



# **Guidelines for COVID-19 Outbreak Prevention, Control and Management in Work Camps and Work Sites**

**June 2020**

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## Introduction

The purpose of this document is to provide current best-practice/evidence-based guidelines for COVID-19 outbreak control and management in Work Camp and Work Site settings. Please note that this is only a supplemental addition to existing guidelines; more detailed descriptions of general outbreak control strategies are available in the Alberta Health Services (AHS) Outbreak Guidelines and the Alberta Health (AH) Guidance for Work Camp Operators and Managers:

[AHS Guidelines for Outbreak Prevention, Management and Control in Work Camps January 2018](#)  
[AH Guidance for Managers and Operators of Industrial Work Camps April 2020](#)

For the purposes of this document:

- Work Camp:** refers to one or more buildings established to accommodate persons who are employed in mining, lumber, construction, drilling, resource exploration or any other similar industry, and facilities associated with their operation.
- Work Site:** refers to the location where a worker is, or is likely to engage in any occupation.
- Client:** a person that stays at or uses the services of a work camp/work site and does not have an operational or administrative role at the work camp/work site.
- Visitor:** a person coming on site that does not register as an overnight client, such as social visitors, delivery persons, repair persons, etc.
- Staff:** a person that has an operational or administrative role at a work camp/work site.
- Isolation:** means the separation of a person infected with a communicable disease from other persons in a place and under conditions that will prevent the direct or indirect conveyance of the infectious agent from the infected person to a susceptible person.
- Quarantine:** the limitation of freedom of movement and contact with other persons during the incubation period of a communicable disease.

**In addition, Work Camp Operators/Managers in Alberta must follow the requirements set out in all Orders issued by the Chief Medical Officer of Health (CMOH).**

The notification of outbreaks and other infectious disease threats in Alberta is mandated under Section 26 of the provincial Public Health Act, and each Medical Officer of Health (MOH) is accountable for outbreak investigation and management (Section 29).

Early recognition and swift action is critical for effective management of COVID-19 outbreaks in work camp/work site settings because of the physical lay-out, shared accommodation and communal areas at these sites and the increased risk of spread when individuals live and work in close proximity.

Alberta's Chief Medical Officer of Health requires that any place of business that is allowed to operate during the COVID-19 pandemic must prevent the risk of transmission and infection to co-workers and the public, provide for a rapid response if a worker or member of the public develops symptoms of illness while at the place of work and maintain high levels of workplace and worker hygiene.

Managing an outbreak starts with preventive measures, followed by preparing and implementing a plan, and finally controlling and resolving an outbreak. The different points along this continuum require specific actions and interventions. Work Camp Operators/Managers must incorporate this information into a **Rapid Response Plan** to ensure readiness to manage symptomatic individuals, confirmed COVID-19 cases and to respond to an outbreak should one occur. In addition, prime contractors are also reminded to ensure that sub-contractors receive and comply with these expectations.

AHS will work collaboratively with Work Camp Operators/Managers to facilitate prompt response to help minimize the impact and manage the spread of the outbreak, for the benefit of staff/clients, the health system and work camp operations.

## General Guidelines for COVID-19 Outbreak Management

### Principles of Outbreak Management

#### 1.1 Prevention and Preparedness

The most effective way for staff/clients to prevent spread of COVID-19 is through consistent hand hygiene practices, respiratory etiquette, continuous masking where possible, physical distancing and environmental cleaning/disinfection measures. When available, Occupational Health and Safety professionals can assist sites with prevention and preparedness strategies for the workplace.

#### 1.2 Surveillance

Conduct ongoing daily monitoring and surveillance according to workplace **Rapid Response Plans** for possible symptoms of COVID-19 (refer to [Table 1](#)) in staff/clients in order to promptly identify cases and outbreaks.

- Ensure staff/clients conduct daily self-check for symptoms of COVID-19 before reporting for work.
- All symptomatic staff/clients that have any symptoms listed in [Table 1](#) should be tested
  - Individuals with [Table 1- List A](#) symptoms **MUST** be isolated and may not work until their test results are back and they are advised about further requirements for isolation by public health.
  - Individuals with [Table 1- List B](#) symptoms **MUST** not work while they are having symptoms, but may return to work if they are feeling better if their test results are pending.
- Workplaces (camps, sites) that have symptomatic staff/clients on location\* must contact
  - North Zone - **Rapid Response Line at 1-800-732-8981 (0800-2200h) Environmental Public Health On Call (EPHOC)**
  - Other Zones - **AHS Coordinated COVID-19 Response at 1-844-343-0971 (0800-2200h)**

*Note: when there is a confirmed COVID outbreak where Public Health is already involved in outbreak management, do not continue to contact the Rapid Response Line/AHS Coordinated COVID-19 Response line with newly symptomatic individuals.*

\*Do not contact the North Zone Rapid Response Line or AHS Coordinated COVID-19 Response line for staff/clients that are not present at the camp/site location. Staff/clients who are offsite can complete the [COVID-19 self-assessment](#) to determine if they should be tested for COVID-19.

**Table 1: COVID-19 Case and Outbreak Definitions**

<p><b>List A: Symptoms of COVID-19 requiring immediate isolation</b></p> <ul style="list-style-type: none"> <li>○ fever (38°C or higher)</li> </ul> <p>New onset of:</p> <ul style="list-style-type: none"> <li>○ cough</li> <li>○ shortness of breath/difficulty breathing</li> <li>○ runny nose</li> <li>○ sore throat</li> </ul>	<p><b>List B: Additional symptoms that may indicate a need for testing:</b></p> <ul style="list-style-type: none"> <li>○ New onset of:</li> <li>○ chills</li> <li>○ painful swallowing</li> <li>○ stuffy nose</li> <li>○ headache</li> <li>○ muscle/joint ache</li> <li>○ feeling unwell/fatigue/severe exhaustion</li> <li>○ nausea/vomiting/diarrhea</li> <li>○ loss of sense of smell or taste</li> <li>○ conjunctivitis (pink eye)</li> </ul>
<p><b>Confirmed COVID-19 Outbreak Definition:</b> Any two staff/clients that are a laboratory confirmed case of COVID-19 AND their most likely source of acquiring infection is their work site(s) and/or work camp(s).</p>	

### 1.3 Assessment

Assess staff/client for symptoms of COVID-19 (refer to [Table 1](#)). Even if a single case of COVID-19 has already been identified, continue to collect and submit swabs for any newly symptomatic individuals until otherwise directed by Public Health.

In order to facilitate Public Health follow up, Work Camp Operators/Managers must maintain a list for six weeks of all staff as well as any clients or visitors (e.g., contractors or contracted companies) that work or have been at the camp for more than 1 hour. This list must include their full name and most current contact information (phone number, email and physical address) as well as the full name and contact information of the individual's employer (phone number, email and physical address).

#### Symptomatic staff/client:

- Any staff/clients with symptoms of COVID-19 in [Table 1- List A](#) must immediately isolate and contact their Work Camp Operator/Manager to make arrangements for testing as soon as possible.
- Any staff/clients with new onset of one of the additional symptoms in [Table 1- List B](#) could also be offered testing for COVID-19. If two or more symptoms from List B the staff/client should be advised to isolate, and be tested.. If they are tested and their test is positive for COVID-19, they are legally required to isolate as directed by Public Health.
- Any staff/client that has symptoms of COVID-19 (refer to [Table 1](#)) should be tested as soon as possible, in collaboration with AHS Public Health.
  - Ensure the EI number provided by the North Zone Rapid Response Line/AHS Coordinated COVID-19 Response Line is included when sending initial specimens for testing (see [Attachment 1](#)).
  - All close contacts of confirmed cases must be identified and should be tested as soon as possible.
  - All close contacts of confirmed cases must quarantine for 14 days from last exposure with the confirmed case
  - No one who has been tested as a result of being a contact of a case will leave the site until test results are received unless approved by a Medical Officer of Health/designate . For example, in consultation with the MOH/designate, individuals who live/stay in a neighboring community may be able to isolate/quarantine at home if safe to do so. Individuals that are allowed to isolate/quarantine themselves under these circumstances must provide written agreement to the following conditions:
    - Must not use public/commercial transportation to get home.
    - Optimally reside within 2-3 hours from worksite and be well enough to travel alone in their private vehicle.
      - If unable to travel alone by private vehicle, could share transportation with one other person that is not a health care worker or is at risk for serious effects of COVID-19, and both people sit as far apart as possible and both wearing a mask.
    - Complete a daily self-monitoring checklist for the entire 14 days.
    - Have a suitable place to remain isolated at home and away from others for the entire 14 days
    - Do not have anyone at home that is a health care worker or that is at high risk of complications from COVID-19
- Work Camp/work site Operators/Managers should use their Rapid Response Plan and protocols to determine where within the camp isolation would occur:
  - The individual must stay in his/her own room, ideally with their own bathroom and with meal service provided.
  - They must not leave their room unless absolutely necessary (e.g., if the bathroom is outside of their room) and must take appropriate precautions when outside of their room, such as physical distancing and wearing a mask or face covering over their nose and mouth.
  - Before allowing any symptomatic person to leave the work camp or work site, Operators/Managers **must consult with their local Zone AHS contact/ MOH** for their respective Zone (see link <https://www.albertahealthservices.ca/assets/info/hp/phys/if-hp-phys-clin-moh-on-call-contact-information.pdf> ) so that appropriate arrangements can be made:
    - to ensure testing is done before the individual leaves the Zone, and

- they receive proper instructions about acceptable offsite isolation and safe transportation (in a private vehicle to a private residence if there is no capacity for them to remain onsite).
- Safe isolation precautions **must** be taken when transporting staff/clients offsite to ensure others are not exposed (see Section 1.7.)
- **Symptomatic individuals cannot leave the province.**

Asymptomatic staff/clients:

- Testing of asymptomatic staff/client may be requested at the discretion of the Medical Officer of Health (MOH) as a tool for early detection of cases and outbreak control.
  - This will not be done routinely but may be considered if there is determined to be sustained transmission occurring onsite without direct epidemiologic links between cases
- Follow Rapid Response Plan and implement control measures and other outbreak strategies immediately, while waiting for test results.

#### 1.4 Outbreak Identification

Two positive specimen results for COVID-19 is considered a confirmed outbreak (see [Table 1](#)) if the most likely source of infection is the work camp/work site. Work camp/work site Operators/Managers must compile lists of staff/clients when one case is identified and be prepared to work with AH and AHS once two cases are identified. Even when a COVID-19 case is identified and an outbreak is declared, continue testing all newly symptomatic staff/client (and asymptomatic staff/client if indicated by the MOH) throughout the outbreak until otherwise directed by Public Health.

#### 1.5 Case and Outbreak Definitions

Early recognition of COVID-19 outbreaks is extremely important. Maintain surveillance of staff/client in the work camp and work site for symptoms of COVID-19 and for outbreaks (see [Table 1](#)).

Note: Confirmed COVID cases may also be identified in workers where the likely source of infection is determined to be a *non-workplace* setting. Those cases are routinely investigated by Public Health and relevant workplace contacts will be identified and followed as per usual process i.e., this does not necessitate opening/declaring an outbreak investigation at the work camp/work site.

#### 1.6 Notification

To initiate an outbreak investigation quickly, **promptly report a single staff/client with symptoms of COVID-19 in a work camp/work site by calling the following contacts between 0800 – 2200h:**

- North Zone: the Rapid Response Line at 1-800-732-8981 Environmental Public Health On Call
- All other Zones: the AHS Coordinated COVID-19 Response at 1-844-343-0971.

Initial outbreak control measures, staff/client restrictions and testing recommendations will be provided. Prompt reporting permits early identification and interventions to interrupt transmission of COVID-19 as soon as possible, reducing morbidity and mortality. Follow internal work camp/work site protocols for workplace notification about staff/clients that are being tested and use established protocols to collect and report information to Public Health (see [Attachment 2](#)).

#### 1.7 Infection Prevention and Control Measures

In order to prevent the risk of transmission of COVID-19 to staff/clients at work camps/work sites while waiting for test results, implement routine Infection Prevention and Control (IPC) measures including consistent and thorough hand hygiene, respiratory etiquette, masking and isolation of symptomatic staff/clients. Review [physical distancing](#) principles, staffing considerations, food handling practices and cleaning and disinfection practices.

- **Hand hygiene** is the most important measure in preventing spread of infections.
  - Practice consistent hand hygiene.
  - Promote and facilitate proper and thorough hand hygiene ([hand washing](#) and [hand sanitizer](#) use) by ensuring adequate supplies and through reminders or posters that highlight the importance of this practice in limiting the spread of infection
- Place symptomatic staff/client in single room if possible with meal service.
  - Staff/clients must wear a mask anytime they need to leave their room (e.g., to use the washroom if they do not have a private bathroom)

- Recognizing that this may be a challenge to find private rooms for individuals in work camps, if a single room is not available, other staff/client with COVID-19 or symptoms of COVID-19 *may* be cohorted in a separate area, floor or wing – **must** consult with IPC/Public Health for direction.
  - It is always necessary to maintain at least two (2) metres of physical separation between bed spaces or any permitted designated essential visitor.
- **PPE** - wear appropriate PPE as per Interim [IPC recommendations COVID-19](#) for staff providing care to all isolated individuals (symptomatic or asymptomatic) **[Donning and Doffing PPE](#)**
- Practice respiratory etiquette to help prevent transmission of respiratory illnesses.
  - Remind staff/client to cover coughs and sneezes, the importance of not touching face, eyes, nose or mouth
  - Provide adequate supplies (e.g., masks, tissues) and lined garbage bins for use by staff/client – no touch garbage cans are preferred.
- Review [physical distancing](#) principles to minimize close contact for staff/client
  - include control measures when this is not feasible (e.g., when two or more individuals are required to turn valves or lift heavy objects).
  - develop alternate routines as required to reduce potential spread of COVID-19.
- Ensure gatherings of staff/clients (both indoors and outdoors) are managed as per current public health recommendations, in alignment with principles of [physical distancing](#) and **[CMOH orders](#)**. These can be found at [www.alberta.ca/covid-19](http://www.alberta.ca/covid-19)
- Restrict visitors and place [posters](#) at the entrance of the work camp/work site indicating the precautions required and screen all visitors prior to entering the site.
- Sites/floors/wings experiencing a COVID-19 outbreak must implement additional IPC precautions to the extent that resources are available (e.g., private rooms with washroom facilities, physical layout housekeeping procedures, enhanced cleaning and staffing patterns).
- Staff/clients working in the area with individuals who are in isolation should avoid or minimize contact including physical distancing.
- Where available, OHS professionals can assist with IPC strategies for the workplace. In addition, prime contractors are also reminded to ensure that sub-contractors also receive and comply with timely messaging for IPC.
- Consult with Public Health as appropriate for assistance with IPC issues.

### Isolation and Quarantine

[CMOH Order 05-2020](#) outlines full details and exemptions where Albertans are legally obligated to isolate or quarantine.

- Any staff/client who are diagnosed with COVID-19 or who develop symptoms of COVID-19 (refer to [Table 1-List A](#)) are required to isolate for 10 days or until symptoms resolve, whichever takes longer.
  - Symptomatic workplace staff/clients from out of province must remain onsite during the duration of the isolation period, or be placed in a suitable location should there be no capacity to isolate onsite.
  - If the staff/client tests negative for COVID-19 and have no known exposure to COVID-19, they are not required to remain in isolation. However, they must not return to work or to the general population of the camp/site until symptoms have resolved.
- Any staff/client who travelled outside of Canada in the past 14 days or are close contacts of a person who is a confirmed or probable COVID-19 case must be quarantined for 14 days.
  - Out of province workers: It is strongly recommended that these workers be quarantined on site for the 14 days as they are close contacts and remain at high risk of developing COVID - 19 during the quarantine period. They can only leave the site with permission of local MOH in Alberta as well as Regional MOH at place of residence in receiving province.

### 1.8 Specimen Collection

- The Rapid Response Line at 1-800-732-8981 (for North Zone) and the AHS Coordinated COVID-19 Response line at 1-844-343-0971 (for all other Zones) will also provide instructions on specimen collection and an [EI number](#) for the lab requisition (see [Attachment 1](#)).
- Work camp/work sites that collect specimens as part of an outbreak investigation must attach the relevant [EI number](#) to help to link these specimens together.

### 1.9 Additional Outbreak Control Strategies

- Authorize and deploy additional resources to manage the outbreak as needed.
- Restrict symptomatic staff/clients to their room (with dedicated bathroom if possible, with meal service in room, etc.); if not possible, restrict to own unit/wing/floor.
  - For staff/clients requiring **urgent medical care**, ensure that appropriate IPC precautions are maintained during transport and at the receiving site, AND ensure that the transport team and receiving site are advised of the possibility of COVID-19 to prevent exposure to COVID-19.
- Staff/clients who were exposed to a confirmed case at the camp/site must isolate for 14 days and monitor themselves for symptoms. More information about self-isolation is available [here](#)
  - Apply site-level restrictions and other control measures as recommended by Public Health.
  - Symptomatic staff/clients **must** not leave the province while in isolation.
  - In consultation with the Zone MOH, the staff/client may isolate in their home if within the province and able to maintain two (2) metres distance from others at all times AND they do not take public transportation, attend work, school, social events or any other public gatherings.
    - These individuals would preferably remain within the Zone where the work camp/work site is located if at all possible, to minimize risk of exposure for new individuals.
    - If emergency medical assistance is required, staff/clients should call 911 and notify them in advance that they are in isolation so appropriate precautions can be taken by the transport team and receiving site to provide care for them safely.
  - If symptomatic staff/clients must leave the work camp/work site, consult with Zone AHS contact/MOH or designate before they leave and ensure accurate information is collected and documented for date of symptom onset, date when they left the work camp/work site and final destination (phone number, email and physical address)
    - Symptomatic staff/clients should be tested for COVID-19 before leaving the work camp/work site and follow precautions as outlined by the Medical Officer of Health/designate.
    - Masking for staff/clients may also be recommended as a control measure for outbreak management.
- Consult with Occupational Health and Safety where available for assistance with implementing outbreak control strategies e.g., PPE, physical distancing, adjusting work flow processes. In addition, prime contractors are also reminded to ensure that sub-contractors receive and comply with timely messaging for IPC precautions. Staff/clients who are not ill and **have not been identified as close contacts of a case** are allowed to leave the worksite while adhering to the following precautions:
  - Stay home as much as possible
  - Practice [physical distancing](#)
  - Do not visit a hospital, physician office, lab or health care facility without calling ahead first.
  - Avoid close contact with others when travelling to and from work between shifts (this includes no public transit use (e.g., commercial airlines, public bus/LRT, taxi, ride-sharing).
  - Self-monitor daily signs and symptoms of illness, including measuring temperature with a thermometer if possible. If symptoms develop before next scheduled shift, isolate immediately and complete the [COVID-19 self-assessment](#) tool or call Health Link 811 to arrange testing. If out of province, contact provincial COVID-19 Public Health response team
  - Wash hands often with soap and water for at least 20 seconds
  - Cover coughs and sneezes with a tissue or elbow
  - Avoid touching face with unwashed hands
  - Avoid contact with individuals who are considered higher risk of complications such as those who are immunocompromised, over 60 years of age and with underlying health conditions.
- For further information and scenarios regarding results of contact tracing for close contacts and non-close contacts refer to [Attachment 3](#).

### 1.10 Environmental and Equipment Cleaning (routine practice, and also during outbreaks)

The virus that causes COVID-19 has the potential to survive in the environment for up to several days. A person who has contact with an inanimate object such as contaminated surfaces and objects is at risk of infection. Cleaning and disinfecting, particularly of frequently touched surfaces, can kill the virus, making it no longer possible to infect people. AHS recommendations for cleaning can be found here [Environmental Cleaning in Public Facilities](#)

- Staff handling soiled laundry should wear gloves. Gowns should also be worn if there is a risk of contaminating clothing.



- Enhance general environmental cleaning using a disinfectant with a Drug Identification Number (DIN) and virucidal claim. The thoroughness of cleaning is more important than the choice of disinfectant used.
- [Disinfection](#) and cleaning is a two-step process. Use of disinfectant after cleaning is best and is most effective to reduce the spread of infection.
  - surfaces must first be cleaned prior to disinfection. If the surface disinfectant product used has cleaning properties (detergent/disinfectant), it may be used for both steps. Follow manufacturer's directions for use.
- Clean and disinfect:
  - any shared health care equipment (e.g. blood pressure cuffs, thermometers) before use
  - all staff equipment (e.g. computer carts and/or screens, desks, workstations or tables, telephones, touch screens, chair arms) at least daily or when visibly soiled.
- The frequency of cleaning and disinfecting "high touch" surfaces (e.g., doorknobs, light switches, handrails, phones, elevator buttons, TV remote) common areas such as shared washrooms, dining areas and lounges should be a **minimum of three times per day**.
- Cleaning and disinfection should be performed at least once per day on all low touch surfaces (e.g., shelves, benches, windowsills, headwall units, and message or white boards).
- Client/Staff rooms need only to be cleaned and disinfected after departure of the client/staff and prior to occupancy of a new client/staff. As recommended by the Center of Disease Control (CDC), if possible open outside doors and windows to increase air circulation in the room and wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible. Client/Staff rooms can be attended to more frequently if manageable by housekeeping staff or if occupants identify a need for cleaning and disinfecting. Consideration should be taken for long term occupants or permanent (e.g. room is assigned to that staff member and no one else) and establishing a frequent cleaning routine for those rooms.
- Be sure to use the appropriate precautions when using chemicals for cleaning and disinfecting. Consult the products Material Safety Data Sheets. Cleaning should be performed using the proper personal protective equipment (PPE). The correct donning and doffing of PPE should be followed. [Donning and Doffing PPE. Where possible, staff members should observe one another during the donning and doffing process.](#)
- Equipment should be cleaned and disinfected only with a product listed in and following the procedures outlined in the manufacturer's directions for that equipment.
- Upholstered furniture and rugs or carpets should be cleaned and disinfected when contaminated with emesis or stool, but may be difficult to clean and disinfect completely. Consult manufacturer's recommendations for cleaning and disinfection of these surfaces. If appropriate manufacturer's recommendations are not available, consult Public Health. Consider discarding items that cannot be appropriately cleaned/disinfected, when possible/appropriate.
- Conduct a thorough, enhanced cleaning in all affected areas at the end of the outbreak as per facility protocols

### 1.11 Communication

Ensure protocols are in place as part of the workplace **Rapid Response Plan** for communication:

- between employers on work sites and work camps when staff/client become symptomatic at work
- when symptomatic clients are identified, when clients are isolating and when clients are quarantined
- of any staff/client who left a work site with symptoms of COVID-19 for the purpose of identifying close contacts with work camp staff and/or clients.

### 1.12 Monitoring Outbreak Status

The most responsible person(s) at the outbreak site is responsible for communicating and tracking outbreak status by:

- Completing and submitting **daily case listings by 1000h** to Zone Public Health as per Zone protocol for outbreak management at work camps/work sites.
- Ensuring there is a protocol in place to monitor health of staff/clients including plans to identify deteriorating health and for medical assessment and emergency transportation.
- Maintaining a visitor log and tracking of all entry and exit in case this information is needed in future.

At the request of the Zone MOH, additional epidemiologic support may be used to support the outbreak investigation. This should be considered for complex outbreaks involving many cases, those with

interprovincial implications, and where ongoing collation and tracking of large numbers of contacts is required. A provincial outbreak team ( that includes key stakeholders from Alberta Health and Alberta Health Services) would be assembled when out-of-province staff/clients are part of the outbreak investigation.

### **1.13 Declaring Outbreak Over**

Public Health will determine when to declare th e confirmed COVID-19 outbreak over and lift any site restrictions. Following a confirmed outbreak, key program leads need to review and evaluate their role in the outbreak management and revise internal protocols for improvement where necessary. Any member of the Outbreak Management Team (OMT) can request a debrief session to address outbreak management issues.

## Attachment 1: ProvLab Respiratory Specimen Collection Guidelines

Check ProvLab Bulletins for most current information on specimen collection, testing and interpretation of lab results <http://provlab.ab.ca> or <http://www.albertahealthservices.ca/3290.asp>

### The Lab Requisition must be completed to include:

- Staff/client's full name (first and last names)
- Staff/client's Personal Health Number (PHN) or unique numerical assigned equivalent (ULI)
- Staff/client's demographics including: date of birth (DOB), gender, address, phone number
- Physician name (full name), address/location
- Test orders clearly indicated, including body site and sample type, date and time of collection
- Clinical history and other clinical information
- Site name, and if applicable, unit
- EI# (assigned by the ProvLab and provided to Public Health Lead investigator)
- **Requisition must indicate clearly** whether the person being tested is **asymptomatic or symptomatic** by **checking off the appropriate box** in that section and completing the symptom list for symptomatic persons.
- Fax number of outbreak work camp/work site

**Note: EI# must be clearly recorded on the requisition.**

### Specimen Collection and Transport:

- Settings must collect specimens as directed by Public Health and arrange for delivery to the laboratory.
- Use contact and droplet precautions to collect swabs as directed by Public Health
- Follow current Provincial Laboratory standards for transporting specimens at <http://www.provlab.ab.ca/guide-to-services.pdf>.
- Results for COVID-19 are *usually* available within 48-96 hrs. or sooner

**If the specimens are for outbreak diagnosis, ensure specimen is transported to the lab ASAP. The EI# must be included on each requisition so that specimens receive appropriate testing. Rural sites must transport lab specimens to the Public Health Lab as directed by Public Health/AHS COVID-19 Response line or by the fastest means possible.**

## Attachment 2: Data Collection for COVID-19 Outbreak Management for Work Camps/Work Sites

It is important for effective containment to track symptomatic staff/client for surveillance, monitoring and reporting purposes.

- Once a confirmed outbreak has been declared, sites must send daily line lists of newly symptomatic persons to Public Health as per defined Zone process.
- Accurately completed lists must be reported to Public Health daily **by 1000h**. (sample shown below <https://www.albertahealthservices.ca/frm-21403.pdf>)



### Public Health Work Camp Line List

Fax **DAILY** updates to appropriate zone.  
See zone tip sheet for fax number.

Date (yyyy-Mon-dd) \_\_\_\_\_

Page 1 of \_\_\_\_\_

Type of Outbreak  GI  ILI  Rash  Other \_\_\_\_\_

EI Number or Zone EI Number \_\_\_\_\_

**This section is to be completed Daily**

Company Name						Municipality/Location Work Camp			
Total number of newly symptomatic *Clients			Total Number of *Clients			Contact Person		Phone Number	
Total number of newly symptomatic **Staff			Total Number of **Staff			Any newly symptomatic individuals reported? <input type="checkbox"/> No <input type="checkbox"/> Yes, List Newly symptomatic			
Indicate			Date of Birth			Date Onset	Symptom	Date sample	Room #
C - Client	Company Name	Last and First Name	(yyyy-Mon-dd)	Phone	Client / Staff Address	(yyyy-Mon-dd)	Code	(yyyy-Mon-dd)	Shared room
S - Staff			ULI	Number			(see below)		Yes or No

**Symptoms Code:** V = Vomiting   D = Diarrhea   N = Nausea   F = Fever   H = Headache   A = Abdominal Pain   M = Muscle/Joint Pain   C = Cough   R = Rash  
ST = Sore throat   SB = Shortness of Breath   O = Other

21403(Rev2020-05)

\*Client: A person that stays at, visits or uses the services of a work camp, and does not have an operational or administrative role at the work camp.  
\*\*Staff: A person that has an operational or administrative role at a work camp.

Line lists must be submitted to Public Health by **1000h daily** for all confirmed outbreaks.

### Attachment 3: Public Health Management of Contacts and Other Workers

Scenario	Test result	Action	Appropriate Ways to leave the Worksite
Symptomatic close contacts	Positive OR Not tested with List A symptoms	<b>Isolate:</b> onsite for 10 days or until symptoms stop whichever is longer.	None. Unless approved in advance by the MOH/designate.
	Negative, not a case at time of test OR Not tested with List B (or other) symptoms	<b>Quarantine:</b> 14 days. Can go home if there is a suitable place to isolate /quarantine at home, no one at home is at high risk of complications or is a healthcare worker. They must stay away from others until symptoms resolve.	<p>May take a private vehicle or bus with precautions employed. Either alone or someone from own household. If not alone, both passengers should space as far as possible apart in the vehicle and both should wear a mask.</p> <p><b>Alberta residents:</b> could return home with approval of the local MOH and the Zone MOH of residence. Must be made aware of legal obligations to prevent exposure to others during transport and isolation/quarantine periods at home. The following conditions must be agreed to in writing:</p> <ol style="list-style-type: none"> <li>1) Agreement to fill in daily self-monitoring checklist for the entire 14 days.</li> <li>2) There is a suitable place to isolate /quarantine at home away from others for the entire 14 days and</li> <li>3) No one at home is at high risk of complications of COVID-19 and no one is a healthcare worker (HCW)</li> <li>4) Must not use public/commercial transportation to get home.</li> <li>5) Optimally should live within 2-3 hours from worksite and be well enough to travel alone in own car.</li> <li>6) If unable to travel alone in a private car could share with one other person who is not a HCW or at high risk for serious effects of COVID-19 with both people sitting as far apart as possible and both wearing a mask.</li> </ol> <p><b>Out of province workers:</b> It is strongly recommended that the worker be quarantined on site for the 14 days as they are close contacts and remain at high risk of developing COVID -19 during the quarantine period. Can only leave the site once asymptomatic and with permission of local MOH in Alberta as well as Regional MOH in place of residence in receiving province.</p>
Asymptomatic Close Contacts	Positive	<b>Isolate:</b> onsite for 10 days or until symptoms stop whichever is longer. If symptoms develop within these 10 days, the date must reset to first day of symptom	None. Unless approved in advance by the MOH/designate.

		onset until symptoms are gone - whichever is longer.	
	Negative, not a case at time of test/Not tested	<b>Quarantine:</b> 14 days. Can go home if there is a suitable place to isolate /quarantine at home, no one at home is at high risk of complications or is a healthcare worker.. They must monitor themselves for symptoms and arrange to be tested ASAP if any symptoms develop. Use the <a href="#">AHS Online assessment tool</a> . See <a href="#">above for same wording here</a> .	May take a private vehicle or bus with precautions employed. Either alone or someone from own household. If not alone, both passengers should space as far as possible apart in the vehicle and both should wear a mask.
Symptomatic person who is NOT identified as a close contact	Positive OR Not tested with List A symptoms	<b>Isolate:</b> onsite for 10 days or until symptoms stop whichever is longer.	None. Unless approved in advance by the MOH/designate.
	Negative OR Not tested with List B (or other) symptoms	<b>Isolated until symptoms resolve.</b> Can go home if no one at home is at high risk of complications or is a healthcare worker, and there is a suitable place for them to isolate at home until all symptoms resolve.	<b>Alberta residents:</b> May be allowed to return home while symptomatic but only in consult with the local Medical Officer of Health (MOH) and MOH of receiving Zone prior to leaving the site Once initial symptoms resolve would follow all advice for all workers if they choose to leave the site  <b>Out of Province Residents:</b> • Optimally would stay on site and isolate until symptoms resolve. • May be allowed to return home while symptomatic but a consult with the zone Medical Officer of Health and receiving province/territory needs to occur prior to leaving the site. • Once symptoms resolve may leave site in the usual manner. • Other provinces may have additional requirements when workers return home. It is recommended that the worker contact his/her public health authority to understand their province's expectation.
Asymptomatic person who is NOT a close contact	Positive	<b>Isolate:</b> onsite for 10 days. If symptoms develop within these 10 days, isolation start date must reset to first day of symptom onset.	None. Unless approved in advance by the MOH/designate.
	Negative/ Not tested	<b>Carry on</b> with work/travel but must monitor for symptoms. <b>Isolate</b> if any symptoms occurs and arrange for testing by using the <a href="#">AHS online assessment tool</a> . On site, co-operate with daily symptom checks and safety instructions. Contact OH&S if symptoms occur.  When leaving site <b>all workers</b> must understand that they are working in a site that is experiencing a higher incidence of COVID-19 than the general population.  When they are off site all workers should:	May take any required conveyance. General precautions should still be employed.

		<ul style="list-style-type: none"> <li>• Monitor themselves daily for symptoms. <ul style="list-style-type: none"> <li>○ If symptoms occur, isolate immediately and arrange for testing by using the AHS online assessment tool.</li> <li>○ If onsite, contact your OH&amp;S department /person.</li> </ul> </li> <li>• Avoid contact with HCWs, and those who are at increased risk for severe disease, and</li> <li>• Avoid groups gatherings as per current public health recommendations</li> <li>• Maintain distance of 2 meters from others when outside of the house.</li> <li>• Wash hands frequently</li> <li>• Avoid public transit and commercial travel. If unable to avoid – wear a mask</li> </ul>	
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