

Guide for Outbreak Prevention & Control in Shelter Sites

Includes Respiratory, Gastrointestinal, Rash & Other
Illnesses



If you have feedback about this guide email:
CDCResourceFeedback@albertahealthservices.ca.

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

© 2024 Alberta Health Services, Communicable Disease Control, Notifiable Disease & Outbreak Program



This copyright work is licensed under the [Creative Commons - Attribution-NonCommercial-NoDerivatives 4.0 International](https://creativecommons.org/licenses/by-nc-nd/4.0/). To view a copy of this license, see [Creative Commons - Attribution-NonCommercial-NoDerivatives 4.0 International - CC BY-NC-ND 4.0](https://creativecommons.org/licenses/by-nc-nd/4.0/). You are free to copy and distribute the work including in other media and formats for non-commercial purposes, as long as you attribute the work to Alberta Health Services, do not adapt the work, and abide by the other license terms. The license does not apply to AHS trademarks, logos or content for which Alberta Health Services is not the copyright owner.

This material is intended for general information only and is provided on an “as is”, “where is” basis. Although reasonable efforts were made to confirm the accuracy of the information. Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.

Table of contents

Introduction	5
Always use outbreak prevention practices.....	6
Watch for and report symptoms.....	9
Control measures to use for every outbreak.....	10
Ending an outbreak.....	13
Glossary	14
Appendix A: How to prevent the spread of illness.....	15
Appendix B: Supporting symptomatic clients.....	18



Land acknowledgement

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

Introduction

Community **shelter operators** are responsible to protect the health of **clients** under their care and **staff** working in their sites. Shelters are required to report outbreaks¹ and communicable diseases² under Section 26 of the Alberta [Public Health Act](#). The **Alberta Health Services (AHS) Public Health Outbreak team**, including zone Medical Officers of Health, Communicable Disease Control and Environmental Public Health, collaborate with shelters to manage outbreaks of respiratory, gastrointestinal (GI) and rash illnesses.

This guide provides best practice recommendations for outbreak prevention and control to reduce the risk of spreading illness.³ It was developed by AHS Communicable Disease Control and Safe Healthy Environments. The guide is for **community shelters** that provide temporary (often overnight) accommodation for people experiencing:

- Homelessness
- Domestic violence
- Elder abuse.

Other shelter sites⁴ are not required to report illnesses or suspected outbreaks to AHS. They are welcome to use this guide as a resource and consult with the AHS Population Public Health Support team (PPHST) for guidance.

Shelters may have challenges when implementing the recommendations in this guide. These may include limited staffing and supplies, physical layout, shared accommodation and communal areas. Shelters are encouraged to reach out to the AHS Public Health Outbreak team for advice and support.

Shelter outbreak checklist

Shelters may want to print the [Shelter Outbreak Checklist](#). This resource summarizes the key outbreak actions in a checklist format.

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

² A communicable disease is an illness caused by an organism or micro-organism or its toxic products that is transmitted directly or indirectly from a person with infection, an animal or the environment.

³ Illness refers to [symptoms](#) of respiratory, gastrointestinal or rash illness.

⁴ Shelter 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.

Always use outbreak prevention practices

Germs can spread from person to person or via contaminated surfaces. Use the following outbreak prevention practices every day to stop the spread of illness. Shelter operators are encouraged to develop their own site-specific plans to meet these recommendations.



Perform frequent hand hygiene and use respiratory etiquette

- Provide easy access to hand sanitizer and hand washing stations.
- Encourage frequent and thorough [hand washing](#) and/or use of [alcohol-based hand rub](#).
- Promote respiratory etiquette ([Cover Your Cough](#)).
- Support those who choose to wear a mask.
- Refer to [Appendix A: How to prevent the spread of illness](#).



Promote immunization to prevent serious illness

- Encourage clients and staff to get [recommended vaccines](#), including COVID-19 and influenza.



Provide a healthy, clean environment

- Ensure frequent **cleaning** and **disinfection** of high touch surfaces.
- Follow the [Public Health Recommendations for Environmental Cleaning and Disinfection of Public Facilities](#).
- Improve ventilation in the site. For example, open windows to improve airflow when weather permits and maintain HVAC systems.
- Follow [Key Points for Ready to Use Disinfectant Wipes](#).

Clean linen and laundry thoroughly

- Follow linen and laundry directions in the [Linen in Community-based Services](#) resource.
- Perform hand hygiene before and after handling linen or laundry.
- Handle dirty linen and laundry as little as possible and wear a gown and gloves to prevent contamination of clothing. Minimize agitation and shaking of laundry.
- Check linen and laundry for sharps or needles prior to handling.



Follow safe food handling practices

- Refer to information from Environmental Public Health for Food Facilities at [Information for Your Business](#).

Handle food with care.

- Provide access to hand sanitizer and hand washing stations and encourage staff and clients to perform hand hygiene prior to handling food or eating.
- Minimize client handling of shared food and serving utensils.
- Provide clients with individual plates, cups and utensils and discourage sharing of items.

Keep kitchen and dining areas clean.

- Clean and disinfect all surfaces of tables and chairs, including the underneath edge of the chair seat and table after each meal.
- Assign staff to cleaning duties or food preparation and food service. If this is not possible, have staff prepare food before cleaning and perform hand hygiene before and after each activity.



Have a plan for illness

- Remind **visitors** with symptoms or who feel unwell not to enter the shelter.
- Remind staff with symptoms or who feel unwell that they are not to work.
- Send staff home as soon as possible if they develop symptoms at work.

Monitor for illness.

- Follow the site illness plan if clients with symptoms are identified.

Keep clients with symptoms away from others.

- Refer to [Appendix B: Supporting symptomatic clients](#).

Use personal protective equipment (PPE).

- Wear a mask and eye protection if in contact with clients with respiratory symptoms.
- Wear a gown and gloves if in contact with clients with gastrointestinal (GI) illness symptoms.
- Refer to [Appendix A: How to prevent the spread of illness](#).



Plan a safe return to work for staff after illness

Respiratory illness

Stay home until:

- All symptoms have improved AND
- Feeling well enough to resume normal activities AND
- Fever-free for 24 hours without using fever-reducing medications.

Refer to [COVID-19 Information for Albertans](#).

GI illness

Stay home until 48 hours after the last episode of vomiting and/or diarrhea.

Rash and other illnesses

Stay home for the length of time recommended by their physician or nurse practitioner or the AHS Public Health Outbreak team.

Watch for and report symptoms



Report illness to the AHS Provincial Public Health Support team (PPHST) at **1-844-343-0971**.

PPHST is a provincial, centralized outbreak reporting and response team. They provide initial support and direction to shelter sites reporting possible outbreaks.

Illness type	Symptoms to watch for	When to report
Respiratory illness 	List A: Cough, shortness of breath, sore throat, loss or altered sense of taste/smell, runny nose / nasal congestion List B: Fever, fatigue (significant and unusual), muscle ache / joint pain, headache, nausea, diarrhea	Within a seven-day period: Report if there are an unusual number of clients with new onset of two or more symptoms ⁵ (at least one symptom must be from List A).
Illness type	When to report	
GI illness 	Within a 48-hour period: Report if there are an unusual number of clients with NEW onset of diarrhea or vomiting ⁵ or laboratory confirmation of a pathogen known to cause GI illness. Staff: Report if there is an unusual increase in GI illness (above the baseline) or laboratory confirmation of a pathogen known to cause GI illness. Report even if staff were not present at work with symptoms.	
Rash illness 	Within a 10-day period: Report if there are an unusual number of clients with similar rash illness.	
Other illness 	Some diseases may benefit from further advice and/or investigation. <ul style="list-style-type: none"> Report other illnesses of concern such as group A streptococcal infections, measles, mumps, pertussis (whooping cough), meningitis, monkeypox, hepatitis and scabies. 	

⁵ Symptoms may have a variety of causes, both infectious and non-infectious. If new symptoms without an alternative cause are observed in individuals, especially when they have been in contact with each other, report for further investigation.

After the shelter has reported

PPHST will notify the AHS Public Health Outbreak team when a shelter site reports a possible outbreak. The AHS Public Health Outbreak team will contact the shelter to discuss the illness details and determine if there is an outbreak.

If an outbreak is declared, the AHS Public Health Outbreak team will:

- Advise staff to continue with routine [outbreak prevention practices](#) and to start implementing outbreak control measures as outlined below.
- Send an email to the shelter site with contact information and instructions for reporting additional clients and staff who develop symptoms.

More than one type of outbreak may occur at the same time. If this happens, the AHS Public Health Outbreak teams from Communicable Disease Control and Safe Healthy Environments will work with the shelter to control both outbreaks.

Control measures to use for every outbreak

Communicate about the outbreak

- Inform clients, staff, service providers and administration of the outbreak.
- Encourage frequent [hand washing](#) and/or [use of alcohol-based hand rub](#) and use of respiratory etiquette ([Cover Your Cough](#)). Refer to [Appendix A: How to prevent the spread of illness](#).
- Request clients and staff report symptoms to the shelter operator.
- Request support from community support services, municipalities and other partners if needed.

Enhance cleaning and disinfection to prevent the spread of illness

- Follow directions for cleaning and disinfection during an outbreak. Refer to the [Public Health Recommendations for Environmental Cleaning of Public Facilities](#).
- Increase frequency of cleaning and disinfection of common areas and high touch surfaces such as doorknobs, light switches, tabletops and washrooms.
- Ensure there are adequate supplies of cleaning and disinfection products.
- Clean contaminated equipment and environmental surfaces between uses.
- Clean and disinfect sleeping mats after every use and store them in a way that prevents contamination such as in a separate space not accessed by clients.

Keep clients with symptoms away from others

- Refer to [Appendix B: Supporting symptomatic clients](#) for information on supporting clients with symptoms to stay away from others.

Use food services modifications

- Ensure staff and clients who volunteer to support meals are feeling well and practice hand hygiene.
- Discontinue buffet and family-style meal service.
- Limit client handling of shared food, dishes and utensils.
- Provide clients with individual cutlery sets.
- Hand out snacks directly to clients.
- Remove shared food containers such as water pitchers and salt and pepper shakers.
- Discourage sharing of personal items such as drinking cups, cigarettes / vaping equipment and towels.

Handle linen and laundry soiled with vomit or stool safely

- Wear a gown and gloves when handling soiled linens and laundry. Refer to [Appendix A: How to prevent the spread of illness](#).
- Discard heavily soiled items.
 - If items need to be kept, wear PPE including gown and gloves to remove stool or vomit and dispose into toilet or leak-proof garbage bag prior to washing.
- Place dirty laundry in a sealed or tied leak-proof bag. Do not use a fabric bag.
 - Remove gown and gloves and wash hands once soiled laundry has been placed in the laundry bag.
 - If using a plastic laundry basket to transport the bag, clean and disinfect basket after use.
- Dedicate one laundry room or one washing machine for soiled laundry from clients with symptoms.
- Wash laundry in a standard washing machine with hot water (70 °C).
- Run a bleach cycle (without a load of laundry) before washing other laundry.
- Dry laundry completely in a dryer.
- Clean and disinfect washer and dryer surfaces and buttons/knobs between uses.

Manage shared transportation

- Provide a mask for clients with respiratory symptoms if tolerated.
- Wear a mask and eye protection when transporting a client with respiratory symptoms.
 - If a client cannot or will not wear a mask, also wear a gown.
- Stock a gown and gloves, cleaning and disinfection products and plastic garbage bags to clean and contain vomit or diarrhea. Refer to [Appendix A: How to prevent the spread of illness](#).
- Increase frequency of cleaning and disinfection of the shared transport vehicle, including high-touch surfaces such as door handles, rails and the steering wheel.

Collect specimens only if requested

- The AHS Public Health Outbreak team will provide detailed instructions if specimen collection is requested.
- Shelters may have access to publicly provided COVID-19 at-home rapid antigen tests. For information on using these tests go to:
 - [COVID-19 info for Albertans](#)
 - [COVID-19 information: guidance for at home COVID-19 rapid antigen testing](#).
- Staff assisting clients with COVID-19 rapid antigen testing are recommended to use PPE. Refer to [Appendix A: How to prevent the spread of illness](#).

Control measures that may be introduced for complex outbreaks

The AHS Public Health Outbreak team assesses and monitors the outbreak in collaboration with the shelter operator. If necessary for outbreak control, other outbreak measures may be recommended.

For staff

- Assigning dedicated staff to work only in the affected outbreak area. This can help stop the spread of illness to other areas.
- Cancelling or postponing non-essential group activities.

For clients

- Limiting the movement of clients, including transfers between shelters.
- Encouraging clients to access an assigned shelter.
- Providing incentives to reduce client movement in and out of the shelter site. For example, offer three meals at one site instead of only one meal at three different sites.

- Limit the number of clients or visitors at drop-ins or other day programs.
- Encourage physical distancing during meals and activities.

For visitors

- Request visitors wear a mask.

Ending an outbreak

The AHS Public Health Outbreak team determines when an outbreak is over and will advise the shelter when the outbreak control measures may be stopped. Resume routine [outbreak prevention practices](#) when the outbreak is over.

If additional clients or staff develop symptoms within seven days of the outbreak ending, [watch for and report symptoms](#). If reporting criteria are met, call PPHST and tell them that an outbreak recently ended at the site.

Glossary

AHS Public Health Outbreak team: Coordinates and leads the outbreak response. This team includes Medical Officers of Health (MOHs), and outbreak teams from Communicable Disease Control (CDC) Nurses and Safe Healthy Environments Public Health Inspectors.

Cleaning: Refers to using soap or detergent to remove visible dirt, grime, and impurities. Cleaning does not kill germs but helps remove them from the surface.

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

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

Disinfection: Refers to using chemicals to kill germs on surfaces.

Personal protective equipment (PPE): Refers to protective clothing or equipment used by staff and visitors who work directly in areas with clients. PPE such as mask, eye protection, gown and gloves protects from exposure to infectious agents.

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

Staff: Individuals who provide support or services within the shelter, including volunteers, and students. For ease these individuals will be referred to as 'staff' throughout this guide.

Visitor: Anybody entering the site who is not a staff member or a client.

Appendix A: How to prevent the spread of illness

Prevent illness with hand hygiene and respiratory etiquette



Hand hygiene is the most effective way to stop the spread of illness

- Review and post [How to Wash Your Hands](#) and [How to Use Alcohol-Based Hand Rub](#).

Clean hands frequently with an alcohol-based hand sanitizer or soap and water.

- Use alcohol-based hand rub (minimum 70% alcohol) when performing hand hygiene except when plain soap and water is recommended.
- Wash hands with plain soap and water when:
 - Hands are visibly soiled with food, dirt or blood and body fluids
 - Before, during and after handling food
 - Following glove removal (doffing) after caring for a client with vomiting and/or diarrhea
 - Immediately after using the washroom.
- Use hand hygiene after glove removal. Glove use is not a substitute for hand hygiene.

Make it easy to perform hand hygiene.

- Ensure sufficient hand hygiene stations and supplies are available, not expired and accessible to staff and clients such as next to the cafeteria line and at entrances.
- Provide soap and disposable towels at handwashing stations.
- Assist clients who are unable to perform hand hygiene independently.


Hand hygiene is most important at the following times:

Contact

- After coughing, sneezing or nose blowing
- Before and after contact with a symptomatic person
- Before putting on and after removing gloves
- After touching high touch surfaces such as taps and doorknobs
- After touching garbage.

Food Handling



- Before, during and after preparing food
- Before and after eating food.

	<p>Bathroom</p> <ul style="list-style-type: none"> • After going to the bathroom or using the toilet • After changing diapers or cleaning up a client that has used the toilet.
	<p>Respiratory etiquette stops the spread of illness</p> <ul style="list-style-type: none"> • Review and post the Cover Your Cough poster. • Cover coughs and sneezes with a sleeve or tissue. • Dispose used tissues in a lined garbage. • Clean hands well after coughing or sneezing.

Personal protective equipment (PPE)

PPE adds a layer of protection when interacting with clients with symptoms or when interacting with their personal items or space.

- This includes during cleaning of contaminated areas. Contamination happens when germs are left behind, even after a client with symptoms leaves the area.
- For sites with access to PPE, follow these recommendations for use.

	<p>Always use hand hygiene before putting on PPE and after removing it</p> <p>How to put on and take off PPE:</p> <ul style="list-style-type: none"> • Putting on (Donning) Personal Protective Equipment (PPE) • Taking off (Doffing) Personal Protective Equipment (PPE) • Modified PPE for Suspect or Confirmed Respiratory Virus Infections in Vulnerable Populations.
	<p>Wear a mask and eye protection when in contact with clients with respiratory illness</p> <p>How to use a mask</p> <ul style="list-style-type: none"> • Always perform hand hygiene before putting on a mask and after removing a mask. • Replace the mask if it becomes wet, damaged or soiled. • Do not reuse a disposable mask. • Dispose of used masks in a lined garbage. <p>Use eye protection to keep sprays of body fluids out of the eyes</p> <ul style="list-style-type: none"> • Use eye protection such as goggles or a face shield if there is any risk of sprays of body fluids. This includes when caring for clients who are

actively vomiting or coughing.

- Prescription eyeglasses are not considered eye protection.
- Refer to manufacturer instructions regarding whether eye protection is single use or if it can be cleaned and disinfected and then reused.



Use a clean gown and new gloves to protect clothing from contamination

- Always perform hand hygiene before putting on and after removing a gown and gloves.
- Remove gown and gloves after use and place in a lined garbage that is located immediately outside of the room/area. This prevents staff from walking through the shelter with a contaminated gown or gloves.
- If using a non-disposable gown, follow shelter process for laundry.
- Refer to the [Proper Glove Use as Part of Personal Protective Equipment Fact Sheet](#).

Appendix B: Supporting symptomatic clients

Keep symptomatic clients away from others to stop the spread of illness

- Develop site-specific policies for how to keep symptomatic clients away from others including designating spaces for clients with symptoms. Consider the physical layout of the shelter, the number of clients, staff availability and the types of services offered.
- Ensure clients who are symptomatic and staying away from others continue to have access to food, drinks and their medications.

General strategies

- Designate areas for symptomatic clients where supervision can occur. Follow site processes if medical attention is needed.
- Use incentives to support clients staying away from others.
- Use modified policies related to smoking, drugs or alcohol use during an outbreak.
- Discourage clients from sharing towels, bedding or clothing with others.

Strategies to prevent the spread of respiratory illness

Keep clients away from others	Stay away from others while ill <ul style="list-style-type: none">• Keep clients with respiratory symptoms or who test positive for a respiratory pathogen away from others until:<ul style="list-style-type: none">○ Symptoms have improved⁶ AND○ Feeling well enough to resume normal activities AND○ Free of fever for 24 hours without the use of fever-reducing medication.• Also encourage clients to use added precautions such as masking, hand hygiene and physical distancing. For five days after client is feeling better <ul style="list-style-type: none">• Strongly encourage clients to continue with added precautions such as masking, hand hygiene and physical distancing.
--------------------------------------	--

⁶ Each client can best decide if their symptoms are improving. Improving means they feel better than on the previous days.

Use a separate washroom	<ul style="list-style-type: none"> • Dedicated washroom is available: Dedicate a washroom for use by the symptomatic clients. Clean and disinfect the washroom more frequently. • Only a shared washroom is available: Increase frequency of cleaning to between every use or hourly if that is not possible.
Provide a private space based on shelter capacity	<ul style="list-style-type: none"> • Private room is available: Use a private room with meal service. • Separate dorm/wing/floor is available: When it is not possible to keep symptomatic clients in private rooms, consider isolating clients with respiratory symptoms together in a separate dorm/wing/floor. • No separate space is available: When it is not possible to keep symptomatic clients in private rooms or a separate dorm, wing or floor place them in a separate area of the room with beds/mats at least two metres apart. Alternate beds/mats head-to-toe. <ul style="list-style-type: none"> ○ In larger rooms, use temporary physical barriers between beds/mats such as sheets or curtains. Clean the temporary physical barriers when visibly dirty and when the client is no longer using the space. ○ Consult with the AHS Public Health Outbreak team about alternative sleeping arrangements.

Strategies to prevent the spread of gastrointestinal illness

Keep clients away from others	<ul style="list-style-type: none"> • Keep clients with GI illness symptoms away from others until they have been symptom-free for 48 hours.
Use a separate washroom	<ul style="list-style-type: none"> • Dedicated washroom is available: Dedicate a washroom for use by the symptomatic clients. Clean and disinfect the washroom more frequently. • Only a shared washroom is available: Increase frequency of cleaning to between every use or hourly if that is not possible.

Provide a private space based on shelter capacity	<ul style="list-style-type: none"> • Private room is available: Use a private room with meal service until the client has not had vomiting and/or diarrhea for 48 hours. • Separate dorm/wing/floor is available: When it is not possible to keep symptomatic clients in private rooms, consider isolating clients with GI symptoms together in a separate dorm, wing or floor. • No separate space available: If it is not possible to keep symptomatic clients in a private room or a separate dorm, wing or floor, place them in a separate area of the room with beds/mats at least one metre apart. Alternate beds/mats head-to-toe. <ul style="list-style-type: none"> ○ In larger rooms, use temporary physical barriers between beds/mats such as sheets or curtains. Clean the temporary physical barrier when visibly dirty and when the client is no longer using the space. ○ Consult with the AHS Public Health Outbreak team about alternative sleeping arrangements.
--	--

Strategies to prevent the spread of rash and other illnesses

Keep clients away from others	<ul style="list-style-type: none"> • How long to keep clients away from others depends on the type of illness. • The AHS Public Health Outbreak team will advise if clients with other illnesses need to stay away from others and for how long. <p>For rash illnesses also advise clients to:</p> <ul style="list-style-type: none"> • Have the rash assessed by a medical professional such as a physician or nurse practitioner. • Keep the rash covered by clothing. • Avoid sharing of towels, bedding or clothing with others.
Use a separate washroom	<ul style="list-style-type: none"> • The AHS Public Health Outbreak team will advise if a separate washroom is needed.
Provide a private space based on shelter capacity	<ul style="list-style-type: none"> • The AHS Public Health Outbreak team will advise if a private space is needed.