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

May 2020
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, visits, 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.

**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), with particular attention to: Order 05-2020 and Order 07-2020 and the Request for Exemption – Industrial Work Camps (March 30, 2020).

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 Order (CMOH Order 07-2020) 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 or residents/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

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<th>List A: Symptoms of COVID-19 requiring immediate isolation</th>
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Confirmed COVID-19 Outbreak Definition:
Any one staff/client that has 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).
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. 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 self-isolate and contact their Work Camp Operator/Manager to make arrangements for testing as soon as possible.
- Any staff/clients with new onset of additional symptoms in Table 1- List B should also be tested for COVID-19. They are also strongly advised to self-isolate and minimize contact with others until they are feeling better. If they are tested and their test is positive for COVID-19, they are legally required to self-isolate as directed by Public Health.
- Any staff/client that have 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).
  - If a symptomatic staff/client has an asymptomatic roommate, the roommate should also be isolated and tested.
- 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 offsite isolation and safe transportation (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.
  - 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

One positive specimen result for COVID-19 is considered a confirmed outbreak (see Table 1) if the most likely source of infection is the work camp/work site. 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 more than 15 people (both indoors and outdoors) are managed in alignment with principles of physical distancing and CMOH Order 07-2020. This includes:
  - closing social amenities, gyms and recreational facilities
  - cancelling all in person meetings (including toolbox meetings)
  - reviewing transportation (e.g., travelling to work site on buses or aircraft)
  - reviewing processes for food and meal services for staff/clients at the worksite e.g.,
implement alternate processes for work camp food facilities to reduce the number of staff/client
dining together at one time, including rearranging tables to maintain physical distancing,
markings on floors to maintain physical distancing, staggered meal service or take-out meals
do not use buffets; switch to pre-packaged meals or meals served by well staff/clients
implement measures to minimize handling of shared food and food containers.

- 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.

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 self-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.
- 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, social 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.

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 in the care of another staff member.
  - 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) in staff/client’s rooms, and common areas such as dining areas and lounges should be a **minimum of three times per day**.
- Room cleaning and disinfection should be performed at least once per day on all low touch surfaces (e.g., shelves, bedside chairs or benches, windowsills, headwall units, over-bed light fixtures, message or white boards).
- 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](#).
- 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 staffclients 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.

1.13 Declaring Outbreak Over
Public Health will determine when to declare the 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](http://provlab.ab.ca) or [http://www.albertahealthservices.ca/3290.asp](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
- 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

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