Guidelines for Outbreak Prevention, Management and Control in Emergency Shelters and Transitional Housing Sites

2013

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Acknowledgments

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Some of the material contained in this updated provincial document has been taken from various zone guidelines across the province as well as previous provincial guidelines developed by the AHS Outbreak Management team. We acknowledge and thank individuals, program managers and leads as well as the Medical Officers of Health who have contributed their comments and suggestions in the development of this document.

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Glossary of Terms

**Acute Care** - Includes all urban and rural hospitals, psychiatric facilities and urgent care facilities.

**Close Contact** - Any person suspected to have been exposed to an infected person or environment and had the opportunity to become infected or colonized with the germs.

**AHS** - Alberta Health Services.

**Emergency Shelters** – Facilities that provide overnight accommodation to individuals who have no permanent address.

**Gastrointestinal (GI) Illness** - For GI case and outbreak definitions refer to Section 2: Gastrointestinal (GI) Illness.

**ILI** - influenza-like-illness. For ILI case and outbreak definitions, refer to Section 2 - Influenza-like-illness.

**MOH** - Medical Officer of Health; a physician with specific training and expertise in public health given authority under the Alberta *Public Health Act* to protect the health of the community including control of communicable disease.

**Medical Officer of Health (MOH) Designate** – A member of the public health staff designated by the Zone Medical Officer of Health to assist with outbreak management in the Zone. This may also be the zone Outbreak Response Lead.

**Outbreak** - The occurrence of more cases of a communicable disease than expected in a given area or among a specific group of people over a defined period of time.

**Personal Protective Equipment (PPE)** – Refers to protective clothing or equipment used by staff, service providers and/or volunteers who work directly in areas with clients/residents. PPE protects from disabling injury or illness, including exposure to an infectious agent.

**Shelter or Transitional Housing Facility Director/Designate** – The charge person or the most accountable staff member at a facility.

**Transitional Housing** – Facilities that provide temporary accommodation (usually six months to two years) for individuals who wish to stabilize their housing situation while resolving other issues in their lives, such as unemployment, addictions, education and violence. Transitional Housing units typically have access to a mix of supportive services that enable an individual to move towards self-sufficiency.

**Visitor** - Anybody entering the facility who is not a paid staff member or a client/resident, for example service providers, contractors, and volunteers.
Emergency shelters often have one or more common dining, sleeping or bathroom facilities as well as frequent overcrowding. Under these circumstances, transmission of common communicable diseases from an infected person is more likely to occur, either by person-to-person spread or contaminated object-to-person spread. Homeless individuals may also have underlying medical conditions that put them at greater risk for serious outcomes from infectious diseases.

AHS recognizes that limited staffing, physical lay-out, shared accommodation, communal areas and programming at facilities can pose challenges for implementing the recommendations outlined in this document. In recognizing these challenges, many of the recommendations suggest different options that could be used. It is also anticipated that facilities may develop their own custom options to meet the recommendations of the Medical Officer of Health/designate when developing their contingency plans for outbreaks of communicable diseases.

The notification of outbreaks and other infectious disease threats to public health in Alberta is required under Section 26 of the provincial Public Health Act. The Medical Officer of Health (MOH) is responsible for appropriate outbreak response (Section 29).

In order to best serve the residents of Alberta, Alberta Health Services (AHS) has divided the province into five zones (see Figure 1, page 5). Under the leadership of the Senior Medical Officer of Health for Alberta Health Services, each zone is supported by zone-specific Medical Officers of Health. The Zone Medical Officers of Health have designated Public Health staff to assist with outbreak management in each Zone (Table 1). In this guideline, they are referred to as the Medical Officer of Health (MOH)/designate.

Purpose

The purpose of this document is to provide guidelines for outbreak prevention, control and management in Alberta’s Emergency Shelters and Transitional Housing facilities.

The focus of these guidelines is for emergency homeless shelters. Some transitional housing sites have home living or supportive living areas. As there are already guidelines in place for home living/supportive living facilities in Alberta, these guidelines would be used if there was a communicable disease outbreak. The Zone MOH/Designate will determine if the guidelines for Supportive Living and Home Living Facilities (www.albertahealthservices.ca/Diseases/hi-dis-flu-care-and-treat-guidelines.pdf) or guidelines for Emergency Shelters and Transitional Housing are most suitable to manage the situation.

What is the Goal of Outbreak Management Guidelines?

The goal of this document is to provide current best-practice/evidence-based outbreak management guidelines that help reduce the spread of communicable disease outbreaks in Emergency Shelters and Transitional Housing facilities. Early recognition of unusual activity and swift response are essential for effective management of outbreaks.
Alberta Health Services will work collaboratively with Emergency Shelters and Transitional Housing facilities to facilitate prompt response to help minimize the impact and manage the spread of common communicable disease outbreaks (e.g. Influenza-like illnesses, gastrointestinal illnesses, scabies etc.).

There are several important activities in outbreak management that will be recommended by the MOH/designate to be carried out in order to achieve these goals. These activities are described in the following sections of this guideline:

Section 1: General Guidelines for Outbreak Management
Section 2: Influenza-like Illness (ILI) Outbreak Management
Section 3: Gastrointestinal (GI) Illness Outbreak Management
Section 4: Scabies Outbreak Management

Note: This is not a complete infection prevention and control document. Only the minimum infection control strategies necessary for managing outbreaks of influenza-like illness, gastro-intestinal illness or scabies outbreaks are outlined here. For more detailed information about infection prevention and control or information about other types of disease outbreaks, please contact your Zone Medical Officer of Health/designate (see Table 1).

Who do you contact in Alberta Health Services with questions about communicable disease outbreaks?
If you have questions or concerns about communicable diseases or outbreaks, please contact the Zone Medical Officer of Health/designate in your area. There are five geographic areas (zones) in Alberta Health Services as shown on the map on the next page.

Table 1 provides contact information for notification of outbreaks or for questions about communicable diseases. During regular business hours (8:30 a.m. – 4:30 p.m.) two sets of contact numbers appear:
- Environmental Public Health (EPH) – designated by the Zone MOH to assist with the outbreak management of gastrointestinal illnesses.
- Communicable Disease Control (CDC) – designated by the Zone MOH to assist with all other outbreaks.

If you are unsure which contact number to call, contact the Communicable Disease Control Lead who will assist you. After regular hours and on weekends there is one on-call number for each Zone.
Figure 1. Alberta Health Services Zone Map
Table 1: AHS Zone Medical Officer of Health/Designate Contacts *
(Regular and After Hours)

<table>
<thead>
<tr>
<th>AHS ZONE</th>
<th>REGULAR HOURS</th>
<th>AFTER HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone 1 South</td>
<td>Communicable Disease Control</td>
<td>CDC Intake</td>
</tr>
<tr>
<td></td>
<td>Environmental Public Health</td>
<td>EPH CDC Lead</td>
</tr>
<tr>
<td>Zone 2 Calgary</td>
<td>Communicable Disease Control</td>
<td>CDC Intake</td>
</tr>
<tr>
<td></td>
<td>Environmental Public Health</td>
<td>EPH Disease Control</td>
</tr>
<tr>
<td>Zone 3 Central</td>
<td>Communicable Disease Control</td>
<td>CDC Intake</td>
</tr>
<tr>
<td></td>
<td>Environmental Public Health</td>
<td>24 Hour Intake</td>
</tr>
<tr>
<td>Zone 4 Edmonton</td>
<td>Communicable Disease Control</td>
<td>CDC Intake Pager</td>
</tr>
<tr>
<td></td>
<td>Environmental Public Health</td>
<td>EPH</td>
</tr>
<tr>
<td>Zone 5 North</td>
<td>Communicable Disease Control</td>
<td>CDC Intake</td>
</tr>
<tr>
<td></td>
<td>Environmental Public Health</td>
<td>EPH</td>
</tr>
</tbody>
</table>

* Updated July 2017
Roles and Responsibilities

This section describes the proposed roles and responsibilities for Alberta Health Services, Alberta Human Services and Emergency Shelters and Transitional Housing Facilities. These roles are subject to review with Alberta Human Services and facility operators as a part of the draft guideline review process.

What are Zone Medical Officer of Health/designates roles?
As stated in the Public Health Act Sections 26 and 29, the Zone Medical Officers of Health (MOH) have responsibility for appropriate outbreak response within their respective zones. This includes the following:

- Provide Alberta Health Services contact information for reporting outbreaks and for questions.
- Distribute the Guidelines for Outbreak Prevention, Control and Management in Emergency Shelters and Transitional Housing Facilities as appropriate.
- Provide Facilities with information on how to identify potential outbreaks.
- Provide consultation on any reports of suspected outbreaks.
- Determine the need to initiate an outbreak investigation.
- Advise on the appropriate outbreak control measures and then work collaboratively with Emergency Shelter/Transitional Housing staff to implement these recommendations.
- Declare the outbreak investigation over.
- Respond to any questions or concerns about managing outbreaks.
- Work with facility staff to determine education and training needs.
- Work collaboratively with facility staff and community health care providers to assist in obtaining treatment for outbreak management and control where appropriate.

What are Alberta Human Services roles?
As funder of Emergency Shelter and Transitional Housing Facilities, Alberta Human Services role is to work with shelters/transitional housing facility staff to ensure contingency planning is in place for communicable disease outbreaks. This includes:

- Isolation supplies and equipment (see Appendix A and B).
- Personal protective equipment (see Appendix B).
- Hand hygiene supplies and equipment (see Appendix C).
- Supply and staffing plans for increased cleaning and disinfection recommendations for outbreak management (see Appendix E).

What are Alberta Health’s roles?

- Alberta Health is the ministry that sets policy, legislation and standards for the health system in Alberta.
- Provides funding for drugs and vaccines used in response to outbreaks including influenza, head lice and body lice outbreaks and scabies (see Section 4: Scabies).
- Create and Maintain Alberta’s Notifiable Disease (ND) Guidelines. The ND guidelines outline the recommended practices for the follow-up of selected
What are the Emergency Shelter/Transitional Housing staff roles?

- Monitor client/resident and staff populations to identify unusual patterns of illness at your site.
- Develop contingency plans to address the recommendations listed in the guidelines.
- Train and educate staff regarding the outbreak guidelines. Contact Alberta Health Services with questions about training and educating staff, if needed.
- Contact the Zone Medical Officer of Health/designate if you think there may be an outbreak (Table 1).
- Implement the initial infection prevention measures as recommended by the Zone Medical Officer of Health/designate (see Section 1).
- Implement the specific communicable disease outbreak guidelines as recommended by the Zone Medical Officer of Health/designate. These recommendations may be challenging but are important to prevent or control the spread of disease.
- Work with Alberta Health Services public health, Alberta Health and local health care professionals to access outbreak management clinical assessments and treatment where appropriate.
- Provide timely updates to the Zone Medical Officer of Health/designate during the course of an outbreak investigation.
- If you have any questions or concerns about the guidelines contact the Zone Medical Officer of Health/designate in your area (see Table 1).
How are gastrointestinal, influenza-like illnesses and scabies spread?
Germs can be transmitted directly from person-to-person when in contact with infectious material. **The more crowded an area is the more likely transmission will occur.**

For example, if an infected person coughs or sneezes into their hands but doesn’t wash them well and then touches a surface (e.g., a doorknob), when someone else touches that doorknob, that person’s hands may now have germs on them. If that person doesn’t wash their hands well and rubs their eyes or touches their nose or mouth, they could become ill as well. Similarly, if someone has diarrhea and doesn’t wash their hands well after using the toilet, they can contaminate a tap or doorknob, or even food that they touch, and cause illness in someone who touches that surface or eats that food.

What are some general strategies that can help manage and prevent spread of common communicable diseases?

(i) Monitor, Identify and Report
Emergency shelter and transitional housing staff should regularly watch for unusual patterns of illness in clients and staff at their site (e.g., diarrhea, vomiting, fever, cough or rash illness). This can be a challenge for large shelter settings, however, the more effective the monitoring the earlier an outbreak can be detected and the easier it will be to bring under control.

When a higher than normal number of people with similar types of illness is identified over a short period of time (a few days), the facility should report this to the Zone MOH/designate promptly (Refer to Table 1: AHS Zone Public Health Contacts). If you are uncertain if there is more illness than is normally expected, contact your Zone MOH/designate who can assist you.

(ii) How does the Zone MOH or representative help?
When a suspected outbreak is reported to the Zone MOH/designate, they will assist you and your staff by providing information to help prevent further spread of the illness at your site. To do this, they need information about the potential outbreak, including:

- Reviewing the symptoms of ill individuals with you to see if they meet case definitions for communicable diseases (see Section 2, 3 and 4).
- Asking you when the illnesses started and how many individuals are ill in the facility to see if it is higher than would normally be expected.
- Asking you to track and report if more clients/residents are ill with the same symptoms so illnesses can be identified quickly and to what extent illness is spreading through your facility.

(iii) Implement Initial Infection Prevention and Control Measures
Outlined below are some general infection prevention and control measures that apply to all communicable diseases. If there is an outbreak in your facility, you will be advised to implement these measures. Later in this guideline, there are some disease-specific
measures that may also be recommended (see Section 2 influenza-like illnesses, Section 3 gastrointestinal illnesses and Section 4 scabies).

a) Hand Hygiene

Hand hygiene is one of the most effective ways to prevent or reduce the spread of germs that are responsible for many illnesses. Client and staff hands should be cleaned frequently with an alcohol-based hand sanitizer (minimum 70% alcohol) or soap and water. Anything that can be done to reduce barriers to hand hygiene, e.g. hand sanitizer next to the cafeteria line, providing soap and disposable towels etc. is best done before an outbreak arrives. It is recognized that facility staff may have concerns with providing clients access to alcohol-based hand sanitizer; to address this concern, staff may choose to apply hand sanitizer directly into client hands.

Hand hygiene is most important at the following times:
- before eating or preparing food,
- after coughing, sneezing, or blowing your nose,
- before and after contact with a ill person,
- after touching dirty surfaces such as taps and doorknobs, and
- after going to the bathroom.

See Appendix C – Hand Hygiene

b) Respiratory Etiquette

Respiratory etiquette is also essential in preventing the spread of illness - Quite simply it is the right way to cover your cough! (See Appendix D):

3 Key Elements of Respiratory Etiquette
1. Covering cough/sneeze with a sleeve or tissue
2. Disposing of used tissues in garbage
3. Cleaning hands after coughing or sneezing
c) Isolation of Symptomatic People

• When possible, isolate ill people from others to decrease the person-to-person transmission of germs. Emergency shelters and transitional housing facilities face unique challenges when trying to limit contact with ill clients/residents due to factors such as physical layout, shared accommodations, communal bathroom and dining facilities, and limited staffing/resources. Appendix A outlines some strategies as well as options for isolating ill clients/residents.

d) Staffing Considerations

• Anyone interacting with ill and potentially contagious people can reduce their risk of exposure to infected body secretions by wearing Personal Protective Equipment (PPE). Facilities should have PPE available when needed. Facilities will also need to provide training on how to put PPE on and take it off (See Appendix B – Personal Protective Equipment).

• Staff can also become sources of infection if they become ill. They should monitor themselves closely and stay home while they are ill. This is particularly important for food service workers who have vomiting and/or diarrhea. The Zone MOH/Designate can advise you when ill staff can return to work.

• The Zone MOH/designate may also advise you to minimize the movement of staff and clients during an outbreak of a contagious disease. This can help prevent the spread of the illness to areas that are not affected by illness (See Appendix A – Isolation Strategies).

e) Increased Cleaning and Disinfection

During an outbreak it is important to increase the frequency of cleaning and disinfecting of high touch surfaces. Some viruses can survive for several days on some surfaces.
Staff doing the cleaning and disinfecting (including those handling dirty laundry) during an outbreak, should wear gloves and gowns. There is information about Personal Protective Equipment in Appendix B.

Also refer to Appendix E – Increased Cleaning and Disinfection during an Outbreak.

    f) Food handling
Germs from ill clients/staff (or from contaminated surfaces) can be transferred to food. During an outbreak, facilities should reinforce routine food safety and sanitation practices. Where possible, implement measures to minimize client/resident handling of shared food and items that may touch another client’s/resident’s food, such as:

- Dispense food onto plates for clients/residents
- Minimize client/resident handling of multiple sets of cutlery
- Remove shared food containers from dining areas (e.g. shared pitchers of water, shared coffee cream dispensers, salt & pepper shakers, etc.)
- Dispense snacks directly to clients/residents and use pre-packaged snacks only
- Ensure that food handling staff:
  - Practice good hand hygiene
  - Stay at home if they are ill
- Ensure that all surfaces of the tables and chairs (including the underneath edge of the chair seat) are cleaned and disinfected after each meal.
- Staff assigned to housekeeping duties should not be involved in food preparation or food service.

Please note that the use of disposable plates and cutlery by ill clients/residents is not required during outbreaks. Please contact the Zone MOH/designate with any questions.

    (iv) Consider Cancelling Group Activities
The Zone MOH/designate may recommend canceling scheduled client/resident events that involve groups of individuals, including church services, 12 step meetings etc. Continuing with these events during an outbreak can put additional people at risk of becoming ill.

On-going Monitoring
It is important that your staff are always watching for unusual patterns of illness.
Communication
The Zone MOH/designate will advise the facility:
- To inform staff, service providers and volunteers that an outbreak is being investigated in the facility
- To discourage ill staff, service providers and volunteers from being at the facility
- To ensure appropriate PPE is used
- To advise site visitors (see definition) to perform hand hygiene on arrival and exit and limit their movement throughout the facility

Declaring Outbreak Over
Outbreak restrictions remain in place until the outbreak has been declared over by the Zone Medical Officer of Health (MOH) or designate.
**What is ILI?**

**CASE DEFINITION FOR ILI:**

Acute (new) onset of respiratory illness with fever (greater than 38°C) and cough, AND one or more of the following:

- Sore throat
- Joint pain
- Muscle aches
- Severe exhaustion

In children under age 5, gastrointestinal symptoms may also be present.

In persons under 5 or 65 and older, fever may not be prominent.

**How is ILI spread?**

ILI is often caused by viruses that are transmitted by the droplets coughed or sneezed into the air by infected people. The droplets can travel for up to 2 meters and land directly on the mucous membranes of the eyes, nose, lips or mouth of another person and infect them. The droplets can also cause disease if they land on a surface and then later come in contact with someone’s mucous membranes, often through hand contact (e.g. a doorknob). The more crowded an area is the more likely transmission will occur.

**When is a person with ILI infectious?**

**From about one day before symptoms develop up to eight days after symptoms appear.**

Unfortunately this means that the person can transmit the disease even before they know they are ill. However, regular and frequent hand hygiene together with good respiratory etiquette will still protect people.
How can you prevent the spread of ILI in your facility?

(i) **Immunize your staff and clients.**
   
a) **Seasonal influenza vaccine**
   One of the most important measures to prevent infection with and spread of influenza viruses is for everyone to be immunized every year before influenza season arrives (between mid-October and April). Annual seasonal influenza vaccine is available, free of charge, from mid-October from your community health care provider or Public Health Centre.

Since the influenza virus is always changing, the seasonal influenza vaccine is updated each year based on the recommendations of the World Health Organization (WHO).

- The seasonal influenza vaccine contains the influenza virus strains most likely to circulate in the coming year. This means you need to get immunized every year.
- Seasonal influenza vaccine helps to protect people against infection with seasonal influenza.
- It takes about two weeks for the individual to develop protection from the vaccine.

There are other vaccines that may be recommended for your clients/residents. Please call Health Link Alberta at 811 for information regarding where to access vaccine in your community or view the clinic schedules for influenza vaccine on the Alberta Health Services website at the following link: [www.albertahealthservices.ca/influenza.asp](http://www.albertahealthservices.ca/influenza.asp).

(ii) Monitor clients/residents to ensure recognition of outbreaks as early as possible.

The earlier an outbreak of ILI is identified, the earlier control measures can be started to minimize the impact and manage the spread of ILI. To the best of your ability, continually monitor your clients, staff and volunteers for signs and symptoms of ILI.

(iii) Identify potential ILI illness using the case definition

See the case definition listed above or if you are unsure contact the Zone MOH/designate.

(iv) Recognize when there may be an outbreak

In general, an outbreak of ILI would be an increase in the number of people who are ill with ILI symptoms and is more than what is normally expected for your facility. The Public Health Agency of Canada defines an ILI outbreak as two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case.

If you are unsure if there is an outbreak, contact the Zone MOH/designate for your area (See Table 1: AHS Zone Public Health Contacts).

(v) Report ILI outbreaks to the Zone MOH/Designate

See Table 1: AHS Zone Public Health Contacts

It is important to report ILI outbreaks to the Zone MOH/Designate as soon as possible using the zone contact information from Table 1. The Zone MOH/designate can provide the best information to help bring the outbreak to an end sooner.

The type of information needed to assess the ILI illness at your facility includes, but is not limited to:
- name, address, and main telephone number of Facility
- facility contact for the MOH/designate (It is helpful if this person is familiar with the infection control and outbreak protocols)
- total number of clients/residents and staff at the facility
- number of clients/residents and staff affected
- onset date of symptoms
- ILI symptoms that are being noticed
- duration of illness in ill client/residents
- information regarding any medical assessment or physician diagnosis
- severity of the illness (hospitalizations, deaths)
- any infection control measures that have already been implemented

(vi) Implement the Initial Infection Prevention and Control Measures

a) Hand Hygiene

See Appendix C for information on hand hygiene.

b) Respiratory Etiquette

See Appendix D for information on respiratory etiquette.
c) Isolation of Symptomatic People
See Appendix A for Isolation Strategies.

d) Staffing Considerations
See Section 1; Initial Infection Prevention and Control Measures

e) Increased Cleaning and Disinfection
See Appendix B – Personal Protective Equipment and Appendix E – Increased Cleaning and Disinfection During and Outbreak

f) Food Handling
See Section 1; Initial Infection Prevention and Control Measures

g) Consider Cancelling Group Activities
See Section 1; Initial Infection Prevention and Control Measures

What should you communicate during an ILI Illness outbreak?

- Inform all staff, volunteers, clients/residents and service providers that an ILI outbreak is occurring in the facility.
- Site visitors should be asked to report to reception where they would be advised of personal precautions including proper hand hygiene before and after visiting.
- Encourage staff, volunteers and service providers not to work when they are ill. Encourage any site visitors not to visit when they are ill.

When should you seek medical care for a client/resident with ILI illness?
When possible, ill clients/residents should be cared for at the facility. It is important to plan on the assumption that not all individuals who are ill need to be hospitalized. Facilities should provide food and water to isolated individuals and designate a staff person to be their contact. Ill individuals should seek medical attention if their symptoms worsen and they exhibit any of the following: high fever/chest pain/shortness of breath; decreased level of consciousness; confusion; severe dehydration (sunken eyes, decreased urination, leathery skin). It may be necessary to call 9-1-1 if an individual needs emergency care.

Advice for care of ill individuals can be obtained by calling Health Link Alberta or on-line health information can be accessed on the My Health Alberta website at the following link: https://myhealth.alberta.ca/health/pages/conditions.aspx?hwid=hw122012

If you are unsure what type of medical care is needed (clinic or emergency care) or have a client who does not have a family doctor, Health Link Alberta can provide information about diseases and treatments and can help you to find the appropriate medical care. Contact Health Link Alberta: 811
**When is the ILI outbreak declared over?**
The Zone Medical Officer of Health/designate will ask shelter staff to continue to monitor for and report cases of new illness. Outbreak measures remain in place until the outbreak has been declared over by the Zone MOH/designate. For ILI outbreaks, the Zone MOH/designate will declare the outbreak over once levels of illness return to what is considered normal for that facility.

**Watching for ILI after the outbreak**
It is important to continue to monitor for ILI in clients in the few days after the outbreak is over. Contact the Zone MOH/Designate if new, unusual levels of ILI are observed after the outbreak is over.
What is GI illness?

CASE DEFINITION FOR GI ILLNESS:

At least ONE of the following criteria must be met and not be attributed to another cause (e.g. Clostridium difficile diarrhea, medication, laxatives, diet or prior medical condition etc.):

- 2 or more episodes of diarrhea (i.e. loose or watery stools) in a 24 hour period, above what is normally expected for that individual, OR
- 2 or more episodes of vomiting in a 24 hour period, OR
- 1 or more episodes of vomiting AND diarrhea in a 24 hour period, OR
- One episode of bloody diarrhea

How is Gastrointestinal (GI) Illness spread?
Gastrointestinal illness (vomiting or diarrhea) is sometimes caused by a virus (such as norovirus). It can be transmitted directly from person-to-person or indirectly from the environment (e.g. a doorknob). People with GI illness may shed millions of virus into the environment from their vomit or stool. The more crowded an area is the more likely transmission will occur.

When is a person with GI illness infectious?

Usually, while ill with vomiting or diarrhea and up to 48 hours after these symptoms disappear.
Unfortunately this means that the person can transmit the disease for a short period even after the symptoms go away. However frequent hand washing, will still protect people.

**How can you prevent the spread of GI Illness in your facility?**

(i) **Monitor clients/residents to ensure recognition of outbreaks as early as possible**

The earlier an outbreak is identified the earlier control measures can be started to minimize the impact and manage the spread of GI illnesses. Continually monitor clients, volunteers and staff to see if they meet the case definition for gastrointestinal illness that appears above.

(ii) **Identify potential GI illness in clients/residents using the GI illness case definition**

See the case definition listed above

(iii) **Recognize when there may be an outbreak of GI illness**

In general, an outbreak is “more of an illness than we’d expect”, and so it is facility staff that will know best if a GI illness outbreak is occurring at the Emergency Shelter or Transitional Housing site. One suggested definition of a gastrointestinal illness outbreak is two or more clients of a facility ill with GI illness, with initial onset within 48 hours of each other. If you are unsure if there is an outbreak, contact the Zone MOH/designate for your area (See Table 1: AHS Zone Public Health Contacts).

(iv) **Report GI Illness outbreaks to the Zone MOH/Designate**

It is important to report GI illness outbreaks to the Zone MOH/designate as soon as possible. They can provide the best information to help bring the outbreak to an end sooner.

The following information that is needed to assess the GI illness at your facility includes, but is not limited to:

- name, address, and main telephone number of Facility
- facility contact for the MOH/designate (It is helpful if this person is familiar with the infection control and outbreak protocols)
- total number of clients/residents and staff at the facility
- number of clients/residents and staff affected
- onset date of symptoms
- GI symptoms that are being noticed
- duration of illness in ill client/residents and staff
- information regarding any medical assessment or physician diagnosis
- any infection control measures that have already been implemented

(v) **Implement the Initial Infection Prevention and Control Measures**

a) **Hand Hygiene**

See Appendix C for information on hand hygiene.
b) Isolation of Symptomatic People
See Appendix A for Isolation Strategies.

c) Staffing Considerations
See Section 1; Initial Infection Prevention and Control Measures

d) Increased Cleaning
See Appendix B – Personal Protective Equipment and Appendix E – Increased Cleaning and Disinfection During and Outbreak

e) Food Handling - see Section 1; Initial Infection Prevention and Control Measures

f) Consider Cancelling Group Activities
See Section 1; Initial Infection Prevention and Control Measures

What should you communicate during a GI Illness outbreak?

- Inform all staff, volunteers, clients/residents and service providers that a GI illness outbreak is occurring in the facility.

- Site visitors should be asked to report to reception where they would be advised of personal precautions including proper hand hygiene before and after visiting.

- Encourage staff, volunteers and service providers not to work when they are ill. Encourage any site visitors not to visit when they are ill.

When should you seek medical care for a client/resident with GI illness?

When possible, ill clients/residents should be cared for at the facility. It is important to plan on the assumption that not all individuals who are ill need to be hospitalized. Facilities should provide food and water to isolated individuals and designate a staff person to be their contact. Ill individuals should seek medical attention if their symptoms worsen and they exhibit any of the following: decreased level of consciousness; bloody diarrhea; confusion; severe dehydration (sunken eyes, decreased urination, leathery skin). It may be necessary to call 9-1-1 if an individual needs emergency care.

Advice for care of ill individuals can be obtained by calling Health Link Alberta or on-line health information can be accessed on the My Health Alberta website at the following link: https://myhealth.alberta.ca/health/pages/conditions.aspx?hwid=hw122012

If you are unsure what type of medical care is needed (clinic or emergency care) or have a client who does not have a family doctor, Health Link Alberta can provide information about diseases and treatments and can help you to find the appropriate medical care. Contact Health Link Alberta: 811

health information can be accessed on the My Health Alberta website at the following link: https://myhealth.alberta.ca/health/pages/conditions.aspx?hwid=hw122012
When is the GI illness outbreak declared over?
Outbreak restrictions remain in place until the outbreak has been declared over by the Zone MOH Medical Officer of Health (MOH/designate. The guideline for declaring an outbreak over is:

- 48 hours from symptom resolution in the last case.

OR

- 96 hours from onset of symptoms in the last case.

Whichever occurs first.

Watching for GI illness after the outbreak
It is important to closely watch for GI illness in clients in the few days after the outbreak is over. Contact the Zone MOH/designate if new GI illness is observed after the outbreak is over.
What is scabies?

Human scabies is an infestation of the skin by a human mite called *Sarcoptes scabiei* var. The mite burrows into the upper layer of the skin often in the webs between fingers, on the inside of wrists and elbows, in the armpits, along the belt line, on the thighs, on the nipples, and in the genitals and lower buttock areas. This produces a raised bump resembling a pimple-like rash or lines under the skin.

What are the symptoms?

The most common symptoms are intense itching, especially at night, and the appearance of a rash with tiny blisters or sores. For a first episode of scabies, symptoms may be delayed for several weeks, though this individual is still contagious. Sometimes a bacterial infection with redness, swelling and pus can occur where there has been intense scratching.

Following treatment, itching may continue for another 2-4 weeks as the body recovers from the allergic reaction caused by the mites. Symptoms lasting more than 4 weeks may require another treatment.
https://myhealth.alberta.ca/health/pages/conditions.aspx?hwId=hw171811

**How is scabies spread?**
Scabies spreads through prolonged close skin-to-skin contact with someone who has scabies, including sexual contact. It can also be transferred by sharing contaminated towels, bedding or other personal belongings.

**When is a person with scabies infectious?**
A person with a first scabies episode is infectious a few weeks before the itchiness begins. Scabies mites do not survive for longer than 2-3 days if they are away from human skin. Mites and eggs are destroyed after treatment – usually only one treatment is required. Once they are destroyed, the transmission risk is eliminated.

**Why is scabies a problem for Emergency Shelters and Transitional Housing facilities?**
While scabies occurs all over the world and can affect all races and social classes, it can spread very quickly in crowded conditions such as can occur in emergency shelters and transitional housing facilities.
How is scabies treated?

Scabies will not go away on its own. It must be treated, usually with a non-prescription medication. Delaying treatment of scabies increases the risk that it will spread to others.

1. Infested clients should cut their fingernails, and clean under them thoroughly to remove any mites or eggs that may be present.

2. Give the client a topical permethrin-containing cream or lotion (scabicide) and instructions about applying it to the whole body from the neck down to the feet and toes (Non-prescription permethrin products such as Nix Dermal Cream and Kwellada-P lotion are the most commonly used medications).

   In addition, when treating infants and young children, scabicide lotion or cream also should be applied to their entire head and neck because scabies can affect their face, scalp, and neck as well as the rest of their body. Avoid the area around the mouth and eyes. Permethrin lotion is considered safe for infants as young as 2 months of age.

3. The instructions contained in the box or printed on the label should always be followed carefully. Always contact a doctor or pharmacist if unsure how to use a particular medicine.

4. The lotion or cream should be applied to a clean body and left on for the recommended time before washing it off.

5. Clean clothing should be worn after treatment.

6. Bedding, clothing, and towels used by infested persons or their sexual, and close contacts (see Glossary of Terms section) anytime during the three days before treatment should be decontaminated by washing in hot water and drying in a hot dryer, by dry-cleaning, or by sealing in a plastic bag for at least 72 hours.

7. Because the symptoms of scabies are due to a sensitivity reaction (allergy) to mites and their feces, itching still may continue for several weeks after treatment even if all the mites and eggs are killed. If itching still is present more than 2 to 4 weeks after treatment or if new burrows or pimple-like rash lesions continue to appear, retreatment may be necessary.

8. Skin sores that become infected should be treated with an appropriate antibiotic prescribed by a doctor.

9. Do not permit shared towels or bedding unless they have been laundered or sealed between client uses (see #5).

Who Needs to Be Treated?

When someone is diagnosed with scabies, anyone who has close physical contact with the person should also be treated.
Scabies treatment can fail:
- When the medicine is not applied properly. Carefully follow the instructions for using scabies medications.
- If the medicine does not destroy the scabies eggs. When the eggs hatch, a new infestation begins.
- When close contacts of the affected person are not treated.

How can you prevent the spread of scabies in your facility?

(i) Monitor clients/residents to ensure recognition of outbreaks as early as possible
For facilities that have a formal intake process, check clients for symptoms of scabies on admission to the facility (refer to the clinical description). For facilities that do not have an intake process, train staff to recognize individual cases in clients by watching for symptoms, especially scratching at night.

(ii) Recognize when there may be an outbreak of scabies
An outbreak would be an increase in the number of people with scabies and is more than what is normally expected for your facility.
If you are unsure if there is an outbreak, contact the Zone MOH/designate for your area (See Table 1: AHS Zone Public Health Contacts).

(iii) How should outbreak situations be managed?
- Notify the Zone MOH/designate of an outbreak
- Raise awareness of the issue among staff and clients through posters, word of mouth about symptoms to watch for and what to do
- Increase monitoring for cases in clients in your facility
- Isolation - place affected clients in one area if possible (see Appendix A – Isolation Strategies).
- Wash clothes of infested clients as well as towels, bedding, and personal belongings at the same time (see #5 - How is Scabies Treated section).
- Clean and disinfect sleeping mats of infested clients and their close contacts.
- Ensure adequate stockpile of scabicide through your identified supplier
- Follow the initial infection prevention and control measures
- Staff and visitors should wear recommended PPE (gloves, possibly gowns) when in contact with affected individuals or cleaning areas where there are affected individuals.

(iv) Report scabies outbreaks to the Zone MOH/designate
It is important to report scabies outbreaks to the MOH/Designate as soon as possible. The MOH/Designate can provide the best information to help bring the outbreak to an end sooner.
When a scabies outbreak is reported, the MOH/Designate will ask for the following information that is needed for outbreak investigations:

- name, address, and main telephone number of Facility
- facility contact for the MOH/designate (It is helpful if this person is familiar with the infection control and outbreak protocols)
- total number of clients/residents and staff at the facility
- number of clients/residents and staff affected
- onset date of symptoms
- scabies symptoms that are being noticed
- duration of illness in ill client/residents and staff
- information regarding any medical assessment or physician diagnosis
- any infection control measures that have already been implemented

(v) Ensure to follow directions for treatment

Mites and eggs are destroyed after treatment. Do not use it more than instructed because of the risk of chemical irritation of the skin.

What should you communicate during a Scabies outbreak?

- Inform all staff, volunteers, clients/residents and service providers that a scabies outbreak is occurring in the facility.
- Site visitors should be asked to report to reception where they would be advised of personal precautions including proper hand hygiene before and after visiting.
- Encourage staff, volunteers and service providers not to work when they are ill. Encourage any site visitors not to visit when they are ill.

When is the scabies outbreak declared over?

Outbreak restrictions remain in place until the outbreak has been declared over by the Zone MOH Medical Officer of Health (MOH)/designate.

Watching for scabies after the outbreak

It is important to closely watch for scabies in clients in the few days after the outbreak is over. Contact the Zone MOH/designate if any new clients/residents are observed to have scabies symptoms after the outbreak is over.
Appendix A – Isolation Strategies
It is recognized that Emergency Shelters and Transitional Housing facilities may encounter a range of issues when attempting to provide isolation for ill clients. Factors that will impact ability to isolate include physical layout of the facility, number of clients served, staff availability, and type of services offered.

Important factors to consider when choosing isolation options include:
- Ill clients need easy access to washroom facilities, preferably restricted for their use only.
- Ill clients need access to food, drinks and potentially medication.
- Strategies to handle violent, aggressive or un-cooperative clients should be in place.
- Policies related to smoking, drugs or alcohol may need to be assessed during an outbreak.
- The MOH/designate will advise how long clients/residents need to remain isolated.

Isolation Strategies – Influenza-like Ilnesses

Restrict clients/residents with ILI in private rooms
Whenever possible, clients’ ill with ILI should be “isolated”, that is, remain in their rooms with meal service. It is recognized that it can be a challenge to find private rooms for clients in emergency shelters and transitional housing sites.

Restrict clients/residents with ILI to a separate dorm or wing
When it is not possible to isolate clients with ILI to private rooms, staff may consider isolating ill clients together in a separate room, separate area, separate floor or wing.

Arrange sleeping quarters so that the distance between sleepers that are ill with ILI symptoms and sleepers that are not ill with ILI symptoms is at least 2 meters
One of the ways this can be done is to ensure the beds or mats are at least two meters apart and that alternate rows are arranged with heads and feet oriented in opposite directions (H – head, F – feet).

e.g.
Row 1 H-F H-F H-F H-F H-F
Row 2 F-H F-H F-H F-H F-H

In larger rooms, use temporary physical barriers between beds/mats such as sheets or curtains.

Staff working in the areas with clients/residents with ILI should avoid or minimize contact with clients/residents who are not ill, including their physical space.
Staff that work with the isolated individuals (e.g. cleaning staff, case workers, etc.) should avoid contact with staff and client/residents who are not ill with ILI. The facility should also consider minimizing movement of staff, service providers and clients/residents between floors/areas especially if some areas are unaffected.

Staff who have been immunized with the current year’s seasonal influenza vaccine should be assigned to care for symptomatic ILI clients, if possible
This minimizes the risk of further cases of illness.

Exclude staff, service providers and volunteers with ILI from work until they are over their acute symptoms and have been fever free for at least 48 hours
This ensures that they minimize the chance of causing further infections.

Restrict interactions with site visitors and other groups during an outbreak
Group gatherings provide increased opportunity for germs to be spread person to person. Ill and potentially contagious residents/clients should not participate in any group activities at the facility. The Zone MOH/Designate will advise the facility staff if client/group activities should be suspended during the outbreak.

Visitors to the shelter/housing facility may become infected and carry the germs back to their agency or home. Visitors should be advised by facility staff that there is an outbreak and should be instructed to use appropriate precautions if it is necessary for them to be present in the facility.

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Isolation Strategies – Gastrointestinal Illnesses

Restrict clients/residents with GI illness in private rooms
Whenever possible, symptomatic clients (those with vomiting or diarrhea), should be “isolated”, that is, remain in their rooms with meal service until they have been without vomiting or diarrhea for 48 hours. It is recognized that it can be a challenge to find private rooms for clients in emergency shelters and transitional housing sites.

Restrict client/residents with GI illness to a separate dorm or wing
When it is not possible to isolate clients with GI illness to private rooms, staff may consider isolating clients ill with GI illness together in a separate room, separate area, separate floor or wing.

Staff working in the areas with clients/residents with GI illness should avoid or minimize contact with clients/residents who are not ill, including their physical space
Staff that work with the isolated individuals (e.g. cleaning staff, case workers etc.) should avoid contact with staff and client/residents who are not ill with GI illness. The facility should also consider minimizing movement of staff, service providers and clients/residents between floors/areas especially if some areas are unaffected.

Exclude staff, service providers and volunteers with GI illness from work while ill with vomiting or diarrhea and for a minimum of 48 hours after vomiting and diarrhea have resolved.
This minimizes the risk of further cases of illness.
Isolation Strategies – Scabies

Restrict clients/residents with scabies in private rooms
Whenever possible, symptomatic clients, should be “isolated”, that is, remain in their rooms with meal service until 24 hours after treatment with scabicide cream or lotion and laundering of clothing and bedding items.

Restrict clients/residents with scabies to a separate dorm or wing.
When it is not possible to isolate clients with scabies to private rooms, staff may consider isolating clients with scabies together in a separate room, separate area, separate floor or wing.

This is a powerful way to slow down or prevent transmission.

Staff working in the areas with clients/residents with scabies should avoid or minimize contact with clients/residents who do not have scabies, including their physical space
Staff that work with the isolated individuals (e.g. cleaning staff, case workers etc.) should avoid contact with staff and client/residents who do not have scabies. The facility should also consider minimizing movement of staff, service providers and clients/residents between floors/areas especially if some areas are unaffected.

Exclude staff, service providers and volunteers with scabies from work for 24 hours after they have received treatment
This minimizes the risk of further cases of illness.
Appendix B – Personal Protective Equipment (PPE)

The following are recommendations for the use of personal protective equipment when there are ill individuals with ILI, GI illness or scabies at the shelter or transitional housing facility.

<table>
<thead>
<tr>
<th></th>
<th>Influenza-like Illness</th>
<th>GI Illness</th>
<th>Scabies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td></td>
<td>Wear non sterile gloves when in contact with symptomatic clients and infected body secretions. For environmental cleaning and disinfecting, general-purpose reusable utility rubber gloves are appropriate. Gloves should be used as an additional measure and not as a substitute for hand hygiene. Clean your hands before and after wearing gloves.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masks</td>
<td>Not Required</td>
<td>Not Required</td>
<td>Not Required</td>
</tr>
<tr>
<td></td>
<td>Wear surgical/procedure masks when in contact with a client who has or is suspected of having an influenza-like illness. Clients who have or are suspected of having an influenza-like illness should wear masks when outside their isolation area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Protection</td>
<td>Not required</td>
<td>Not Required</td>
<td>Not Required</td>
</tr>
<tr>
<td></td>
<td>Eye protection (goggles) or face shields should be worn by staff any time a surgical/procedure mask is used.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gowns</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td></td>
<td>For direct contact with a symptomatic individual or their environment including any staff or volunteer cleaning potentially infected areas.</td>
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</tr>
</tbody>
</table>

Note: PPE is for single use only. Some equipment is cleanable, for example cloth gowns which are laundered and may be used again, but most PPE equipment is disposable and is for single use only.
For influenza-like illnesses

- Sit next to rather than in front of a coughing client/resident when working within 2 meters of a client/resident with ILI.
- Wear PPE- gown with sleeves, mask, eye protection and non-sterile gloves if working within 2 meters of a client/resident with ILI.

For GI illnesses

- Ensure that personal protective equipment (gowns and gloves) is available for staff that will be in contact with surfaces heavily contaminated with vomit or diarrhea.
- Staff doing the cleaning and disinfecting (including dirty laundry) should use utility gloves and gowns.

For Scabies

- Personal protective equipment for scabies includes non-sterile gloves and gowns.
- Dedicate equipment to the isolated individuals or clean and disinfect shared equipment after use.
- Staff doing the cleaning (including dirty laundry) should use utility gloves and gowns.
(i) 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.

**2. Gown**

- **A** Make sure the gown covers from neck to knees to wrist.
- **B** Tie at the back of neck and waist.

**3. Procedure/Surgical Mask**

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

**N95 Respirator**

- **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.

**4. Eye Protection or Face Shields**

- Place over the face and eyes and adjust to fit.

**5. Gloves**

- Pull the cuffs of the gloves over the cuffs of the gown.
(ii) 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.
   - C: Peel the glove off and over the first glove, making a bag for both gloves.
   - C: Put the gloves in the 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.

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.
   - C: Put in hamper or, if disposable, put in garbage.

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

5. Eye protection or face shield
   - ♦️ Handle only by headband or ear pieces.
   - ♦️ Carefully pull away from face.
   - ♦️ Put reusable items in appropriate items for cleaning.
   - ♦️ Throw disposable items into garbage.

6. Mask or N95 respirator
   - ♦️ Bend 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.

7. HAND HYGIENE
   - ♦️ Clean your hands. (See No. 2)
Criteria for selecting eye protection
- Prescription eye glasses are not acceptable as eye protection.
- Eye protection must provide a barrier to splashes from the side.
- May use reusable goggles or disposable face shields.
- Reusable goggles must be cleaned and disinfected after each use.

Tips on selecting gloves
- The Public Health Agency of Canada recommends disposable medical gloves made of rubber, vinyl, nitrile, neoprene or latex.
- Medical gloves should never be used when handling cleaning chemicals. For environmental cleaning and disinfecting, general-purpose reusable utility rubber gloves are appropriate.

Cleaning Reusable Utility Gloves
- Utility gloves should be washed inside and out after each use and hung to air dry.
- Utility gloves should only be used by one person and the cleaner may choose to wear disposable gloves inside the utility glove for comfort.
Appendix C – Hand Hygiene - Clean your hands properly

Hand hygiene is one of the most effective ways to prevent or reduce the spread of germs that are responsible for many illnesses. Client and staff hands should be cleaned frequently with an alcohol-based hand sanitizer (minimum 70% alcohol) or soap and water. Anything that can be done to reduce barriers to hand hygiene, e.g. hand sanitizer next to the cafeteria line, providing soap and disposable towels etc. is best done before an outbreak arrives. It is recognized that facility staff may have concerns with providing clients access to alcohol-based hand sanitizer; to address this concern, staff may choose to apply hand sanitizer directly into client hands.

(i) How to wash hands with soap and water

1. Use regular soap (liquid or bar soap). Antibacterial soap is not necessary and can promote resistance to antibiotics.
2. Wet hands with warm, running water and lather well.
3. Rub the hands together for about the amount of time it would take to sing the song, "Twinkle, Twinkle, Little Star" (about 15–20 seconds).
4. Scrub all over, including the backs of the hands, the wrists, between the fingers and under the finger nails.
5. Rinse under running water (for about 10 seconds).
6. Dry with a clean or disposable towel.
   - If using a public restroom, use a disposable towel to turn off the faucet to avoid further contact with the tap.

Store liquid soaps in closed containers and do not top up liquid soap containers. When the soap container is empty, it should be washed and dried before refilling with liquid soap.

(ii) How to clean hands with hand sanitizer (gels, liquids and foams)

When soap and water are not available, hand sanitizers with a concentration of at least 70 per cent alcohol is an excellent choice to use.

1. Put the hand sanitizer (gel, liquid or foam) on the palm of the hand and rub hands together.
2. Cover all surfaces, including fingers and wrists, and rub until dry (about 15–25 seconds). Concentrate on finger tips, between fingers, backs of hands and base of thumb.
Hand sanitizers don’t work if hands are dirty. When hands are dirty, wash with soap and water. If soap and water are not available, use a pre-moistened towelette to remove visible dirt. Then use a hand sanitizer as described above.

- Hand sanitizers have moisturizers in them causing less skin dryness and irritation than hand washing.
- Young children need help when using hand sanitizers. This is to make sure that their hands are dry before they touch anything or put their hands in their mouths.

(iii) When to wash your hands

a) Wash your hands before:

- Handling or eating food or feeding others
- Putting in or taking out contact lenses
- Providing care to clients/residents (to protect the next client/resident and staff)
- Using gloves

b) Wash your hands after:

- Having any contact with a person who is ill or their immediate environment
- Using gloves
- Going to the toilet, helping someone else use the toilet, or changing a diaper
- Blowing your nose or wiping someone else’s nose
- Coughing or sneezing into hands
- Handling garbage
- Children should wash their hands after playing with toys shared with other children
- Touching surfaces or equipment used by clients/residents, especially soiled surfaces
- Providing care to clients/residents (to protect the next client/resident and staff)

Promoting hand hygiene:

- Teach clients/residents and staff how to clean their hands
- Post signs reminding clients/residents and staff to do hand hygiene
- Make hand hygiene supplies easily accessible, such as alcohol-based hand rub, soap, water, disposable towels, and garbage cans
- Provide liquid soap for hand washing and towel to avoid contamination
- Do anything that can be done to reduce the barriers to hand hygiene, e.g. hand sanitizer next to the cafeteria line; providing soap and disposable towels in washrooms.

It is best to have these preventive measures in place before an outbreak occurs.
Appendix D - Respiratory etiquette

Respiratory hygiene is the recommended method for preventing transmission of respiratory illness. Quite simply it is the right way to cover your cough!

3 Key Elements of Respiratory Etiquette

1. Covering cough/sneeze with a sleeve or tissue
2. Disposing of used tissues in garbage
3. Washing hands after coughing or sneezing

People should be encouraged to cover their mouth and nose when they cough or sneeze. This will help stop the spread of germs that can make people ill. It is important to keep your distance from people who are coughing or sneezing, if possible.

Avoid touching your eyes, mouth and nose
Influenza spreads when the infected secretions from the mouth or nose of one person come into contact with the mucous membranes (mouth, nose or eyes) of another person. Without even realizing it, you may touch the infected nose and mouth secretions of someone who has influenza (e.g., by shaking hands). If you go on to touch your mouth, nose or eyes, the influenza virus may gain entry into your body causing infection.

Encourage people to practice respiratory etiquette at all times
Cover Your Cough

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

- Cough or sneeze into your sleeve, not your hands
- Cover your mouth and nose with a tissue
- Put your used tissue in the waste basket

Clean your hands after coughing or sneezing

- Wash your hands with plain water and soap
- Use waterless hand cleaner

Cover Your Cough

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Appendix E – Increased Cleaning and Disinfection during an Outbreak

During an outbreak situation there is a need to increase the frequency of cleaning and disinfecting of high touch surfaces. Some viruses can survive for several days on some surfaces and under ideal conditions may still be capable of causing infection after more than a week.

- Cleaning and disinfecting is a two-step process that uses a “wipe twice” procedure to first clean and then disinfect. Wipe surfaces thoroughly to clean visibly soiled material, then wipe again with a clean cloth saturated with prepared disinfectant. To ensure product effectiveness, make sure to follow the directions on the disinfectant product label.
- Increase cleaning and disinfection of high touch surfaces include tabletops, light switches, door knobs, hand rails, sink taps, bathroom surfaces, kitchen counter tops, shared use objects, etc.
- Facilities that use sleeping mats for clients/residents should ensure that mats are cleaned and disinfected before use by a different client/resident.
- Staff doing the cleaning and disinfecting (including dirty laundry) should use gloves and gowns (refer to Personal Protective Equipment in Appendix B).
- If possible, any furniture/equipment that is shared should be cleaned between uses or on a regular basis, whichever is appropriate.
- A thorough cleaning and disinfecting should be performed after the outbreak is over.

Cleaning for ILI Outbreaks

The influenza virus is easily killed by regular cleaning products. Organizations should follow their current infection control protocols for cleaning and disinfecting. Garbage from a person with known or suspect influenza may be placed with the regular garbage for disposal. Wear recommended PPE (see appendix B).

Cleaning for GI Outbreaks

GI illness viruses are “tough” and are resistant to many disinfectants. It should be emphasized that thoroughness of cleaning is more important in outbreak control than the choice of disinfectant used. However, based on public health’s best information, the disinfectants listed below are recommended. Thankfully, one disinfectant that works well is inexpensive and widely available—household bleach.
The following disinfectant categories/concentrations are recommended for disinfecting surfaces during GI illness outbreaks:

**Hypochlorite (household bleach) at a concentration of 1000 parts-per-million see below.**

If diluting household bleach (5.25% sodium hypochlorite), use fresh bleach and add 5 tablespoons bleach to 4 litres of water to achieve this concentration. A fresh solution must be prepared daily. If using other commercial hypochlorite-containing solutions, follow manufacturer's direction for preparation.

**NOTE:** Surfaces must first be cleaned with an appropriate cleaning product before disinfection with a hypochlorite product (2 step process). If the hypochlorite product claims it is a detergent/disinfectant it may be used for both steps.

**A disinfectant with a Drug Identification Number (DIN) issued by Health Canada with a specific label claim against norovirus, feline calicivirus or murine norovirus.**

An example of a product with this label claim currently in wide use in Alberta Health Services facilities is 0.5% accelerated hydrogen peroxide. There are other products available with this label claim.

Remember to wear recommended PPE (see appendix B).

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**Cleaning for Scabies Outbreaks**

- Organizations should follow their current infection control protocols for cleaning and disinfecting.
- Garbage from a person with known or suspect scabies does not need any special handling and may be placed with the regular garbage for disposal.
- Used meal trays and beverage dishes do not require special handling. Place in an area designated for used dishes.
- Disposable dishes and utensils are not required.
- Clean clothes must be put on after the scabies treatment.
- Decontaminate clothing, towels, personal belongings and bedding of infested individuals by machine-washing in hot water and drying on the hot cycle or by dry-cleaning.
- Wear appropriate PPE (see Appendix B).

Please call the Zone MOH/Designate if you have any questions about increased cleaning and disinfection.
Links to documents and references

Alberta Health Influenza care for oneself.  

Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites

AHS Guidelines for Outbreak Prevention and Control Management in Supportive Living and Home Living Sites


www.cdc.gov/parasites/scabies/treatment.html

ILI Case Definition - Adapted from the FluWatch ILI definition, available at http://www.phac-aspc.gc.ca/fluwatch/13-14/def13-14-eng.php

GI Illness Case Definition - AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites or Supportive Living and Home Living Sites,  
www.albertahealthservices.ca/2919.asp