AHS Public Health Outbreak Team may recommend collecting specimens in some circumstances.

- Shelters may have access to COVID-19 at-home rapid antigen tests. For information on using these tests go to:
  - [COVID-19 info for Albertans](#)
  - [COVID-19 information: guidance for at home COVID-19 rapid antigen testing.](#)
- Staff who assist with COVID-19 at-home rapid antigen testing are recommended to use PPE (see [Appendix B](#)).

### **Additional outbreak measures**

The AHS Public Health Outbreak Team will collaborate with shelter operators to monitor and assess the outbreak. Some examples of additional outbreak measures that may be recommended include:

- For **staff**
  - Assign dedicated staff to work only in the affected outbreak area.
  - Recommend staff use continuous masking and eye protection.
  - Cancel or postpone nonessential group activities.
- For **clients**
  - Limit the movement of clients, including transfers between shelters.
  - Provide incentives to reduce client movement in and out of the site.
    - For example, plan to offer three meals at one site, instead of only one meal at three different sites.
  - Limit the number of clients or visitors at drop-ins or other day programs.
  - Encourage clients to access an assigned shelter.
  - Recommend physical distancing during meals and activities.
- For **visitors**
  - Recommend masking for visitors.
- The AHS Public Health Outbreak team may recommend other measures for better outbreak control not outlined in this guide.

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## Managing gastrointestinal (GI) illness outbreaks

Outbreaks of infectious GI illness in shelters can spread quickly. Most GI outbreaks are caused by norovirus. Norovirus spreads very easily, making outbreaks very common and difficult to control. During outbreaks, as many as 50% of clients and staff can become ill.

Although GI illness outbreaks in sites can occur at any time of year, in Alberta most outbreaks occur between October and April.

- Most GI illness cases are mild and self-limiting; however, serious dehydration and pneumonia can occur in weakened individuals. Symptoms of GI illness include vomiting and/or diarrhea which may be accompanied by nausea, abdominal pain, muscle soreness, headache, low-grade fever, and feeling generally unwell.
- Outbreak measures are aimed at early detection and eliminating any common sources of exposure. It is important that infection control measures are implemented promptly (see [Appendix B](#)). Spread from person to person is usually by germs reaching the mouth of an uninfected person. This infectious material is most often from fecal matter or vomit but can also be from contact or droplet spread.

During a GI illness outbreak the AHS Public Health Outbreak Team will regularly connect with the shelter to assess how the outbreak is progressing and determine when the outbreak is over.

When the AHS Public Health Outbreak Team declares a GI illness outbreak, sites are recommended to **continue** the [outbreak prevention measures](#) and start the [control measures for all outbreaks](#).

### GI Illness-specific outbreak measures

The AHS Public Health Outbreak Team may recommend the following GI illness-specific outbreak control measures.

#### Managing clients with gastrointestinal illness symptoms

- Clients with gastrointestinal illness symptoms are recommended to stay away from others until they are symptom-free for 48 hours.

#### Staff outbreak measures

Staff can be sources of infection if they become symptomatic. During a GI illness outbreak:

- Staff are recommended to report symptoms of GI illness to the shelter operator. Staff illness is tracked and reported to assess the scope of the outbreak.
- Staff with GI symptoms are not recommended to attend work until **48 hours** after the last episode of vomiting and/or diarrhea.
- The AHS Public Health Outbreak Team may also recommend minimizing the movement of staff during an outbreak. This can help stop the spread of illness to other areas.

#### Specimen collection

The cause of the illness does not change the outbreak management measures.

- If specimens are requested by the AHS Public Health Outbreak Team, collection instructions will be provided.
- Staff assisting in collecting specimens are recommended to use PPE (see [Appendix B](#)).

## Linen/laundry

- Follow recommendations in the [Linen in Community-based Services](#) resource.
- Check linen/laundry for sharps/needles prior to handling.
- Use the following precautions when handling linen that is soiled with body fluids (such as vomit or feces):
  - Perform [hand hygiene](#) before and after handling linen/laundry.
  - Use PPE, including gloves when handling soiled linens (see [Appendix B](#)).
    - Remove gloves and wash hands once soiled laundry has been placed in the laundry bag.
  - Handle linen/laundry as little as possible with minimum agitation and shaking.
  - Remove large amounts of feces or vomit with a gloved hand and dispose into toilet prior to washing.
  - Place dirty laundry in a sealed or tied leak-proof bag such as black plastic garbage bag. Do not use a fabric bag.
- Whenever possible, dedicate one laundry room for soiled laundry from clients with symptoms.
- Wash laundry in a standard washing machine with hot water (70 degrees Celsius).
  - If the laundry machine is used to clean laundry soiled with diarrhea or vomiting, always run a bleach cycle (without a load of laundry) before washing other laundry.
- Dry laundry completely in a dryer.

## Additional outbreak measures

The AHS Public Health Outbreak Team will collaborate with shelter operators to monitor and assess the outbreak. Some examples of additional outbreak measures that may be recommended include:

- For **staff**
  - Assign dedicated staff to work only in the affected outbreak area.
  - Cancel or postpone nonessential group activities.
- For **clients**
  - Limit the movement of clients, including transfers between shelters.
  - Provide incentives to reduce client movement in and out of the site.
    - For example, plan to offer three meals at one site, instead of only one meal at three different sites.
  - Limit the number of clients or visitors at drop-ins or other day programs.
  - Encourage clients to access an assigned shelter.
- The AHS Public Health Outbreak Team may recommend other measures for better outbreak control not outlined in this guide.

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## Managing rash illness outbreaks

Skin rashes usually result from skin inflammation and can have many causes, including infections, allergies, and drug reactions. Outbreak measures are aimed at early detection and eliminating spread of illness. It is important that infection control measures are implemented promptly (see [Appendix B](#)).

During a rash illness outbreak the AHS Public Health Outbreak Team will regularly connect with the shelter to assess how the outbreak is progressing and when the outbreak is over.

When the AHS Public Health Outbreak Team declares a rash illness outbreak, sites are recommended to **continue** the [outbreak prevention measures](#) and start the [control measures for all outbreaks](#).

### Rash-specific outbreak measures

The AHS Public Health Outbreak Team may recommend the following rash illness-specific outbreak control measures.

#### Managing clients who present with a rash

The AHS Public Health Outbreak Team will advise if the client is recommended to stay away from others. Not all rashes require clients to stay away from others.

- Clients are recommended to have the rash assessed by a medical professional.
- Clients are recommended to keep rash covered by clothing.
- Sharing towels, bedding, or clothing with others is not recommended.

#### Specimen collection

The AHS Public Health Outbreak Team may recommend collecting specimens to identify the cause of the rash illness for the outbreak.

- If specimens are requested, collection instructions will be provided.
- Staff assisting in collecting specimens are recommended to use PPE (see [Appendix B](#)).

#### Additional outbreak measures

The AHS Public Health Outbreak Team will collaborate with shelter operators to monitor and assess the outbreak. Some examples of additional outbreak measures that may be recommended include:

- For **staff**
  - Assign dedicated staff to work only in the affected outbreak area.
  - Cancel or postpone nonessential group activities.
- For **clients**
  - Limit the movement of clients, including transfers between shelters.
  - Provide incentives to reduce client movement in and out of the site.
    - For example, plan to offer three meals at one site, instead of only one meal at three different sites.
  - Limit the number of clients or visitors at drop-ins or other day programs.
  - Encourage clients to access an assigned shelter.
- The AHS Public Health Outbreak Team may recommend other measures for better outbreak control not outlined in this guide.



## Ending an outbreak

The AHS Public Health Outbreak Team will determine when an outbreak is over and lift any site restrictions used during the outbreak. The shelter is recommended to conduct a thorough enhanced cleaning and disinfection in all areas prior to returning to regular operations. Regular operations include applying routine [outbreak prevention measures](#).

If additional clients develop symptoms within seven days of the outbreak ending, review [reporting illness to PPHST](#) AND let PPHST know that an outbreak recently ended at the shelter.

## Glossary

**AHS:** Alberta Health Services

**AHS Public Health Outbreak Team:** Coordinates and leads the outbreak response. This team includes the Medical Officer of Health (MOH), and outbreak teams from Communicable Disease Control (CDC) and Environmental Public Health (EPH).

**Clients:** Individuals who access shelters/shelter services. For ease, they will be referred to as 'clients' throughout this guide.

**Community Shelters:** Sites that provide overnight accommodation to individuals who have no permanent address. For ease, these settings will be referred to as 'shelters' throughout this guide.

**Personal Protective Equipment (PPE):** Refers to protective clothing or equipment used by staff and visitors who work directly in areas with clients. PPE protects from exposure to an infectious agent.

**Shelter operator:** The charge person or the most accountable staff member at a shelter. Some roles of a shelter operator may be designated to other staff.

**Staff:** Individuals who provide support or services within the shelter (such as staff, volunteers, and students). For ease will be referred to as 'staff' throughout this document.

**Visitor:** Anybody entering the site who is not a staff member or a client (see definitions above).

## Appendix A: Environmental cleaning and disinfection

Information below is from the [Public Health Recommendations for Environmental Cleaning and Disinfection of Public Facilities](#).

### General cleaning and disinfection

- **Cleaning** refers to the removal of visible dirt, grime and impurities. While cleaning does not kill germs, it can remove them from a surface.
- **Disinfection** refers to using chemicals to kill germs on surfaces. This is only effective after surfaces have been cleaned.
- In common areas, complete daily cleaning and disinfection of surfaces. Pay particular attention to doorknobs, light switches, staff rooms, desktops, washrooms and other high-touch surfaces.
- For high-traffic areas, increase the frequencies of cleaning and disinfection.
- To reduce the spreading of microorganisms, use a “wipe twice” procedure to clean and disinfect surfaces. First, wipe surfaces thoroughly to clean visibly soiled material, then wipe again with a clean cloth saturated with disinfectant to disinfect.
- Operators may use commercially available low-level disinfectants or prepare a low-level disinfectant onsite. Commercial low-level disinfectants must have a Drug Identification Number (DIN) and a manufacturer’s disinfection statement. Users should follow the manufacturer’s dilution and safety instructions when preparing disinfecting solutions.
  - Alternatively, a 100 ppm bleach water solution of 2 ml (½ teaspoon) of unscented household bleach to 1000 ml (4 cups) of water is also effective. Bleach does not have a DIN.
- Disinfectant concentrations must be tested regularly with test papers or other testing equipment unless it is premixed by the manufacturer and marked with an expiry date. Disinfectants must be used following the manufacturer’s instructions and may require a rinse step.

### Cleaning and disinfection during an outbreak

- If a site has a cluster of illnesses or an outbreak, increase the cleaning and disinfection frequencies in all areas. Operators should prioritize high-traffic areas and use an appropriate disinfectant on surfaces in common areas and high-touch surfaces.
- AHS may recommend specific disinfectants based on the type of outbreak. Please adhere to any additional recommendations provided by the AHS Public Health Outbreak Team at that time.

### Respiratory outbreaks

- Disinfectants must have a DIN and a broad-spectrum virucidal claim OR a virucidal claim against non-enveloped viruses or coronaviruses.
- Alternatively, operators can create a 1000 ppm bleach solution by mixing 20 ml (4 teaspoons) of unscented household bleach with 1000 ml (4 cups) of water. To effectively kill viruses, a surface should remain wet with the bleach water solution for at least one minute. Food contact surfaces or toys require a rinse with clean water.

### Gastrointestinal outbreaks

- Disinfectants must have a DIN and a specific claim against norovirus, feline calicivirus or murine norovirus. Alternatively, a 1000 ppm bleach solution may be used (see the instructions above).

## Appendix B: How to prevent the spread of illness

### Hand hygiene and covering a cough

Two of the most important ways to prevent illness are hand hygiene and covering a cough.

- Hand hygiene is the most effective way to stop the spread of illness.
  - Review and post [How to Wash Your Hands](#) and [How to Use Alcohol-Based Hand Rub](#) posters.
  - **Clean hands frequently with an alcohol-based hand sanitizer (minimum 70% alcohol) or soap and water.**
    - Use alcohol-based hand rub for hand hygiene unless hands are visibly soiled or when providing care for clients with diarrhea or vomiting.
    - Always use soap and water for hand hygiene when hands are visibly soiled or providing care for clients with diarrhea or vomiting.
  - **Make it easy to perform hand hygiene:**
    - Ensure sufficient hand hygiene stations and supplies are available and accessible to staff and clients (such as next to the cafeteria line and at entrances).
    - Provide soap and disposable towels.
    - Assist clients who are unable to perform hand hygiene independently.
  - **Hand hygiene is most important at the following times:**
    - Before, during and after preparing food
    - Before and after eating food
    - After coughing, sneezing or nose blowing
    - After going to the bathroom or using the toilet
    - After changing diapers or cleaning up a client that has used the toilet
    - Before and after contact with a symptomatic person
    - After touching dirty surfaces such as taps and doorknobs
    - After touching garbage.
  - Staff may have concerns with providing clients access to alcohol-based hand sanitizer. Staff may choose to apply hand sanitizer directly into client hands.

Cleaning hands well and often is one of the most effective ways to prevent or reduce the spread of germs that are responsible for many illnesses.

- **Covering a cough** (also known as respiratory etiquette) is essential to stop the spread of illness.
  - Review and post the [Cover Your Cough](#) poster.
    - Cover coughs and sneezes with a sleeve or tissue.
    - Dispose used tissues in a lined garbage.
    - Clean hands well after coughing or sneezing.

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## Personal protective equipment (PPE)

PPE is recommended whenever interacting with symptomatic clients or when in contact with their personal items or space. This includes cleaning any contaminated area. The contamination can happen from germs being left behind after the symptomatic person leaves.

- Review the poster [Routine Practices in Community-based Services](#) to identify what type of PPE is recommended.

PPE recommendations apply to clients with any symptoms identified in [Table A](#), including respiratory, gastrointestinal, and rash symptoms.

Use the [poster links](#) for detailed directions on PPE use for staff.

## General guidance on PPE

Always use hand hygiene before putting on PPE and after removing it.

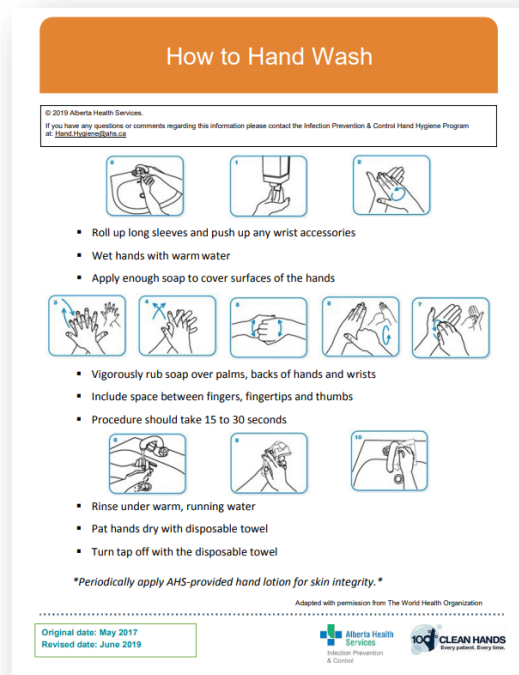
- **Mask:**
  - Always perform hand hygiene before putting on a mask and after removing a mask.
  - Replace the mask if it becomes wet, damaged, or soiled.
  - Do not reuse a disposable mask. Dispose of used masks in a lined garbage.
- **Eye protection:**
  - Use eye protection if there is any risk of sprays of body fluids (including when caring for clients who are actively vomiting or coughing).
    - Prescription eyeglasses are not considered eye protection. Refer to manufacturer instructions regarding whether eye protection is single use or if it can be cleaned and disinfected and then reused.
- **Clean gown and new gloves:**
  - Always perform hand hygiene before putting on and after removing gowns and gloves.
  - Gowns and gloves protect staff from contamination of their clothing.
  - Remove gowns and/or gloves after use and place in a lined garbage that is located immediately outside of the separate space.
    - This will prevent staff from walking through the shelter with a contaminated gown and/or gloves.
  - If using non-disposable gowns, follow shelter process for laundry.

## Poster links

This section has links and samples of posters that can be printed and used.

- [How to Hand Wash](#)
- [How to Use Alcohol-based Hand Rub](#)
- [Cover Your Cough](#)
- [Proper Glove Use at Part of Personal Protective Equipment Fact Sheet](#)
- [Modified PPE for Suspect or Confirmed COVID-19 in Vulnerable Populations](#)
- [Putting on \(Donning\) Personal Protective Equipment \(PPE\)](#)
- [Taking off \(Doffing\) Personal Protective Equipment \(PPE\)](#)


### [How to Hand Wash](#)




How to Use Alcohol-based Hand Rub

### How to Use Alcohol-based Hand Rub


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 If you have any questions or comments regarding this information please contact the Infection Prevention & Control Hand Hygiene Program at [Hand.Hygiene@alhs.ca](mailto:Hand.Hygiene@alhs.ca)



- Roll up long sleeves and push up wrist accessories
- Apply a palmful of AHS-provided ABHR to hands
- Rub all surfaces of your hands and wrists



- Include palms, fingers, fingertips and thumbs
- Rub until hands are completely dry



*\*Periodically apply AHS-provided hand lotion for skin integrity.\**

Adapted with permission from The World Health Organization

Original date: May 2017  
 Revised date: April 2019

Alberta Health Services  
 Infection Prevention & Control

100% CLEAN HANDS  
 Every patient. Every time.

Cover Your Cough

## Cover Your Cough

Stop the spread of germs that make you and others sick!



Cough or sneeze into your sleeve, not your hands

OR



Cover your mouth and nose with a tissue and put your used tissue in the waste basket

### Clean your hands after coughing or sneezing



Wash your hands with soap and warm water, for at least 20 seconds

OR



Clean hands with alcohol-based hand rub or sanitizer



You may be asked to put on a mask to protect others

Original date: October 2009  
 Revised date: January 2020

Alberta Health Services

Proper Glove Use as part of  
PPE

**Proper Glove Use as part of  
Personal Protective Equipment** July 2018

**Wearing gloves does not replace the need  
to perform proper hand hygiene.  
Hand hygiene must be performed  
both before and after wearing gloves.**

**Why wear gloves?**

- reduce soiling of healthcare workers hands with blood, body fluids.
- reduce the risk of spreading germs to patients, the environment, or healthcare workers.

**When should I wear gloves?**

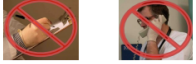
- before contact or potential contact with blood, body fluids, mucous membranes or non-intact skin.
- before contact with equipment or environment soiled with blood, body fluids.

**When should I NOT wear gloves?**

When there is no expected contact with mucous membranes, non-intact skin and when there is no assessed risk (PCEA) of exposure to blood and body fluids.


Examples include:

- taking blood pressure, temperature, or pulse
- bathing, dressing or feeding the patient (unless there is contact with blood or body fluids)
- phoning, charting, giving oral medications, replacing linens or assisting a patient with ambulation




**Important Points:**

- Hand hygiene must be performed before taking gloves from their container.
- **Hand hygiene** must be performed after glove removal since hands are considered contaminated even if gloves have been worn.
  - Micro-leaks can be present in gloves.
- **Change** gloves and perform hand hygiene between each patient.
- **Change** gloves and perform hand hygiene between procedures on the same patient.
- **Do not double glove for routine care.**
- Do not wash gloves or use alcohol based hand rub on them.




Adapted from: AHS Central Zone Glove Fact Sheet July 2012  
For more information, contact Infection Prevention and Control  
infectionpreventioncontrol@ahs.ca



Modified PPE for Suspect or  
Confirmed COVID-19 in  
Vulnerable Populations

**Modified PPE for Suspect or Confirmed COVID-19  
in Vulnerable Populations outside of Healthcare Facilities**



**Decide on the task prior to each patient interaction**

Any task that requires more invasive care, or potential contact of blood or bodily fluids:

- Non intact skin contact
- Nasopharyngeal swab (NP)
- Blood or bodily fluid exposure\*
- Physical exam
- Administering injectable medication

Wear non-sterile gloves, clean gown, surgical mask with visor or mask and eye protection

PUT ON	TAKE OFF
1. Clean hands	1. Remove gloves
2. Put on clean gown	2. Clean hands
3. Put on mask with visor or mask and eye protection	3. Remove gown
4. Put on new gloves	4. Clean hands
	5. Remove mask with visor or mask and eye protection
	6. Clean hands

\*Blood and body fluids includes: urine, feces, wound drainage, saliva, vomit, CSF, sputum, nasal secretions, semen, vaginal secretions.

Any task that are minimally invasive:

- Intact skin contact
- Talking to the patient
- Vital sign monitoring
- Simple assessments
- Administering medication
- Distributing food/supplies


Wear surgical mask with visor or mask and eye protection

PUT ON	TAKE OFF
1. Clean hands	1. Clean hands
2. Put on mask with visor or mask and eye protection	2. Remove mask with visor or mask and eye protection
3. Clean hands	3. Clean hands


**TIPS**

- Open mask fully to cover from nose to below chin.
- If the mask has a nose bar, pinch around your nose.
- Avoid touching the mask or your face under the mask.
- If the mask becomes damp, clean your hands and replace the mask.
- Do not touch the front of the mask. Remove using the ties or elastic loops.
- Never reuse masks.
- Mask is to be worn with blue side out.

ahs.ca/covid



Healthy Albertans.  
Healthy Communities.  
Together.





## Putting on (Donning) PPE

### Putting on (Donning) Personal Protective Equipment (PPE)

#### 1 Hand hygiene



**A** Using an alcohol-based hand rub is the preferred way to clean your hands.

**B** If your hands look or feel dirty, soap and water must be used to wash your hands.

#### 3a N95 respirator

There are different styles of N95 respirators (pictured below). They include a) mottled cup, b) flat-fold, and c) v-fold.



All styles have the same basic steps for donning. Refer to the manufacturer for specific donning instructions.



**A** Pre-stretch both top and bottom straps before placing the respirator on your face.

**B** Cup the N95 respirator in your hand.

**C** Position the N95 respirator under your chin with the nose piece up. Secure the elastic band around your head so the N95 respirator stays in place.

**D** Use both hands to mold the metal band of the N95 respirator around the bridge of your nose.

**E** Fit check the N95 respirator.

#### 2 Gown



**A** Make sure the gown covers from neck to knees to wrist.

**B** Tie at the back of neck and waist.

#### 4 Eye protection or face shields



- Place over the eyes (or face).
- Adjust to fit.

#### 3b Procedure/Surgical mask



- Secure the ties or elastic around your head so the mask stays in place.
- Fit the moldable band to the nose bridge. Fit snugly to your face and below chin.

#### 5 Gloves



- Pull the cuffs of the glove over the cuffs of the gown.

For more information contact [ipc@albertahealthservices.ca](mailto:ipc@albertahealthservices.ca)


Alberta Health Services  
Infection Prevention & Control

Original date: May 2014  
Revised date: April 13, 2021  
ECC Approved: April 14, 2021

## Taking off (Doffing) PPE

### Taking off (Doffing) Personal Protective Equipment (PPE)

#### 1 Gloves



**A** Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside out.


**B** Hold the glove in the opposite gloved hand.

**C** Slide an ungloved finger or thumb under the wrist of the remaining glove.

**D** Peel the glove off and over the first glove, making a bag for both gloves.

Put the gloves in the garbage.

#### 3 Gown



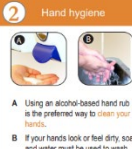
**A** Carefully unfasten ties.

**B** Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.

**C** Turn the gown inside out during removal.

Put in hamper or, if disposable, put in garbage.


#### 2 Hand hygiene



**A** Using an alcohol-based hand rub is the preferred way to clean your hands.


**B** If your hands look or feel dirty, soap and water must be used to wash your hands.

#### 5 Eye protection or face shield



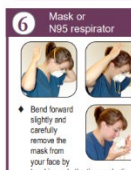
- Handle only by headband or ear pieces.
- Carefully pull away from face.
- Put reusable items in appropriate area for cleaning.
- Put disposable items into garbage.

#### 4 Hand hygiene



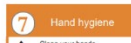
- Clean your hands. (See No. 2)
- Exit the patient room, close the door and clean your hands again.

#### 6 Mask or N95 respirator



- Band forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
- Start with the bottom tie, then remove the top tie.
- Throw the mask in the garbage. There are different styles of N95 respirators but all styles have the same basic steps for doffing.

#### 7 Hand hygiene



- Clean your hands. (See No. 2)

For more information contact [ipc@albertahealthservices.ca](mailto:ipc@albertahealthservices.ca)

Alberta Health Services  
Infection Prevention & Control

Original date: May 2014  
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## Appendix C: Supporting symptomatic clients

### Keeping symptomatic clients away from others in a shelter

It is critical to keep symptomatic clients away from others to stop the spread of illness.

- Factors that impact the ability to keep symptomatic clients away from others include:
  - The physical layout of the shelter
  - The number of clients
  - Staff availability
  - Types of services offered.
- All symptomatic clients need access to food, drinks, and their medications, even when they are staying away from others during illness. Consider the following modifications:
  - When possible, keep clients away from others to decrease the person-to-person spread of illness.
    - See [Table C](#) for information on strategies to support clients with respiratory illness.
    - See [Table D](#) for information on strategies to support clients with gastrointestinal illness.
  - Place symptomatic clients in areas where more supervision can occur. Watch for worsening symptoms.
  - Consider using positive incentives to support clients staying away from others.
  - Consider modifying policies related to smoking, drugs or alcohol use during an outbreak.
    - Consider offering substance use management, providing stimulating activities, and offering smoking supports.
  - Implement strategies to handle aggressive or uncooperative clients (such as using de-escalation techniques).

**Table C: Strategies to support clients with respiratory illness to stay away from others**

Separate washroom
<ul style="list-style-type: none"> <li>• <b>Private washroom:</b> dedicate a private washroom for use by the symptomatic client. More frequent cleaning and disinfection of the washroom is recommended.</li> <li>• <b>Shared washroom:</b> increase frequency of cleaning to between every use, or hourly if that is not possible.</li> </ul>
Private space based on shelter capacity (choose most appropriate option)
<ul style="list-style-type: none"> <li>• <b>Private room/area:</b> Symptomatic clients are recommended to remain in a private room with meal service.</li> <li>• <b>Separate dorm or wing:</b> When it is not possible to keep symptomatic clients in private rooms, staff may consider isolating clients with respiratory symptoms together in a separate room/area/floor or wing.</li> <li>• <b>No separate space available:</b> When it is not possible to keep symptomatic clients in a private room or separate dorm or wing, place beds/mats at least two metres apart. Alternate beds/mats head-to-toe.                             <ul style="list-style-type: none"> <li>○ In larger rooms, use temporary physical barriers between beds/mats such as sheets or curtains. Clean when visibly dirty and when the client is no longer using the space.</li> <li>○ Determine if alternative sleeping arrangements are required, in consultation with the AHS Public Health Outbreak Team.</li> </ul> </li> </ul>

**Table D: Strategies to support clients with gastrointestinal illness to stay away from others**

<b>Separate washroom</b>
<ul style="list-style-type: none"><li>• <b>Private washroom:</b> Dedicate a private washroom for use by the symptomatic client. More frequent cleaning and disinfection of the washroom is recommended.</li><li>• <b>Shared washroom:</b> Increase frequency of cleaning to between every use, or hourly if that is not possible.</li></ul>
<b>Private space based on shelter capacity (choose most appropriate option)</b>
<ul style="list-style-type: none"><li>• <b>Private room/area:</b> Symptomatic clients (those with vomiting or diarrhea) are recommended to remain in a private room with meal service until they have not had vomiting or diarrhea for 48 hours.</li><li>• <b>Separate dorm or wing:</b> When it is not possible to keep symptomatic clients in private rooms, staff may consider isolating clients with GI illness together in a separate room/area/floor or wing.</li><li>• <b>No separate space available:</b> When it is not possible to keep symptomatic clients in a private room or separate dorm or wing, place beds/mats at least one meter apart. Alternate beds/mats head-to-toe. In larger rooms, use temporary physical barriers between beds/mats such as sheets or curtains. Determine if alternative sleeping arrangements are required, in consultation with the AHS Public Health Outbreak Team.</li></ul>