

The following checklist is for the providers of services for people experiencing homelessness (including overnight emergency shelters, day shelters, and meal service providers).

This checklist can be used by administrators and staff members for preparedness and prevention of COVID-19 outbreaks in congregate settings for specific populations. This checklist **is not** intended for use in long-term care facilities or other facilities outlined in the <u>CMOH Order</u> 32-2020.

This checklist can be used to help plan for, prevent and detect COVID-19 in specific populations. It is to be used in addition to - but **does not** replace - the advice, guidance, recommendations, directives or other direction of Alberta Health.

#### **How to Use This Checklist**

When using the checklist, the status column can be marked as follows to indicate:

C = complete

**IP** = in progress

NA = not applicable

There is also a column for your notes, comments or observations.

In order to initiate a site investigation promptly, **immediately report a single** suspected case of COVID-19 in residents/clients or staff to the AHS Coordinated COVID-19 Response (1-844-343-0971).

Outbreak Preparedness and Prevention in Specific Populations

Document Owner: AHS ECC Community Branch & AHS ECC Public Health Branch

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# 1. Preparedness

Preparedness	Status C/IP/NA	Notes
1.1 Resources and Tools	Choose	
Appropriate resources and tools have been reviewed:  Alberta Health Services  Alberta Health  Contact Tracing Process	an item.	
1.2 Contact info and services access	Choose	
Staff know how to contact key people and access services such as:  COVID-19 assessment center  Local public health contact  Key individuals within the facility  Healthcare provider for your facility  Routine medications  Naloxone  Mental health supports and counselling  Harm reduction  Addiction, treatment and detox services  Nicotine replacement  Coordinate planning with CSS, PESS, and affiliated shelters or congregate living facilities in the community  Transport resources through municipalities as required	an item.	
1.3 COVID-19 response leads	Choose an item.	
<ul> <li>□ A COVID-19 lead has been identified for planning and response.</li> <li>□ An infection prevention and control lead has been identified with access to these resources:         <ul> <li>IPC recommendations for COVID-19</li> <li>PPE</li> <li>Hand hygiene (hand washing, hand sanitize)</li> <li>Masking</li> <li>IPC posters</li> </ul> </li> <li>Alberta Health COVID-19 prevention posters</li> </ul>	an itelli.	

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Preparedness	Status C/IP/NA	Notes
<ul> <li>Environmental cleaning</li> <li>A planning and preparedness team has been identified that could include:</li> <li>Appropriate staff, administrator, IPC lead, environmental lead, maintenance</li> <li>In the event of an outbreak these team members will constitute facility <u>Outbreak Management Team</u></li> </ul>		

### 2. Considerations for Staff and Visitors

Staff and visitors	Status C/IP/NA	Notes
	Choose an item.	
2.2 Visitors  ☐ Place Visitor poster at the entrance of the facility/unit and screen any visitors prior to entering the facility. ☐ Place posters regarding physical distancing, hand hygiene (hand washing and hand sanitizer use) in areas where they are likely to be seen. At a minimum, this includes placing them at entrances, in all public/shared washrooms.	Choose an item.	

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Staff and visitors	Status	Notes
Stail allu visituis	C/IP/NA	Notes
2.3 Stay home if ill	Choose	
2.3 Stay home if ill  ☐ Staff aware of leave policies and financial supports available to them if they are isolating. ☐ Alternative sources of staffing have been determined in case they are needed during an outbreak. ☐ Consider short-term volunteers to staff a shelter with more usage or alternate sites. Consider the need for extra supplies (e.g., food, toiletries) and surge staff. ☐ Staff and visitors know that they should stay home if ill, even if they only have mild symptom. ☐ Staff should advise their manager of any illness	Choose an item.	
that could be COVID-19.	Classas	
2.4 Working at multiple sites	Choose an item.	
To prevent the spread of COVID-19 from another workplace, whenever possible:  ☐ Staff should work at only one workplace. ☐ Visitors should not visit other facilities if possible.	an item.	
2.5 Report contact with COVID-19	Choose	
□ Staff are told to inform their manager if they have been at another facility with COVID-19 cases or if they have been exposed to COVID-19.  • AHS Coordinated COVID-19 Response (1-844-343-0971) can assist with recommendations for staff or visitors with possible exposures to COVID-19	an item.	
2.6 Physical distancing is maintained	Choose	
<ul> <li>☐ Place posters regarding physical distancing in areas where they are likely to be seen.</li> <li>☐ Move furniture and use tape to mark the floor to help keep seating as far apart as possible (at least 2 metres apart).</li> <li>☐ Group meetings should not take place.</li> </ul>	an item.	
☐ Space for dedicated donning and doffing of PPE.		

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Staff and visito	rs	Status C/IP/NA	Notes

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# 3. Screening and Monitoring

Screening and monitoring	Status C/IP/NA	Notes
3.1 Entry into the facility and active screening	Choose an	
☐ There is a single entrance and those entering are asked about symptoms. ☐ Daily screening for symptoms using the list of symptoms from Alberta Health Services. ☐ Staff asking these questions are behind a barrier (i.e., Plexiglass). If a barrier is not available, the screener should wear a medical mask and eye protection (e.g., a face shield, goggles) and stay 2 metres from those entering the facility). ☐ Alcohol-based hand rub is available at entrance, and anyone entering the facility is required to perform hand hygiene using the alcohol-based hand rub. ☐ A non-medical mask is provided for any staff, and visitor who does not have one as well as clients who would like to wear one. ☐ Medical masks are available for anyone with symptoms. ☐ There are medical masks, eye protection, gowns and gloves available for staff who need to provide service within 2 metres of an ill person identified on entering the facility.  ■ Staff are aware to use all of these for symptomatic people AND cases/close contacts. ☐ There is a place away from others for those with symptoms to go until next steps are determined. ■ Staff can access AHS online self-assessment tool. Symptomatic staff are managed as per Workplace Health and Safety (WHS)/Public Health recommendations for isolation and safe return to work.	item.	
2.2 Pacard of who is antoring the facility	Choose an	
3.2 Record of who is entering the facility	item.	
☐ For visitors, the date of their visit, who they are visiting and their contact information is recorded.		

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Companies and manifests	Chahar	Notes
Screening and monitoring	Status	Notes
Toy clients, record when they stay in the factor	C/IP/NA	
For clients, record when they stay in the facility,		
what room they stay in, and/or their mattress location.		
If sharing space (large room with mats or in		
shared sleeping arrangements), map for		
beds is available for future reference.		
$\square$ Ensure that visitors and clients are notified of the		
reasons for collecting this information and that this		
information and information on illness that develops		
may be shared with Alberta Health Services.		
3.3 Screening signage	Choose an	
☐ Signs are posted (including at the entrance)	item.	
advising everyone to tell a staff member if they have		
symptoms of COVID-19.		
☐ Signage is translated into languages appropriate		
for resident.		
☐ A list of key messages is made available to		
screeners to communicate to everyone who enters the site, as not everyone can read. Messages		
include:		
IPC measures such as distancing, hand		
hygiene, not sharing drinks or cigarettes,		
mask wearing.		
<ul> <li>To report any symptoms to staff.</li> </ul>		
<b>Note:</b> Consideration should be given to including signs		
that use pictures or drawings rather than only words.		
3.4 Ongoing monitoring	Choose an	
	item.	
☐ Checks for illness among clients who are staying		
in the facility are done at least twice daily.   Where able, clients are advised to inform staff if		
they feel unwell.		
☐ Staff and essential visitors are asked about		
symptoms at the start and end of their shift or visit.		
☐ A log is kept of ill clients, staff, or essential		
visitors and any test results that are available.		
☐ Staff know to notify Public Health and any other		
appropriate agencies if:		
Anyone tests positive for COVID-19, or		

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Screening and monitoring	Status C/IP/NA	Notes
<ul> <li>You are seeing more than the expected number of ill residents, staff or frequent visitors.</li> </ul>		

## 4. Living Space

Resident spaces	Status	Notes
Resident Spaces	C/IP/NA	Notes
4.1 Off-site locations	Choose	
<ul> <li>□ Off-site locations have been identified for residents to stay to help with physical distancing or if residents are ill or there is an outbreak (e.g., hotels/motels, closed facilities, dormitories).</li> <li>□ Appropriate supports and services have been identified for residents who are placed off-site, including safe methods of transportation to and from off-site locations.</li> </ul>	an item.	
4.2 Sleeping arrangement	Choose	
<ul> <li>Maximum possible distancing to help with physical distancing have been assessed including:         <ul> <li>Use of curtains or other partitions</li> <li>Arrangement of beds alternating head and feet Avoiding use of bunk beds</li> <li>Use of additional rooms in the facility for sleeping space.</li> </ul> </li> </ul>	an item.	
4.3 Grouping (cohorting) of clients/residents	Choose	
should an outbreak be declared	an item.	
<ul> <li>The following has been discussed with regard to planning for cohorting during an outbreak:</li> <li>The way to group clients in the facility including for bathroom use and meals.</li> <li>The way staff will be assigned to each group of clients.</li> <li>The use of partitions and other approaches to keep clients separate if not in private rooms.</li> </ul>		

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Resident spaces	Status C/IP/NA	Notes
4.4 New admissions (including re-admissions) in	Choose	
long stay settings (anticipated to stay more than 14 days)	an item.	
<ul> <li>New admissions are screened for COVID-19 symptoms.</li> <li>New admissions are tested for COVID-19 prior to admission, if possible.</li> <li>Contact the AHS Coordinated COVID-19 Response line at 1-844-343-0971 for instructions.</li> <li>New admissions are separated (isolated) from existing clients and each other for 14 days, in a private room if possible.</li> </ul>		
4.5 High risk clients  ☐ Health Needs managed per usual challenges whether in house or through AHS. ☐ Provision of any private rooms to clients at increased risk of severe COVID-19 (e.g., older adults or those with underlying medical conditions) is considered. ☐ If private rooms are not available, consideration is given to separating those at increased risk (e.g., older adults) from other clients, such as those who come and go from the facility more often.	Choose an item.	

# **5.** Infection Prevention and Control (IPC)

IPC	Status C/IP/NA	Notes
5.1 Education and training is provided and signs are posted about	Choose an item.	
<ul> <li>☐ Respiratory etiquette - coughing and sneezing into a tissue or into your elbow or sleeve, followed by cleaning your hand.</li> <li>☐ Frequently cleaning your hands. Hands should be cleaned:</li> </ul>		

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IPC	Status	Notes
	C/IP/NA	
<ul> <li>Upon entering the facility.</li> <li>Before and after touching surfaces or using common areas or equipment.</li> <li>Before eating.</li> <li>Before and after preparing food.</li> <li>Before putting on and before and after taking off a mask.</li> <li>Before touching the face (including before smoking).</li> <li>After using the bathroom.</li> <li>When dirty.</li> <li>Avoiding high-risk activities such as sharing beverages, cigarettes, or other objects that contact the mouth or nose.</li> </ul>		
<ul> <li>5.2 Ensure adequate hand hygiene supplies</li> <li>□ There is access to adequate supplies of liquid hand soap, paper towels (or automatic hand dryers) and alcohol based hand rub.</li> <li>• If there are concerns that clients may drink the alcohol-based hand rub, consider alcohol-based foam products, wipes or locked wall-mounted units, staff carrying the alcohol-based hand rub or temporary sinks for hand washing.</li> <li>□ There are tissues and no touch garbage cans available.</li> <li>□ Consider biodegradable paper cups and no-touch bins for cup disposal.</li> </ul>	Choose an item.	
5.3 Cleaning and disinfection  ☐ Ensure adequate supplies are on hand. ☐ There is regular schedule for cleaning all surfaces that is posted on the wall. ☐ Clients' mattresses and living spaces are cleaned and disinfected between clients with adequate drying time for disinfectant chosen. ☐ Frequently touched surfaces are cleaned and disinfected using a disinfectant with a Drug Identification Number (DIN):	Choose an item.	

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IPC		Status	Notes
		C/IP/NA	
•	At least once per day on low touch surfaces		
	(e.g. shelves, benches, windowsills, message or		
	white boards, etc.).		
•	A minimum of three times daily on high touch		
	surfaces (e.g. doorknobs, light switches, call		
	bells, handrails, phones, elevator buttons, TV		
	remote), care/treatment area, dining areas and		
	lounges.		
•	Immediately any visibly dirty surfaces.		
•	Any health care equipment (e.g. wheelchairs,		
	walkers, lifts) according to manufacturer's		
	instructions.		
•	Any shared resident health care equipment		
	(e.g. commodes, blood pressure cuffs,		
	thermometers, lifts, bathtubs, showers, shared bathrooms) prior to use by a different		
	resident/client.		
•	All staff equipment (e.g. computer		
	keyboards/mouse/carts and/or screens,		
	medication carts, charting desks or tables,		
	telephones, touch screens, chair arms) at least		
	daily and when visibly soiled.		
•	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.		
•	Staff handling soiled laundry should wear		
	gloves, and also gowns if there is a risk of		
	contaminating clothing.		

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IPC	Status C/IP/NA	Notes
<ul> <li>Conduct a thorough, enhanced cleaning in all affected areas at the end of the outbreak as per facility protocols.</li> </ul>	C/IP/NA	
5.4 Laundry and beddings  ☐ Gloves are worn when handling dirty laundry if likely to touch items contaminated with blood or body fluid. ☐ Gowns can be added if likely to contaminate your clothing. Handle laundry gently without shaking. ☐ Regular laundry soap and hot water (60°C-90°C) are used for laundering. ☐ Clients have their own clean bedding and towels, which are not shared. ☐ Bedding and towels are washed on a regular schedule for clients who stay in the facility.	Choose an item.	
<ul> <li>Change bedding every one to two weeks.</li> <li>Change bath towels after used about three times.</li> </ul>		
5.4 Remind clients and staff of physical distancing  ☐ Clients and staff are reminded of the need to maintain physical distancing at all times using verbal reminders and posters.  ☐ Floors are marked to indicate where chairs and tables should remain and clients should stand to maintain 2 metre spacing.	Choose an item.	

### **6.** Clients Activities

Activities	Status C/IP/NA	Notes
6.1 Common areas	Choose	
$\square$ All activities that require close contact are	an item.	
discontinued, including group in-person meetings.		
$\square$ Schedules for using common areas are staggered.		

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Activities	Status C/IP/NA	Notes
<ul> <li>☐ Furniture is moved to support keeping 2 metre distance apart and tape is used on the floor to indicate where furniture should stay.</li> <li>☐ Common areas are cleaned and disinfected at least twice daily.</li> <li>☐ Shared equipment is cleaned and disinfected after use by each person (using products that are safe for electronic equipment.)</li> </ul>	•	
6.2 Bathrooms  ☐ Schedules for using common bathrooms for hygiene are staggered. ☐ Label personal hygiene equipment (e.g., toothbrushes, razors, combs) with the resident's name and do not leave these items or towels in common areas where they may be accidentally used by others. ☐ Bathrooms are cleaned and disinfected at least twice daily and when dirty.	Choose an item.	
G.3 Meals  ☐ Meal times are staggered to support physical distancing. Clean and disinfect surfaces, such as table tops and the arm rests of chairs, between each meal time.  ☐ Use of kitchen for meal preparation are staggered. ☐ Kitchen is cleaned and disinfected between use as appropriate and at least twice daily and when dirty. ☐ Space between people standing in lines is increased by marking floors with tape every 2 metres. ☐ Tables and chairs are as far apart as possible, at least 2 metres apart, and chairs are set up so that clients are not directly facing each other. Every other seat is blocked off or removed. ☐ The floor is marked with the locations where the seats should stay. ☐ Shared items like salt and pepper shakers, ketchup, mustard and food containers (e.g., water pitchers, coffee and cream dispensers) are removed. Single use items are provided.	Choose an item.	

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Activities	Status C/IP/NA	Notes

#### **7.** Communications

Communications	Status C/IP/NA	Notes
7.1 Keep people informed	Choose	
A plan has been created to keep staff, visitors and clients and their families informed of steps being taken to prevent the spread of COVID-19 in the facility and they know how you will communicate with them during an outbreak.	an item.	
7.2 Outbreak communication plan	Choose	
A communication plan for an outbreak has been	an item.	
developed that includes the following:		
<ul> <li>Outlines who should be notified of an</li> </ul>		
outbreak including:		
<ul> <li>Health care providers</li> </ul>		
<ul> <li>Nearby facilities that may share clients</li> </ul>		
<ul> <li>Who to contact for ill staff members</li> </ul>		
<ul> <li>Others</li> </ul>		