Guide for Outbreak Prevention and Control in Shelter Sites

September 2022
INTRODUCTION

Community shelter operators, staff and volunteers have a shared responsibility with Public Health to maintain a healthy environment for clients. This guide provides current recommendations and strategies to prevent and manage respiratory illness (RI), gastrointestinal (GI) illness and rash illness outbreaks in community shelter settings. To prevent an outbreak, shelters should be prepared to respond effectively to prevent the spread of RI, GI and rash illnesses by having clear plans and actions in place. The prevention and preparedness, and reporting elements of this guide, apply to community shelter settings and are critical to control the spread of illness.

Each shelter in Alberta is unique and these guidelines are provided to help each site develop or update their own plan to prepare and respond to an outbreak. This guide was developed to ensure consideration of operational realities on the ground.

Intended audience

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 are not routinely reported and managed by the Public Health Outbreak Team for sites outside of this definition. 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 Public Health Outbreak Team for advice and support.
HOW TO USE THIS GUIDE

This guide is divided into sections and two appendices, and outlines the roles and responsibilities of shelter operators, staff and volunteers, and provides recommendations for the following:

Glossary
List of definitions used in the guide that may not be familiar to all users

How to Prevent an Outbreak
What staff are recommended to do every day to maintain a safe and healthy environment for clients.

How to Identify and Report Illness
This section applies when staff identify a cluster of illness within the shelter. It outlines how to report illness to the Public Health Outbreak Team, who will determine if an outbreak should be opened and/or if additional measures should be put in place to prevent an outbreak at the shelter.

Managing Symptomatic Clients to Prevent an Outbreak
What to do if a client at the shelter has symptoms, and what symptoms to watch for.

How to Isolate Clients in a Shelter
Tips for how to isolate clients in a shelter setting, based on different shelter setups.

Respiratory Illness Outbreak Management
When notified, the Public Health Outbreak Team assesses whether or not a Respiratory illness outbreak should be opened at the shelter, and if additional outbreak measures will be put in place. The Public Health Outbreak Team will advise shelter staff in managing the outbreak. If an outbreak is not opened, the Public Health Outbreak Team can offer support and advice to the shelter contact.

Gastrointestinal Illness (GI) Outbreak Management
When notified, the Public Health Outbreak Team assesses whether or not a GI outbreak should be opened at the shelter, and if additional outbreak measures will be put in place. The Public Health Outbreak Team will direct and advise shelter staff in managing the outbreak. If an outbreak is not opened, the Public Health Outbreak Team can offer support and advice to the shelter contact.

Rash Illness Outbreak Management
When notified, the Public Health Outbreak Team assesses whether or not a rash outbreak should be opened at the shelter, and if additional outbreak measures will be put in place. The Public Health Outbreak Team will direct and advise shelter staff in managing the outbreak. If an outbreak is not opened, the Public Health Outbreak Team can offer support and advice to the shelter contact.

Declaring an Outbreak Over
Description of what is involved when an outbreak comes to an end.

Appendix 1: Checklist for Shelters
This checklist provides staff with a quick reference for steps involved in three main categories, including “Preparing for and Preventing an Outbreak”, “During an Outbreak”, and “Declaring an Outbreak Over”.

Appendix 2: How to Protect Yourself and Others
This section includes posters that clearly show how staff can protect themselves and others from illness using PPE and infection prevention control practices.
GLOSSARY

AHS - Alberta Health Services

CEIR - AHS Coordinated Early Identification and Response line (CEIR) 1-844-343-0971. A provincial, centralized outbreak reporting and response line. This is a collaborative effort to assist with site support for facilities with vulnerable populations. Team membership includes representatives from Health Link, MOH, Communicable Disease Control (CDC), and Environmental Public Health.

Cleaning - The physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, viruses and bacteria). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

Clients - Individuals who access shelters/shelter services, including visitors (e.g., residents, clients, and vulnerable populations). For ease, will be referred to as ‘clients’.

Community Shelters - Facilities that provide overnight accommodation to individuals who have no permanent address. For ease, these settings will be referred to simply as ‘shelters’.

Disinfectant - A product that is used on surfaces (e.g., computer keyboards, doorknobs, chairs, tables, etc.) which results in disinfection (i.e., kills bacteria and viruses). Disinfectants are applied only to non-living objects. Some products combine a cleaner with a disinfectant.

Infection Prevention and Control (IPC) - Evidence-based practices and procedures that, when applied consistently, can prevent or reduce the risk of infection in clients, staff and visitors.

Operator/Designate - The charge person or the most accountable staff member at a shelter.

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, visitors and/or volunteers who work directly in areas with clients. PPE protects from disabling injury or illness, including exposure to an infectious agent. (See Appendix 2 for details about PPE)

Public Health Outbreak Team - For the purposes of this document, the Public Health Outbreak team refers to zone Medical Officers of Health/designates within Alberta Health Services. This includes, but is not limited to, Communicable Disease Control Nurses, Public Health Inspectors, and Public Health Nurses.

Staff - Individuals who provide support or services within the shelter (e.g., staff, volunteers, and students). For ease will be referred to as ‘staff’ throughout this document.

Suspected Outbreak - When there is a greater than expected number of cases of a disease occurring in a group of people living or working in the same area but not yet confirmed as an outbreak by public health.

Visitor - Anybody entering the facility who is not a staff member or a client (see definitions above).
HOW TO PREVENT AN OUTBREAK

Good public health practices are the key to minimize transmission of illness, including COVID-19, influenza, common colds, GI and rash illnesses. Some examples include getting vaccinated against COVID-19 and seasonal influenza, supporting staff to stay home when sick, proper hand hygiene and respiratory etiquette, and diligent cleaning and disinfecting.

Operators and staff are encouraged to review the Alberta Health General Guidance for COVID-19 and Other Respiratory Infections. This document outlines general measures that are applicable to shelters. It is recommended that these measures be part of everyday operations. The advice in this document is built on lessons learned and strategies that have been successful throughout the COVID-19 pandemic. Since each shelter setting is different, it is up to individual operators and staff to determine which strategies are most appropriate in their facility or for their activity. The following pages build on this general guidance by providing recommendations specific to shelter settings regarding measures to prevent an outbreak.

General Guidance

- Post signage discouraging symptomatic staff and visitors from entering the shelter.
- Recommend symptomatic visitors do not enter the shelter.
- Provide masks for clients and staff to wear if they choose.
- Early identification of symptoms will help limit the spread of illness within the shelter.
- Develop a plan to respond to clients and staff who have symptoms of illness.

Cleaning and Disinfection

- Cleaning and disinfection are both important to reduce the spread of infection.
- 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 uses chemicals to kill germs on surfaces. This is only effective after surfaces have been cleaned.
- Shelters should follow a routine protocol for cleaning and disinfection.
  - High touch surfaces (such as doorknobs, light switches, staff rooms, desktops, washrooms) should be cleaned at least daily and more frequently if visibly dirty.
  - Use a disinfectant that has a Drug Identification Number (DIN) and a broad spectrum virucidal claim or a virucidal claim against non-enveloped viruses or coronaviruses, meaning the product is effective in killing a specific virus or viruses.
    - Follow instructions on the product label to disinfect effectively. Alternatively, prepare a fresh bleach water solution with 20 mL of unscented household bleach in 1,000 mL of water.
  - Take appropriate precautions when using chemicals for cleaning and disinfecting. Consult the products’ labeled instructions and, if necessary, Material Safety Data Sheets. The labels of the cleaning and disinfecting products being used will likely identify what PPE staff should use.
  - Ensure that there is an adequate supply of cleaning and disinfection supplies on hand. Store all disinfectants out of the reach to prevent consumption by individuals (e.g., children, pets).

Food handling

- Practice routine food safety and sanitation practices at all times. Germs from ill clients and staff (or from contaminated surfaces) can spread to food or serving utensils. Where possible, minimize client handling of shared food and utensils, and follow routine safety practices, such as:
- Ensure that food handling staff and clients who volunteer to support meals are in good health and practice good hand hygiene.
- 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 prepare or handle food, if possible.

Facility Cleaning Resources
- Key Points for Ready to Use Disinfectant Wipes
- Public Health Recommendations for Environmental Cleaning of Public Facilities

Recreation/Common Areas
- Encourage use of outdoor spaces and/or well ventilated indoor areas when appropriate.
- Post signs at entrances, shared washrooms, and common areas reminding staff and clients of ways to prevent the spread of illness. Posters on how to hand wash, cover your cough, masking and physical distancing are available in multiple languages (see Appendix 2 for posters).
- Encourage clients not to share items such as drinks, cigarettes/vaping equipment, and towels.
  - Provide and encourage individual cups whenever possible.

Transportation
- Symptomatic clients should wear well-fitting medical/surgical masks.

Sleeping Arrangements
- If possible, the recommended 1 meter distance applies to the head to toe placement of mats, cots and beds; however, recognizing the current space limitations in many shelters and the necessity of providing adequate beds to vulnerable Albertans, it may not be feasible.

Additional Resources
- COVID-19 Information for Albertans | Alberta Health Services
HOW TO IDENTIFY AND REPORT ILLNESS

Monitor, Identify and Report

Due to the close living and sleeping quarters, shelters are an environment where illness is more likely to spread. Shelter staff should regularly watch for unusual patterns of illness in clients and staff. This can be a challenge for large shelter settings, however, the earlier that an outbreak can be detected the easier it will be to bring under control.

When a higher than normal number of clients with symptoms in Table A are identified over a short period of time (a few days), a call should be made to the AHS Coordinated Early Identification and Response Line (CEIR) to report the illness cases. This will ensure that the Public Health Outbreak Team is aware of the ill clients and can assess if an outbreak should be opened at the shelter. This also allows the Public Health Outbreak Team to provide direction and introduce additional ways to help minimize spread of illness and bring the outbreak to an end as quickly as possible.

Symptoms to Watch For

Staff should monitor clients and themselves for any of the symptoms in Table A. It is important for shelters to have a system to track individuals who are symptomatic. This information can then be shared with CEIR when calling to report an unusual number of illness cases.

Table A – Illness Symptoms to Watch For

<table>
<thead>
<tr>
<th>Type of Illness</th>
<th>Reporting Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Illness</td>
<td>An unusual number of clients with NEW onset of symptoms within 7 days (at least 1 symptom must be from List A):</td>
</tr>
<tr>
<td></td>
<td>• List A: cough, shortness of breath, sore throat, loss or altered sense of taste/smell, runny nose/nasal congestion</td>
</tr>
<tr>
<td></td>
<td>• List B: fever, fatigue (significant and unusual), muscle ache/joint pain, headache, nausea/diarrhea</td>
</tr>
<tr>
<td>Gastrointestinal Illness</td>
<td>2 or more clients with NEW onset of diarrhea or vomiting within 48 hours</td>
</tr>
<tr>
<td>Rash Illness</td>
<td>An unusual number of clients with rash illness within a 10 day period.</td>
</tr>
<tr>
<td>Other Unusual Illness</td>
<td>Facilities may call regarding diseases that may benefit from further advice and/or investigation, including Group A Streptococcus, Red Measles, Mumps, Pertussis (Whooping Cough), Meningitis, Monkeypox, Hepatitis, Scabies and any other illnesses of concern.</td>
</tr>
</tbody>
</table>

Reporting Illness: Coordinated Early Identification Response Line (CEIR)

The AHS Coordinated Early Identification Response Line (CEIR) for Congregate Living Settings at 1-844-343-0971 is the first contact for shelters in all zones. When contacted, CEIR will guide shelter staff based on the
information provided. CEIR may contact the Public Health Outbreak Team, who will determine if an outbreak should be declared at the site.

- When a suspected outbreak is reported to the Public Health Outbreak Team, they will assist staff by providing information to help prevent further spread of the illness at the shelter. To do this, they need information about the potential outbreak, including:
  - Reviewing the symptoms of ill individuals reported
  - Asking staff when the illnesses started and how many individuals are ill at the shelter
  - Asking staff if there are any possible explanations for the symptoms in any of the clients
  - Asking staff to track and report if more clients are ill with the same symptoms so illnesses can be identified quickly and to what extent illness is spreading through the shelter

### MANAGING SYMPTOMATIC CLIENTS TO PREVENT AN OUTBREAK

Isolation is recommended for any clients who have symptoms in Table A and/or who have tested positive for COVID-19 (see isolation recommendations below). Not all rash illnesses require isolation. Depending on the specific cause of the rash, the Public Health Outbreak team will advise if isolation is recommended.

#### Isolation Recommendations for Clients and Staff

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Isolation Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory symptoms with no COVID-19 test or with a Negative COVID-19 test</td>
<td>Stay away from others until symptoms have improved, feeling well enough to resume normal activities, and have been free of fever for 24 hours without the use of fever reducing medication. If unable to stay away from others while symptomatic, wear a mask while indoors and around other people.</td>
</tr>
<tr>
<td>Gastrointestinal symptoms without a COVID-19 test or with a Negative COVID-19 test</td>
<td>Stay away from others and isolate until they are symptom free for 48 hours.</td>
</tr>
<tr>
<td>Respiratory or Gastrointestinal symptoms with a Positive COVID-19 Test</td>
<td>Isolate for at least 5 days from when symptoms started until symptoms have improved and fever-free for 24 hours without the use of fever-reducing medication:</td>
</tr>
<tr>
<td></td>
<td>- Each person can best decide if their symptoms are improving (e.g., feeling better than the previous days and no new COVID-19 symptoms).</td>
</tr>
<tr>
<td></td>
<td>- Some symptoms may continue after individuals are no longer able to spread the virus to others. If a cough, loss of sense of taste or smell, or fatigue is not getting worse after 5 days of isolation, individuals do not need to continue to isolate.</td>
</tr>
<tr>
<td></td>
<td>To further reduce the chance of spreading COVID-19 to others, wear a mask while indoors and around other people for 10 days after symptoms start.</td>
</tr>
<tr>
<td>Rash only (no other symptoms)</td>
<td>Keep rash covered by clothing as much as possible. Do not share towels, bedding, or clothing with others until rash improves or is assessed by a medical professional OR until further direction provided by Public Health.</td>
</tr>
</tbody>
</table>
No symptoms with a Positive COVID-19 Test
Isolate for at least 5 days from the test date. To further reduce the chance of spreading COVID-19 to others, wear a mask while indoors and around other people for 10 days after test date.

**HOW TO ISOLATE CLIENTS IN A SHELTER**

It is recognized that shelters may encounter a range of issues when trying 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.

When possible, isolate ill people from others to decrease the person-to-person spread of germs. The Public Health Outbreak Team will advise how long clients need to remain isolated.

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. Policies related to smoking, drugs or alcohol may need to be assessed during an outbreak.
- Positive incentives to maintain isolation should be considered, including substance use management, activities within isolation spaces, and smoking supports, etc.
- Identify and place sick or unwell clients in areas where more supervision can occur. This will ensure clients are closely watched for worsening health symptoms, and medical supports can be provided where necessary.
- Strategies to handle violent, aggressive or un-cooperative clients should be in place. Trained supports to ensure safety of clients and staff can be implemented including de-escalation techniques.

**Isolation Strategies for Clients with Respiratory Illness and/or a Positive COVID-19 Test**

<table>
<thead>
<tr>
<th>Separate Washroom</th>
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</thead>
<tbody>
<tr>
<td>When possible, designate a washroom solely for use by isolated clients. Cleaning and disinfection should occur with greater frequency. It is recommended that cleaning occur between every client use, or hourly if that is not possible.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Isolation space based on shelter capacity (choose most appropriate option)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private room/area</strong>: Whenever possible, ill clients 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.</td>
</tr>
<tr>
<td><strong>Separate dorm or wing</strong>: When it is not possible to isolate clients to private rooms, staff may consider isolating clients with respiratory symptoms together in a separate room, separate area, separate floor or wing.</td>
</tr>
<tr>
<td><strong>No separate space</strong>: One of the ways this can be done is to ensure the beds or mats are at least two meters apart and are arranged in an alternating head to toe arrangement. In larger rooms, use temporary physical barriers between beds/mats such as sheets or curtains.</td>
</tr>
</tbody>
</table>
# Isolation Strategies for Clients with Gastrointestinal Illness

<table>
<thead>
<tr>
<th>Separate Washroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>When possible, designate a washroom solely for use by isolated clients. Cleaning and disinfection should occur with greater frequency (between every client use, or hourly if that is not possible).</td>
</tr>
</tbody>
</table>

## Isolation space based on shelter capacity (choose most appropriate option)

- **Private room/area**: During an outbreak, the recommended placement of mats, cots, and beds is 1 meter; however, this may not be possible to ensure all clients have a place to sleep. If alternative sleeping arrangements are required, this should be determined in consultation with the Public Health Outbreak Team.

- **Separate dorm or wing**: 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 community shelters and transitional housing sites. If separate isolation spaces for each client cannot be provided, clients can be placed in a separate group setting.

- **No separate space**: 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.
RESPIRATORY ILLNESS OUTBREAK MANAGEMENT

What is a Respiratory Illness Outbreak?

There are different types of outbreaks, depending on the virus that causes illness within the shelter. The Public Health Outbreak Team may recommend testing of symptomatic staff and clients to determine which virus is involved. Although most outbreak measures recommended by the Public Health Outbreak Team will be the same regardless of the virus involved, there will be some measures that differ. It is important to follow the guidance provided by the Public Health Outbreak Team to bring the outbreak to an end as soon as possible.

Once the Public Health Outbreak Team has been notified by CEIR that there is an unusual number of symptomatic clients at a shelter, an investigation will be initiated. An outbreak investigator will contact shelter staff to discuss the number of symptomatic clients, their symptoms and when they began, and other details that will help them to determine if an outbreak should be opened. If an outbreak is not opened, the Public Health Outbreak Team will still offer advice and support as needed. Once an outbreak is opened, the Public Health Outbreak Team will connect with shelter staff on a regular basis to assess how the outbreak is progressing, and when the outbreak can be closed.

Infection Prevention and Control Measures (refer to Appendix 2)

- Ensure adequate availability of all supplies as recommended by the Public Health Outbreak Team.
- Appropriate PPE is recommended before interactions with symptomatic clients.
- PPE should be removed, and hand hygiene performed after direct contact with symptomatic clients.
- For shelter staff who work in office areas and do not have direct contact with clients or other staff, no PPE is needed. Staff should physically distance, wash their hands often, and avoid touching their face.
- When testing symptomatic clients, who consent to Rapid Antigen COVID-19 testing, it is recommended that staff wear appropriate PPE (gloves, gown, well fitted surgical/procedure mask and face shield or eye protection) to collect the nose or throat swab required for the test.
- For shelter staff who interact with clients who are in isolation, the following infection control measures and PPE are recommended before entering the space or room where the client is located.
  - Medical masks – Replace the mask if it becomes wet, damaged, or soiled. Do not re-use.
    - Dispose of used masks in a lined garbage.
  - Staff must perform hand hygiene before putting on a mask and before and after removing a mask.
  - If the medical mask does not include a visor, appropriate eye protection should be worn. Prescription eyeglasses are not considered eye protection. Refer to manufacturer instructions regarding whether eye protection is single use or can be reused.
  - Remove gowns and/or gloves after use and place in a lined garbage that is located immediately outside of the isolation area. This will prevent staff from walking through the shelter with a contaminated gown and/or gloves.
    - Note: If using non-disposable gowns, follow shelter process for laundry.
  - Perform hand hygiene before putting on and after removing gowns and gloves.
Staff Outbreak Measures (includes volunteers)

- Staff should stay home when they have symptoms of respiratory illness in Table A and are recommended to be tested for COVID-19.
- Staff can choose to use a self-administered Rapid Antigen Test or request an appointment at a swabbing centre for molecular testing.
- If staff use a self-administered Rapid Antigen Test, in the following cases it is recommended that the results be confirmed with a molecular test:
  - Symptomatic staff with a negative Rapid Antigen Test.
    Note: Another option is to complete a second Rapid Antigen Test at least 24 hours after the first test
  - Asymptomatic staff with a positive Rapid Antigen Test.
- Staff who are in contact with a COVID-19 positive case (household member or other close contacts) should watch for symptoms for 7 days after last contact. They should wear a mask at work during this period.
- Once a respiratory outbreak is declared, staff may be recommended to use continuous masking and eye protection by the Public Health Outbreak Team.
- Consider cohorting of staff when possible, assigning dedicated staff to affected outbreak areas. Consult with the Public Health Outbreak Team if required.
- Limit staff-to-client interaction as much as possible and ensure staff wear appropriate PPE.

Client Outbreak Measures

- Where operationally feasible, symptomatic clients can be offered a COVID-19 Rapid Antigen Test.
- Masks should be provided to clients:
  - with respiratory symptoms if they tolerate it
  - those who request a mask to protect themselves
- Continue meal support and other essential service provision to the clients while ensuring appropriate infection control measures.
- The Public Health Outbreak Team will advise regarding testing of clients and staff during an outbreak.

Close Contact Management

- Close contacts of people with COVID-19 should monitor themselves for symptoms for 7 days after their last exposure. Where possible, they should avoid close contact with vulnerable people.
- Vulnerable people include the elderly and those with weakened immune systems. If it is necessary to interact with a vulnerable person during this time, take precautions such as wearing a mask.

Control measures during outbreaks

General control measures

In an outbreak situation, the Public Health Outbreak Team will collaborate with partners to provide guidance on next steps and ongoing support for the shelter during the outbreak.

It is acknowledged that limited staffing, physical layout, shared accommodation, and communal areas in shelters may pose challenges for implementing all of these recommendations and requirements. It is also anticipated that each shelter may develop their own site-specific options to meet the recommendations of the Public Health Outbreak Team when developing their plans for outbreaks of communicable diseases. A public health inspector may consult with the site during the investigation or conduct an on-site inspection.
Shelter Operator/Designate will communicate with administration, staff, other services providers regarding the outbreak and initiation of the investigation by the Public Health Outbreak Team, including other facilities at the site (e.g., day programs). During an outbreak investigation, it is important to take the following steps:

- Work collaboratively with AHS, AH, CSS, municipalities, and other partners to provide additional human resource support where required including cleaning support staff, food services, police support, medical health supports and added security.
- Educate clients on what an outbreak means and provide supportive guidance on how to maintain their health and wellbeing during the outbreak.
- Assess with the Public Health Outbreak Team if a targeted immunization campaign may be helpful.
- Discuss spread of illness, self-care, respiratory etiquette and hand hygiene with staff and clients.

**Isolation of Clients**

When possible, isolate ill people from others to decrease person-to-person spread of germs. The Public Health Team will advise how long clients need to remain isolated. Refer to [How to Isolate Clients in a Shelter](#).

**Environmental cleaning/disinfection measures during an outbreak**

Additional care is required to clean areas within the shelter where symptomatic clients, or clients who have tested positive for a respiratory illness are isolating, and the frequency of cleaning high touch surfaces may need to increase during an outbreak. Consider all surfaces where clients have isolated as contaminated.

Cleaning and disinfecting all equipment and environmental surfaces between use (e.g., shared equipment, tables) is essential. This includes cleaning and disinfecting sleeping mats after every use (e.g., each morning) and storing mats in a way that prevents contamination (e.g., a separate space not accessed by clients).

Ensure that there is an adequate supply of cleaning and disinfection supplies on hand. For additional guidance, see [Public Health Recommendations for Environmental Cleaning](#).

**Hand Hygiene (Refer to Appendix 2 for more information)**

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. Make it easy to perform hand hygiene. Some ways to do this include locating hand sanitizer next to the cafeteria line, providing soap and disposable towels etc. It is recognized that 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 you nose
- Before and after contact with an ill person
- After touching dirty surfaces such as taps and doorknobs
- After going to the bathroom

**Respiratory Etiquette (Refer to Appendix 2 for more information)**

Respiratory etiquette is essential for preventing the spread of illness. Respiratory Etiquette includes:

- Covering cough/sneeze with a sleeve or tissue
- Disposing of used tissues in garbage immediately
• Cleaning hands after coughing or sneezing

Food handling during an outbreak
Many of the same principles of food handling for prevention are followed during an outbreak. Where possible, limiting client handling of shared food and utensils is required during this time, such as:
  • Dispense food onto plates for clients.
  • Minimize client handling of multiple sets of cutlery.
  • Dispense snacks directly to clients.
  • Remove shared food containers from dining area (e.g., water pitchers, salt & pepper shakers, etc.)

Shelter-wide outbreak
Should the outbreak not be contained to a specific section of the shelter and the entire shelter is to be declared on outbreak, the Public Health Outbreak Team may recommend additional control measures.

Other outbreak control measures
While not required, other strategies to prevent the spread of illness between individuals may include:
  • Limiting the movement of clients, such as transfers between shelters
  • Limiting the number of clients or visitors at drop-ins or other day programs
  • Canceling or postponing group activities if they are not essential
  • Providing incentives to reduce mobility; for example, re-organizing services so that three meals are offered at one facility, instead of one meal each at three different agencies
  • Implementing policies to encourage or require clients to access an assigned shelter and not others
GASTROINTESTINAL (GI) OUTBREAK MANAGEMENT

What is a GI Illness Outbreak?
A GI illness outbreak is opened by Public Health Outbreak Team when there are 2 or more cases of GI illness (such as vomiting and diarrhea) with a common link (e.g., two clients at the same location and there is evidence of spread within the shelter), where both individuals started having symptoms within a 48 hour period.

Outbreaks of infectious GI illness in shelters can spread quickly. Usually, the majority of GI outbreaks are caused by norovirus. Norovirus is extremely communicable, and outbreaks are common. During outbreaks as many as 50% of clients and staff can become ill. Although GI illness outbreaks in facilities 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 elimination of any common sources of exposure. Despite strict IPC measures, controlling the outbreak can be difficult. It is vital that infection control measures are implemented promptly. Transmission usually occurs via the fecal/oral or vomitus/oral route but can also include contact or droplet spread.

Once the Public Health Outbreak Team has been notified by CEIR that there are unusual numbers of GI illness at a shelter, an investigation will be initiated. An outbreak investigator will contact the shelter to discuss the number of symptomatic individuals, their symptoms and when they began, and other details that will help them to determine if an outbreak should be opened. In some cases, an outbreak will not be opened, however, the Public Health Outbreak Team can offer advice and support.

Once an outbreak is opened, the Public Health Outbreak Team will connect with the shelter on a regular basis to assess how the outbreak is progressing, and when the outbreak can be closed.

Infection Prevention and Control Measures (Refer to Appendix 2 for more information)
- Ensure adequate availability of all supplies as recommended by the Public Health Outbreak Team.
- Appropriate PPE should be put on before interactions with symptomatic clients.
- All PPE should be removed, and hand hygiene performed after direct interactions with symptomatic clients.
- Strict hand hygiene is the most important measure in preventing spread of infections for both clients and staff.

Additional Precautions for GI Illness
Implement the following precautions if in close contact with a client who is vomiting or has diarrhea:
- Wear clean gloves and a new gown when providing direct care to symptomatic clients or when having any contact with items in the client area; when cleaning an area contaminated with feces or vomit, or gathering/handling specimens.
- Wear eye protection and a procedure mask to protect your face when there is any risk of sprays of body fluids or when caring for clients who are actively vomiting. (Refer to Appendix 2 for more information)
Staff Outbreak Measures (includes volunteers)

- Advise staff to report symptoms of GI illness in themselves to the shelter operator, so that their illness can be tracked for the scope of the outbreak.
- Staff with symptoms should not attend work until 48 hours after the last episode of vomiting and/or diarrhea.
- GI illness among staff: If there is an unusual increase in GI illness amongst staff (above the baseline of what would be expected) whether they were present at work with symptoms or not it should be reported to CEIR as this could be an indicator of a potential outbreak.

Staff can also become sources of infection if they become ill. They should monitor themselves closely and stay home while they are ill. The Public Health Outbreak Team will advise when ill staff can return to work.

The Public Health Outbreak Team may also advise 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.

Client Outbreak Measures

To prevent spread of GI illness, client activities can be restricted. For example, clients should be discouraged from gathering in groups wherever possible. The Public Health Outbreak will discuss the specific client restrictions with operators or designate. General recommendations are outlined below:

- Continue meal support and other essential service provision to the clients while ensuring appropriate infection control measures.
- Testing of clients and staff during and outbreak will be under the direction of the Public Health Outbreak Team.

Specimen Collection

- Stool specimen results do not typically impact outbreak management strategies for GI illness outbreaks. However, from a Public Health perspective it is valuable to collect stool specimens from cases during outbreaks to try and identify the cause, if possible. If specimens are requested by the Public Health Outbreak Team, specimen collection instructions will be provided at that time.

Enhanced Environmental Cleaning and Disinfection

- Environmental surfaces often become contaminated with feces or vomitus containing viruses or bacteria causing GI illness. Thorough cleaning and disinfection of frequently touched surfaces and equipment can help interrupt disease transmission during GI illness outbreaks. Perform cleaning and disinfection of frequently touched environmental surfaces and equipment in isolation areas, as well as high-traffic areas. Frequently touched surfaces include, but are not limited to toilets, faucets and door handles.
- Specific information about environmental cleaning can be found at Principles for Environmental Cleaning and Disinfection (albertahealthservices.ca) and at COVID-19 Public Health Recommendations for Environmental Cleaning.
Linen/Laundry

- Appropriate PPE (e.g., gowns) should be worn if there is a risk of contamination of staff clothing from body fluids or secretions.
- PPE including gloves should be removed and hands cleaned once soiled laundry has been placed in the laundry bag.
- Whenever possible, dedicate one laundry room for soiled laundry from clients sick with the outbreak illness.
- All linen that is soiled with body fluids should be handled using the same precautions regardless of the source.
- Remove gross soiling (e.g., feces) with a gloved hand and dispose into toilet.
- Bag or contain soiled laundry at point of care.
- If the laundry machine has been used to clean laundry soiled with diarrhea or vomiting, run a bleach cycle (without a load of laundry) before washing other laundry.

Control measures during outbreaks

General control measures

In an outbreak situation, the Public Health Outbreak Team will collaborate with partners to provide guidance on next steps and ongoing support for the shelter during the outbreak.

It is acknowledged that limited staffing, physical layout, shared accommodation, and communal areas in shelters may pose challenges for implementing all of these recommendations and requirements. It is also anticipated that each shelter or facility may develop their own site-specific options to meet the recommendations of the Public Health Outbreak Team when developing their contingency plans for outbreaks of communicable diseases. A public health inspector may consult with the site during the investigation or conduct an on-site inspection.

Shelter Designate will communicate with administration, staff, other services providers regarding the outbreak and initiation of the investigation by the Public Health Outbreak Team, including other facilities at the site (e.g., childcare facility). During an outbreak investigation, it’s important to take the following steps:

- Work collaboratively with AHS, AH, CSS, municipalities, and other partners to provide additional human resource support where required including added security, cleaning support staff, food services, police support, and medical and health supports.
- Educate clients on what an outbreak means and provide supportive guidance on how to maintain their health and wellbeing during the outbreak.
- Discuss transmission of disease, self-care, and proper respiratory etiquette and hand hygiene with staff and clients.

Isolation of Clients

When possible, isolate ill people from others to decrease the person-to-person transmission of germs. The Public Health Team will advise how long clients need to remain isolated. Refer to How to Isolate Clients in a Shelter.
Hand Hygiene (Refer to Appendix 2 for more information)

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 nose
- Before and after contact with an ill person
- After touching dirty surfaces such as taps and doorknobs
- After going to the bathroom

Food handling during an outbreak

Many of the same principles of food handling for prevention are followed during an outbreak. Where possible, limiting client handling of shared food and utensils is required during this time, such as:

- Dispense food onto plates for clients.
- Minimize client handling of multiple sets of cutlery.
- Dispense snacks directly to clients.
- Remove shared food containers from dining area (e.g., shared pitchers of water, shared coffee cream dispensers, salt & pepper shakers, etc.)

Facility-wide outbreak

Should the outbreak location not be contained to a section of the building and require the entire facility to be declared on outbreak, the Public Health Outbreak Team will work with partners to develop additional control measures.

Other outbreak control measures

While not required, other mitigation strategies to prevent the spread of illness between individuals may include:

- Limiting the movement of clients, such as transfers between shelters
- Limiting the number of clients or visitors at drop-ins or other day programs
- Canceling or postponing group activities if they are not essential
- Providing incentives to reduce mobility; for example, re-organizing services so that three meals are offered at one facility, instead of one meal each at three different agencies
- Implementing policies to encourage or require clients to access an assigned shelter and not others
RASH ILLNESS OUTBREAK MANAGEMENT

What is a Rash Illness Outbreak?

A Rash illness outbreak is opened by Public Health Outbreak Team when there are an unusual number of clients with rash illness within a 10 day period.

Once the Public Health Outbreak Team has been notified by CEIR that there are three or more symptomatic clients at a shelter, an investigation will be initiated. An outbreak investigator will contact shelter staff to discuss the number of symptomatic clients, their symptoms and when they began, and other details that will help them to determine if an outbreak should be opened. If an outbreak is not opened, the Public Health Outbreak Team will still offer advice and support as needed.

Once an outbreak is opened, the Public Health Outbreak Team will connect with shelter staff on a regular basis to assess how the outbreak is progressing, and when the outbreak can be closed.

Infection Prevention and Control Measures (refer to Appendix 2)

- Ensure adequate availability of all supplies as recommended by the Public Health Outbreak Team.
- **Appropriate PPE** should be put on before interactions with symptomatic clients (as recommended by the Public Health Outbreak team).
- PPE should be removed, and hand hygiene performed after direct contact with symptomatic clients.
- For shelter staff who work in office areas and do not have direct contact with clients or other staff, no PPE is needed. Staff should physically distance, wash their hands often, and avoid touching their face.

Staff Outbreak Measures (includes volunteers)

- Staff should stay home when they have symptoms of rash illness.
- Once a rash outbreak is declared, staff may be recommended to use additional PPE by the Public Health Outbreak Team.
- Consider cohorting of staff when possible, assigning dedicated staff to affected outbreak areas. Consult with the Public Health Outbreak Team if required.
- Limit staff-to-client interaction as much as possible and ensure staff wear appropriate PPE.

Client Outbreak Measures

- Masks should be provided to clients if recommended by Public Health Outbreak Team:
- Continue meal support and other essential service provision to the clients while ensuring appropriate infection control measures.
- The Public Health Outbreak Team will advise if any testing of clients and staff during an outbreak is indicated.

Close Contact Management

- Vulnerable people include the elderly and those with weakened immune systems. If it is necessary to interact with a vulnerable person during this time, take precautions such as strict hand hygiene and wearing a mask if recommended.
Control measures during outbreaks

General control measures
In an outbreak situation, the Public Health Outbreak Team will collaborate with partners to provide guidance on next steps and ongoing support for the shelter during the outbreak.

It is acknowledged that limited staffing, physical layout, shared accommodation, and communal areas in shelters may pose challenges for implementing all of these recommendations and requirements. It is also anticipated that each shelter may develop their own site-specific options to meet the recommendations of the Public Health Outbreak Team when developing their plans for outbreaks of communicable diseases. A public health inspector may consult with the site during the investigation or conduct an on-site inspection.

Shelter Operator/Designate will communicate with administration, staff, other services providers regarding the outbreak and initiation of the investigation by the Public Health Outbreak Team, including other facilities at the site (e.g., day programs). During an outbreak investigation, it is important to take the following steps:

- Work collaboratively with AHS, AH, CSS, municipalities, and other partners to provide additional human resource support where required including cleaning support staff, food services, police support, medical health supports and added security.
- Discuss spread of illness, self-care, respiratory etiquette and hand hygiene with staff and clients.
- Educate clients on what an outbreak means and provide supportive guidance on how to maintain their health and wellbeing during the outbreak.
- Assess with the Public Health Outbreak Team if a targeted immunization campaign may be helpful.

Isolation of Clients
Not all rash illnesses require isolation. Depending on the specific cause of the rash, the Public Health Outbreak team will advise if isolation is recommended. If recommended, when possible, isolate ill people from others to decrease person-to-person spread of germs. The Public Health Team will advise how long clients need to remain isolated. Refer to How to Isolate Clients in a Shelter.

Environmental cleaning/disinfection measures during an outbreak
Additional care is required to clean areas within the shelter where symptomatic clients, or clients who have tested positive for a rash illness are isolating, and the frequency of cleaning high touch surfaces may need to increase during an outbreak. Consider all surfaces where clients have isolated as contaminated.

Cleaning and disinfecting all equipment and environmental surfaces between use (e.g., shared equipment, tables) is essential. This includes cleaning and disinfecting sleeping mats after every use (e.g., each morning) and storing mats in a way that prevents contamination (e.g., a separate space not accessed by clients).

Ensure that there is an adequate supply of cleaning and disinfection supplies on hand. For additional guidance, see Public Health Recommendations for Environmental Cleaning

Hand Hygiene (Refer to Appendix 2 for more information)
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.
best done before an outbreak arrives. It is recognized that 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 nose
- Before and after contact with an ill person
- After touching dirty surfaces such as taps and doorknobs
- After going to the bathroom

**Respiratory Etiquette (Refer to Appendix 2 for more information)**

Respiratory etiquette is essential for preventing the spread of illness. Respiratory Etiquette includes:

- Covering cough/sneeze with a sleeve or tissue
- Disposing of used tissues in garbage immediately
- Cleaning hands after coughing or sneezing

**Food handling during an outbreak**

Many of the same principles of food handling for prevention are followed during an outbreak. Where possible, limiting client handling of shared food and utensils is required during this time, such as:

- Dispense food onto plates for clients.
- Minimize client handling of multiple sets of cutlery.
- Dispense snacks directly to clients.
- Remove shared food containers from dining area (e.g., water pitchers, salt & pepper shakers, etc.)

**Shelter-wide outbreak**

Should the outbreak not be contained to a specific section of the shelter, and the entire shelter is to be declared on outbreak, the Public Health Outbreak Team may recommend additional control measures.

**Other outbreak control measures**

While not required, other strategies to prevent the spread of illness between individuals may include:

- Limiting the movement of clients, such as transfers between shelters
- Limiting the number of clients or visitors at drop-ins or other day programs
- Canceling or postponing group activities if they are not essential
- Providing incentives to reduce mobility; for example, re-organizing services so that three meals are offered at one facility, instead of one meal each at three different agencies
- Implementing policies to encourage or require clients to access an assigned shelter and not others
DECLARING AN OUTBREAK OVER

The Public Health Outbreak Team will determine when an outbreak is declared over. If restrictions for clients entering the shelter had been put in place during the outbreak, clients can return to a shelter provided that they do not enter a group that is isolating.

Guidance around declaring the outbreak over and returning to regular operations will be provided by the Public Health Outbreak Team. Regular illness prevention activities are recommended to resume at this point.
## APPENDIX 1: CHECKLIST FOR SHELTERS

### Preparing for and Preventing an Outbreak
- Develop an outbreak plan for your shelter
  - Identify available isolation plan for clients in case they are needed
  - Identify contingency plans for staff absenteeism
  - Create a communication plan for updating staff, clients, and others
- Monitor client and staff populations to identify unusual patterns of illness
- Ensure that handwashing protocols, posters, and supplies are in place
- Ensure that environmental cleaning procedures and supplies are in place
- Ensure that adequate and appropriate PPE is available for staff and clients
- Provide private bins or bags for storing clients’ personal items
- Provide medical masks to clients with respiratory illness symptoms
- Communicate with staff about staying home when sick
- Be prepared to contact CEIR at 1-844-343-0971 for guidance when illness is identified
- Be prepared to transport clients with serious illness to health care facilities
- Identify spaces that can be used to isolate clients with symptoms, if possible
- Identify mental health resources for staff and clients
- Recommend COVID-19 and influenza immunization for all staff and clients

### During an Outbreak
- Put your shelter outbreak plan into action
- Report additional or subsequent cases to the Public Health Outbreak Team
- Inform CSS or your regulatory body of the possible outbreak
- The Public Health Outbreak Team will collaborate with you to determine next steps
- Symptomatic clients should be isolated
- Encourage clients to report new or worsening symptoms
- Clients with serious symptoms should be transported to health care sites
- Continue to communicate with staff and clients
- Maintain preventative actions like, masking, handwashing, physical distancing and enhanced environmental cleaning
- Limit visitors to the facility
- Use appropriate PPE when caring for symptomatic clients.

### Declaring an Outbreak Over
- The Public Health Outbreak Team will determine when an outbreak is over
- Make note of what worked well and what could be improved and update these items in your shelter outbreak plan
- Return to “prevention” mode in the shelter
- Consider continuing to implement illness screening processes for clients and staff
- Ensure that handwashing protocols and cleaning are maintained
APPENDIX 2: HOW TO PROTECT YOURSELF AND OTHERS

There are many ways that staff can protect themselves and others from illness in the shelter.

Handwashing and covering your cough

Two of the most important ways to prevent illness are:

- Cleaning your hands well and often (see “How to Wash Your Hands” and “How to Use Alcohol-Based Hand Rub” posters)
- Covering your cough in a way that will not spread your germs to others (see “Cover Your Cough” poster)

Personal Protective Equipment (PPE)

- PPE will protect you in many ways. It is important to know what PPE you should wear in different situations.
  - Review the poster “Modified PPE for Suspect or Confirmed COVID-19 in Vulnerable Populations outside of Healthcare Facilities” to identify what type of PPE you should wear.
- Once you know what type of PPE you should wear, it is important to know how to put it on (donning) and how to take it off (doffing). There are posters that provide detailed instructions for using different types of PPE.
  - Putting on and Taking off Gloves
  - Putting on (Donning) Personal Protective Equipment (PPE)
  - Taking off (Doffing) Personal Protective Equipment (PPE)

PPE Station

- Stations for putting on and removing PPE should be distanced from each other to prevent cross contamination where possible.

Poster Links

- How to Hand Wash (albertahealthservices.ca)
- How to Use Alcohol-based Hand Rub (albertahealthservices.ca)
- Cover Your Cough Poster General (albertahealthservices.ca)
- Covid-19 Modified PPE for Suspect or Covid-19 in Vulnerable Populations (albertahealthservices.ca)
- Proper Glove Use at Part of Personal Protective Equipment Fact Sheet (albertahealthservices.ca)
- Putting on (Donning) Personal Protective Equipment (PPE) (albertahealthservices.ca)
- Taking off (Doffing) Personal Protective Equipment (PPE) (albertahealthservices.ca)
How to Hand Wash

- Roll up long sleeves and push up any wrist accessories
- Wet hands with warm water
- Apply enough soap to cover surfaces of the hands

- Vigorously rub soap over palms, backs of hands and wrists
- Include space between fingers, fingertips and thumbs
- Procedure should take 15 to 30 seconds

- Rinse under warm, running water
- Pat hands dry with disposable towel
- Turn tap off with the disposable towel

Adapted with permission from The World Health Organization

Original date: May 2017
Revised date: June 2019
How to Use Alcohol-based Hand Rub

- 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

Adapted with permission from The World Health Organization

Original date: May 2017
Revised date: April 2019
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
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**
1. Clean hands
2. Put on clean gown
3. Put on mask with visor or mask and eye protection
4. Put on new gloves

**TAKE OFF**
1. Remove gloves
2. Clean hands
3. Remove gown
4. Clean hands
5. Remove mask with visor or mask and eye protection
6. Clean hands

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**
1. Clean hands

**TAKE OFF**
1. Clean hands
2. Remove mask with visor or mask and eye protection
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.

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

ahs.ca/covid

Alberta Health Services
Infection Prevention & Control

Healthy Albertans.
Healthy Communities.
Together.
Proper Glove Use as part of Personal Protective Equipment

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 (PCRA) 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-tears 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
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.

3a. 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.

3b. N95 respirator
   - There are different styles of N95 respirators (pictured below). They include:
     a. molded cup, b. flat-fold, and c. n-fold.
   - All styles have the same basic steps for donning. Refer to the manufacturer for specific donning instructions.

4. Eye protection or face shields
   - Place over the eyes (or face).
   - Adjust to fit.

5. Gloves
   - Pull the cuffs of the gloves over the cuffs of the gown.

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

For more information contact posurvidadmin@sha.ca
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.
   - E. 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.
   - D. Put in hamper or, if disposable, put in garbage.

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

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

6. Mask or N95 respirator
   - A. Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
   - B. Start with the bottom tie, then remove the top tie.
   - C. 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
   - A. Clean your hands. (See No. 2)

For more information contact
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