Interim Guidance for Outbreak Prevention and Control in Shelter Sites

August 2022

This document was previously titled, Shelter Guidance: Preventing, Controlling, and Managing COVID-19.
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INTRODUCTION

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

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

Intended audience

This document is intended for operators, staff, and volunteers in Emergency Shelters, who provide temporary (often overnight) accommodation for individuals who are experiencing homelessness and, in some cases, are fleeing domestic violence or elder abuse. Outbreaks are not routinely reported and managed by CDC for sites outside of this definition. Information in this document may be helpful for other sites such as expanded shelter spaces, temporary housing, short-term and long-term supportive transitional beds/units for Albertans facing homelessness, precarious housing and family/domestic violence. These sites are not expected to report illness but may contact the Public Health Outbreak Team for advice and support.

Territorial acknowledgement

The Euro Canadian province of Alberta is located within the Northern Prairies of Turtle Island (now known as North America). For thousands of years this has been home and gathering place to many peoples including, but not limited to, the Dené, Nakoda (Stoney & Sioux), Nehiyawak (Cree), Niistitapi (Blackfoot), Otipemisiwak (Métis), Anishinaabe and many more.

Treaties 6, 7 and 8, as well as Métis Nation of Alberta Regions 1-6 and 8 land-based Métis Settlements, are represented within Alberta borders. By nature of these living national and provincial legislative agreements, we are all partners in ethnogeographic governance, including health care and its delivery.

Indigenous communities have the right to self-determination in their health and health care provision, as supported by:

- United Nations Declaration on the Rights of Indigenous Peoples
- Truth and Reconciliation Commission’s Calls to Action
- The Murdered and Missing Indigenous Women and Girls Report’s Calls to Justice

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HOW TO USE THIS GUIDE

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

**Definition of Terms**
List of definitions used in the guide that may not be familiar to all users

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

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

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

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

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

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

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

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

AHS - Alberta Health Services

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

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

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

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

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

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

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

Outbreak - The occurrence of more cases of a communicable disease than expected in a given area or among a specific group of people over a defined period of time.

Personal Protective Equipment (PPE) – Refers to protective clothing or equipment used by staff, service providers, visitors and/or volunteers who work directly in areas with clients. PPE protects from disabling injury or illness, including exposure to an infectious agent. (See Appendix 2 for details about PPE)

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

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

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

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

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

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

General Guidance

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

Public Health Inspectors can provide support for implementing outbreak prevention measures, and can be reached by online request (Contact Environmental Public Health · Alberta Health Services) or by calling 1-833-476-4743 to make arrangements for an assessment or inspection of the shelter.

Cleaning and Disinfection

- Cleaning and disinfection are both important to reduce the spread of infection.
  - Cleaning refers to the removal of visible dirt, grime and impurities. While cleaning does not kill germs, it can remove them from a surface.
  - Disinfection uses chemicals to kill germs on surfaces. This is only effective after surfaces have been cleaned.
- Shelters should follow a routine protocol for cleaning and disinfection.
  - High touch surfaces (such as doorknobs, light switches, staff rooms, desktops, washrooms) should be cleaned at least daily and more frequently if visibly dirty.
  - Use a disinfectant that has a Drug Identification Number (DIN) and a broad spectrum virucidal claim or a virucidal claim against non-enveloped viruses or coronaviruses, meaning the product is effective in killing a specific virus or viruses.
    - Follow instructions on the product label to disinfect effectively. Alternatively, prepare a fresh bleach water solution with 20 mL of unscented household bleach in 1,000 mL of water.
  - Take appropriate precautions when using chemicals for cleaning and disinfecting. Consult the products’ labeled instructions and, if necessary, Material Safety Data Sheets. The labels of the cleaning and disinfecting products being used will likely identify what PPE staff should use.
  - Ensure that there is an adequate supply of cleaning and disinfection supplies on hand. Store all disinfectants out of the reach to prevent consumption by individuals (e.g., children, pets).
Food handling

- Practice routine food safety and sanitation practices at all times. Germs from ill clients and staff (or from contaminated surfaces) can spread to food or serving utensils. Where possible, minimize client handling of shared food and utensils, and follow routine safety practices, such as:
  - Ensure that food handling staff and clients who volunteer to support meals are in good health and practice good hand hygiene.
  - Ensure that all surfaces of the tables and chairs (including the underneath edge of the chair seat) are cleaned and disinfected after each meal.
  - Staff assigned to housekeeping duties should not prepare or handle food, if possible.

Facility Cleaning Resources

- Key Points for Ready To Use Disinfectant Wipes
- COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities

Mealtimes

- If possible, stagger mealtimes to reduce crowding/enable physical distancing in shared eating facilities.
- Stagger the schedule for use of common/shared kitchens.
- Stagger meals to specific cohorts/groups and floors.

Bathrooms and Bathing

If possible, create a staggered bathing schedule to reduce the number of people using the facilities at the same time, enabling physical distancing.

Recreation/Common Areas

- Encourage use of outdoor spaces and/or well ventilated indoor areas when appropriate.
- Consider creating a schedule for using common spaces and, when possible, reduce activities that involve several clients at once. Opt for more frequent smaller group activities when at all possible.
- Post signs at entrances, shared washrooms, and common areas reminding staff and clients of ways to prevent the spread of illness. Posters on how to hand wash, cover your cough, masking and physical distancing are available in multiple languages (see Appendix 2 for posters).
- Encourage clients not to share items such as drinks, cigarettes/vaping equipment, and towels.
  - Provide and encourage individual cups whenever possible.

Transportation

- If transportation is required to get clients to other facilities or to obtain supports or services, consider transporting fewer people per trip so passengers may have more space between one another.
- Consider transporting clients who reside together in the shelter as a group to reduce intermingling.
- Symptomatic clients should wear well-fitting medical/surgical masks.

Sleeping Arrangements

- If possible, the recommended 1 metre distance applies to the head to toe placement of mats, cots and beds; however, recognizing the current space limitations in many shelters and the necessity of providing adequate beds to vulnerable Albertans, it may not be feasible.
- If physical distancing is not possible, risk may be reduced by separating cots or sleeping mats with an appropriate physical barrier.

Additional Resources

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

Monitor, Identify and Report

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

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

Symptoms to Watch For

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

Table A – Illness Symptoms to Watch For

- Fever
- Nausea/vomiting/diarrhea

Any new or worsening symptom listed below:

- Cough
- Shortness of breath
- Sore throat
- Runny nose/nasal congestion
- Loss of taste and/or loss of smell

Reporting Illness: Coordinated Early Identification Response Line (CEIR)

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

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

Isolation is recommended for any clients who have symptoms in Table A and/or who have tested positive for COVID-19 (see isolation recommendations below).

### Isolation Recommendations for Clients and Staff

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Isolation Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms with no test</td>
<td>Stay away from others until symptoms have improved, feeling well enough to resume normal activities, and have been free of fever for 24 hours without the use of fever reducing medication.</td>
</tr>
<tr>
<td>Symptoms with a Negative Test</td>
<td>Stay away from others until symptoms have improved and are feeling well enough to resume normal activities, and have been free of fever for 24 hours without the use of fever reducing medication.</td>
</tr>
<tr>
<td>COVID-19 Specific Testing</td>
<td>Isolate for at least 5 days from when symptoms started until symptoms have improved and fever-free for 24 hours without the use of fever-reducing medication.</td>
</tr>
<tr>
<td></td>
<td>o Each person can best decide if their symptoms are improving (e.g. feeling better than the previous days and no new COVID-19 symptoms).</td>
</tr>
<tr>
<td></td>
<td>o Some symptoms may continue after individuals are no longer able to spread the virus to others. If a cough, loss of sense of taste or smell, or fatigue is not getting worse after 5 days of isolation, individuals do not need to continue to isolate.</td>
</tr>
<tr>
<td></td>
<td>• To further reduce the chance of spreading COVID-19 to others, wear a mask while indoors and around other people for 10 days after symptoms start.</td>
</tr>
<tr>
<td>No symptoms with a Positive COVID-19 Test</td>
<td>Isolate for at least 5 days from the test date. To further reduce the chance of spreading COVID-19 to others, wear a mask while indoors and around other people for 10 days after test date.</td>
</tr>
</tbody>
</table>

HOW TO ISOLATE CLIENTS IN A SHELTER

It is recognized that shelters may encounter a range of issues when trying to provide isolation for ill clients. Factors that will impact ability to isolate include physical layout of the facility, number of clients served, staff availability, and type of services offered.

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

Important factors to consider when choosing isolation options include:

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

**Isolation Strategies for Respiratory Illnesses**

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

<table>
<thead>
<tr>
<th>Isolation space based on shelter capacity (choose most appropriate option)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Private room/area</strong>: Whenever possible, ill clients should be isolated, that is, remain in their rooms with meal service. It is recognized that it can be a challenge to find private rooms for clients in emergency shelters and transitional housing sites.</td>
</tr>
<tr>
<td>• <strong>Separate dorm or wing</strong>: When it is not possible to isolate clients to private rooms, staff may consider isolating ill clients together in a separate room, separate area, separate floor or wing.</td>
</tr>
<tr>
<td>• <strong>No separate space</strong>: One of the ways this can be done is to ensure the beds or mats are at least two meters apart and are arranged in an alternating head to toe arrangement. In larger rooms, use temporary physical barriers between beds/mats such as sheets or curtains.</td>
</tr>
</tbody>
</table>
RESPIRATORY ILLNESS OUTBREAK MANAGEMENT

What is a Respiratory Illness Outbreak?

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

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

Infection Prevention and Control Measures (refer to Appendix 2)

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

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

Client Outbreak Measures

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

Close Contact Management

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

Control measures during outbreaks

General control measures

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

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

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

**Isolation of Clients**

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

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

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

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

Ensure that there is an adequate supply of cleaning and disinfection supplies on hand. For additional guidance, see [COVID-19 Public Health Recommendations for Environmental Cleaning](#).

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

Hand hygiene is one of the most effective ways to prevent or reduce the spread of germs that are responsible for many illnesses. Client and staff hands should be cleaned frequently with an alcohol-based hand sanitizer (minimum 70% alcohol) or soap and water. Anything that can be done to reduce barriers to hand hygiene, e.g. hand sanitizer next to the cafeteria line, providing soap and disposable towels etc. is best done before an outbreak arrives. It is recognized that staff may have concerns with providing clients access to alcohol-based hand sanitizer; to address this concern, staff may choose to apply hand sanitizer directly into client hands. Hand hygiene is most important at the following times:
• Before eating or preparing food
• After coughing, sneezing or blowing you nose
• Before and after contact with an ill person
• After touching dirty surfaces such as taps and doorknobs
• After going to the bathroom

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

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

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

**Food handling during an outbreak**

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

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

**Shelter-wide outbreak**

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

**Other outbreak control measures**

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

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

**DECLARING AN OUTBREAK OVER**

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

Guidance around declaring the outbreak over and returning to regular operations will be provided by the Public Health Outbreak Team. Regular prevention activities for respiratory illness are recommended to resume at this point.
### Table 1: Public Health Outbreak Team Contact List

<table>
<thead>
<tr>
<th>AHS Zone</th>
<th>REGULAR HOURS</th>
<th>AFTER HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Business hours may vary slightly from Zone to Zone, but are typically 8:30 a.m. – 4:30 p.m.</td>
<td></td>
</tr>
<tr>
<td>Zone 1 South</td>
<td>Communicable Disease Control 587-220-5753</td>
<td>(403) 388-6111 Chinook Regional Hospital Switchboard</td>
</tr>
<tr>
<td></td>
<td>Environmental Public Health <a href="mailto:SZ.EPHCDC.Triage@albertahealthservices.ca">SZ.EPHCDC.Triage@albertahealthservices.ca</a></td>
<td>N/A</td>
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<tr>
<td>Zone 2 Calgary</td>
<td>Communicable Disease Control 1-888-522-1919</td>
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<td>MOH - North Zone</td>
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## APPENDIX 1: CHECKLIST FOR SHELTERS

### Preparing for and Preventing an Outbreak

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

### During an Outbreak

- Put your shelter outbreak plan into action
- Call the Public Health Outbreak Team to report additional cases or for ongoing support.
  - See [Table 1](#)
- Inform CSS or your regulatory body of the possible outbreak
- The Public Health Outbreak Team will collaborate with you to determine next steps
- Symptomatic clients should be isolated
- Encourage clients to report new or worsening symptoms
- Clients with serious respiratory symptoms should be transported to health care sites
- Continue to communicate with staff and clients
- Maintain preventative actions like, masking, handwashing, physical distancing and enhanced environmental cleaning
- Limit visitors to the facility
- Use appropriate PPE when caring for symptomatic clients.

### Declaring an Outbreak Over

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

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

Handwashing and covering your cough

Two of the most important ways to prevent illness are:

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

Personal Protective Equipment (PPE)

PPE will protect you in many ways. It is important to know what PPE you should wear in different situations.

- Review the poster “Modified PPE for Suspect or Confirmed COVID-19 in Vulnerable Populations outside of Healthcare Facilities” to identify what type of PPE you should wear.

Once you know what type of PPE you should wear, it is important to know how to put it on (donning) and how to take it off (doffing). There are posters that provide detailed instructions for using different types of PPE.

- Putting on and Taking off Gloves
- Putting on (Donning) Personal Protective Equipment (PPE)
- Taking off (Doffing) Personal Protective Equipment (PPE)

PPE station

- Stations for putting on and removing PPE should be distanced from each other to prevent cross contamination where possible.
How to Hand Wash (albertahealthservices.ca)

Interim Guidance for Respiratory Outbreak Prevention and Control in Shelters
Last Updated: August 5, 2022 - DRAFT
How to Use Alcohol-based Hand Rub

- Roll up long sleeves and push up wrist accessories
- Apply a palmful of AHS-provided ABHR to hands
- Rub all surfaces of your hands and wrists
  - Include palms, fingers, fingertips and thumbs
  - Rub until hands are completely dry

Adapted with permission from The World Health Organization

How to Use Alcohol-based Hand Rub (albertahealthservices.ca)
Cover Your Cough
Stop the spread of germs that make you and others sick!

Cough or sneeze into your sleeve, not your hands
Cover your mouth and nose with a tissue and put your used tissue in the waste basket

Clean your hands after coughing or sneezing

Wash your hands with soap and warm water, for at least 20 seconds
Clean hands with alcohol-based hand rub or sanitizer
You may be asked to put on a mask to protect others

Original date: October 2009
Revised date: January 2020
Modified PPE for Suspect or Confirmed COVID-19 in Vulnerable Populations outside of Healthcare Facilities

** Decide on the task prior to each patient interaction

<table>
<thead>
<tr>
<th>PUT ON</th>
<th>TAKE OFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clean hands</td>
<td>1. Remove gloves</td>
</tr>
<tr>
<td>2. Put on clean gown</td>
<td>2. Clean hands</td>
</tr>
<tr>
<td>3. Put on mask with visor or mask and eye protection</td>
<td>3. Remove gown</td>
</tr>
<tr>
<td>4. Put on new gloves</td>
<td>4. Clean hands</td>
</tr>
<tr>
<td>5. Remove mask with visor or mask and eye protection</td>
<td>5. Clean hands</td>
</tr>
<tr>
<td>6. Clean hands</td>
<td>6. Clean hands</td>
</tr>
</tbody>
</table>

Any task that requires more invasive care, or potential contact of blood or bodily fluids:
- Non intact skin contact
- Nasopharyngeal swab (NP)
- Blood or bodily fluid exposure*
- Physical exam
- Administering injectable medication

Wear non-sterile gloves, clean gown, surgical mask with visor or mask and eye protection

Any task that are minimally invasive:
- Intact skin contact
- Talking to the patient
- Vital sign monitoring
- Simple assessments
- Administering medication
- Distributing food/supplies

Wear surgical mask with visor or mask and eye protection

**TIPS**
- Open mask fully to cover from nose to below chin.
- If the mask has a nose bar, pinch around your nose.
- Avoid touching the mask or your face under the mask.
- If the mask becomes damp, clean your hands and replace the mask.
- Do not touch the front of the mask. Remove using the ties or elastic loops.
- Never reuse masks.
- Mask is to be worn with blue side out.

*Blood and body fluids includes: urine, feces, wound drainage, saliva, vomit, CSF, sputum, nasal secretions, semen, vaginal secretions.
Putting on and Taking off Gloves - Infection Prevention and Control in Homelessness Service Settings

toronto.ca

Infection Prevention and Control in Homelessness Service Settings

Putting on and Taking off Gloves

Remember, disposable gloves should be used with the idea of one pair for one task. They should never be cleaned or re-used.

Steps for Putting on Gloves

1. Clean your hands.
2. Choose gloves that fit well.
3. Pull the glove over your fingers and make sure it covers your wrist.
4. Repeat this with the second glove on the other hand.

Steps for Taking off Gloves

Following these steps will ensure that your bare hands do not come into contact with the outer parts of the gloves, which could be contaminated.

1. Grasp the outside of the glove near the wrist and peel it away from the palm towards the fingers, rolling the glove inside out so that it ends up in your gloved hand.
2. Using the ungloved hand, slide your index finger inside the wrist band of the gloved hand.
3. Pull the glove outwards and down towards the fingers and remove it inside out. The first glove should end up inside the second glove.
4. Discard both gloves immediately into the garbage.
5. Clean your hands.

416.338.7600  toronto.ca/health  Toronto Public Health
Putting on (Donning) Personal Protective Equipment (PPE)

1. Hand hygiene
   - A. Using an alcohol-based hand rub is the preferred way to clean your hands.
   - B. If your hands look or feel dirty, soap and water must be used to wash your hands.

2. Gown
   - A. Make sure the gown covers from neck to knees to wrist.
   - B. Tie at the back of neck and waist.

3a. Procedure/Surgical mask
   - Secure the ties or elastic around your head so the mask stays in place.
   - Fit the moldable band to the nose bridge. Fit snugly to your face and below chin.

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

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

For more information contact icpaunitednurses@ahs.ca

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

Putting on (Donning) Personal Protective Equipment (PPE) (albertahealthservices.ca)
Taking off (Doffing) Personal Protective Equipment (PPE)

1. Gloves
   - Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.
   - Hold the glove in the opposite gloved hand.
   - Slide an ungloved finger or thumb under the wrist of the remaining glove.
   - Peel the glove off and over the first glove, making a bag for both gloves.
   - Put the gloves in the garbage.

2. Hand hygiene
   - Using an alcohol-based hand rub is the preferred way to clean your hands.
   - If your hands look or feel dirty, soap and water must be used to wash your hands.

3. Gown
   - Carefully unfasten ties.
   - Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.
   - Turn the gown inside out during removal.
   - Put in hamper or, if disposable, put in garbage.

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

5. Eye protection or face shield
   - Handle only by headband or earpieces.
   - Carefully pull away from face.
   - Put reusable items in appropriate area for cleaning.
   - Put disposable items into garbage.

6. Mask or N95 respirator
   - Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
   - Start with the bottom tie, then remove the top tie.
   - Throw the mask in the garbage.
   - There are different styles of N95 respirators but all styles have the same basic steps for donning.

7. Hand hygiene
   - Clean your hands. (See No. 2)

For more information contact
potpourriadm@ahs.ca
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