Shelter Guidance: Preventing, Controlling, and Managing COVID-19

June 30, 2021

Note: This is interim guidance for Stage 3. AHS will update this document in August, 2021, to align with new guidelines and recommendations.
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INTRODUCTION

After more than one year of the COVID-19 pandemic, we have learned a lot about how COVID-19 is transmitted, how to prevent transmission, and strategies to control and manage COVID-19 outbreaks. The Government of Alberta has eased restrictions for Stage 3, as our province has met targets for immunization coverage and decreasing hospitalizations. AHS has published this guidance document to support shelter operators, staff, and volunteers to prevent, control and manage COVID-19 outbreaks. The intended audience is operators of emergency shelters and temporary housing for Albertans facing family violence, or homelessness and precarious housing. This document is interim guidance for Stage 3. AHS will update this document in August, 2021, to align with new guidelines and recommendations.

The purpose of this document is to outline key measures to prevent COVID-19 outbreaks, processes and procedures when a shelter site is under investigation, and outbreak management controls and processes. 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, which are detailed in this document.

This document will help operators, staff, and volunteers to prepare and know what will happen during an outbreak. It was developed by Alberta Health Services (AHS) in conjunction with Alberta Health (AH) and Community and Social Services (CSS) to ensure consideration of operational realities on the ground. Basic information and guidelines are included, as well as quick reference documents, like a pandemic checklist for shelters and temporary housing sites (if available), website hyperlinks to information that changes frequently, and Frequently Asked Questions (FAQs) (Appendices 2, 3, and 4). While this document addresses many topics, shelter operators should proactively seek out and frequently check the Alberta Health and Alberta Health Services websites, as they provide the most current information on COVID-19.

Being prepared and setting clear actions with a plan in place will position shelters to respond effectively for the prevention, control and management of a COVID-19 outbreak. This is the best guidance that can be offered at this time and we will continue to work with partners to assess the situation going forward.

Intended audience

This document is intended for operators, staff, and volunteers in emergency shelters and short-term and long-term transitional beds/units for Albertans facing family violence or homelessness and precarious housing. It may also be helpful for other social agencies where service providers may be in close contact with clients or residents who may be at greater risk for serious illness from COVID-19, such as those who are older and have pre-existing health conditions.

Each shelter in Alberta is unique and these guidelines are provided to help each site come up with their own plan to prepare and respond to the COVID-19 pandemic. The prevention and preparedness, screening, isolation, personal protective equipment (PPE) and reporting elements of this guide are applicable to all shelter settings and are critical to ensure the control the spread of COVID-19.
For ease, these settings will be referred to simply as ‘shelters’; residents, clients, and vulnerable populations will be referred to simply as ‘clients’; and staff, volunteers, students will be referred to as simply ‘staff’ throughout this document.

Note: This Guidance is NOT intended for facilities in Alberta’s continuing care system which encompasses the Co-ordinated Home Care Program, Publicly Funded Supportive Living Facilities and Long-Term Care Facilities. Those facilities have healthcare delivered directly by AHS or by an AHS contracted Operator and are regulated under the provincial Continuing Care Health Service Standards. These facilities have their own, separate guidelines: AHS Guidelines for COVID-19 in Congregate Living Sites.

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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1. GENERAL INFORMATION ABOUT COVID-19

COVID-19 is a coronavirus that had not been previously identified in humans prior to the pandemic commencing in March 2020. In response to COVID-19, the Province of Alberta announced a state of public health emergency under the Public Health Act on March 17, 2020. The COVID-19 outbreak was declared a global pandemic by the World Health Organization (WHO) on March 11, 2020.

Up-to-date information on COVID-19 is available on the Alberta Health and Alberta Health Services websites. While this document provides some basic information and guidelines, the above websites provide the most current information for readers.

How is COVID-19 spread?

COVID-19 is transmitted through tiny droplets of liquid produced by people who have the virus. The virus spreads by:

- Breathing in air that contains infected droplets from people coughing, sneezing, talking, laughing, and singing

- Touching objects or surfaces the virus has landed on and then touching your eyes, nose or mouth (bath towels, kitchen utensils, door knobs, etc.)

More information about how COVID-19 is spread can be found on the Alberta Health website.

COVID-19 symptoms

COVID-19 symptoms are similar to influenza and other respiratory illnesses. Please check the Alberta Health website for the most current list of symptoms and requirements for isolation.

COVID-19 testing

Testing is available to people showing symptoms of COVID-19. Point of care testing may be available onsite at the discretion of the Medical Officer of Health (MOH). As time continues, testing availability may change. Find up-to-date information on COVID-19 testing on the Alberta Health and Alberta Health Services websites. Current eligibility for testing is here.

Please review the Alberta Health website for:

- Up-to-date guidelines for isolation and quarantine
- Detailed information about immunization

2. PREVENTION AND PREPAREDNESS

Alberta-wide prevention measures

The most effective way to prevent the spread of COVID-19 is through immunization, hand hygiene, respiratory etiquette, and physical distancing.
Immunization
“COVID-19 vaccines help prevent you from getting infected and protect you from getting severely sick if you do get it. All vaccines are safe, effective and save lives.”

Alberta Health Services recommends that all shelter staff and clients get fully immunized to prevent COVID-19 outbreaks in shelter facilities. Getting immunized helps protect the people around you.

Hand hygiene
Use alcohol based hand sanitizer (with an alcohol content of 70% or more). The alcohol based hand sanitizer must be Health Canada-approved or have an NPN number. If it isn’t, wash hands often with soap and water for 15-30 seconds.

Alcohol based hand sanitizer is the preferred infection prevention and control method except:
- When hands are visibly dirty (with food, dirt, blood, body fluids, etc.) – because you cannot disinfect or sanitize your hands if there is dirt or other substances on your hands.
- Before and after handling food – because we do not want to ingest alcohol based hand sanitizers.
- When providing care for patients with diarrhea and/or vomiting – because often your hands become soiled when providing care.
- After using the washroom – because there is the potential for soiling your hands.

Alcohol based hand sanitizer is recommended because:
- It’s more accessible and dries faster.
- You don’t need anything to dry your hands.
- It takes less time to perform than washing hands with soap and water.

Respiratory etiquette
Cover coughs and sneezes with a tissue and then throw away the tissue and wash your hands; or cough and sneeze into your elbow and avoid touching your eyes, nose and mouth.

Provide tissues and lined garbage bins for use by staff and clients (biohazard bags are not needed). No-touch garbage cans are best, if available.

Signs should be posted at entrances, shared washrooms, and common areas reminding staff and clients to clean hands and to cover their coughs and sneezes. For posters on how to clean hands, how to cover your cough, and physical distancing go here.

Masking
As of July 1, 2021, masking is not a provincial requirement, but Albertans may determine if they would like to continue to wear masks as a precaution based on their personal risk assessment. Some jurisdictions may require masking after July 1, 2021, in which case, follow local restrictions.

Masking in certain settings is a reasonable practice and can help reduce potential disease. People may choose to wear a mask in some settings based on the risk of the activity or setting, their individual or family member’s risk of severe outcomes due to health conditions, vaccination status, and overall personal tolerance for risk.

Some settings or activities are at higher risk for COVID-19 exposures. These include:

- Interacting in crowded spaces, especially indoors
- Attendance at large social events, especially indoors (for example, weddings, funerals)

It is reasonable to choose to continue wearing a mask while attending these settings or activities. Additionally, it is reasonable for organizations such as shelters to choose to ask their clients or staff to wear masks while attending activities in these organizations, after assessing the risks among the populations they interact with.

If an individual is fully vaccinated, they may consider interacting more closely with others without wearing a mask, or they may choose to continue to mask to reduce the risk for themselves and others.

If an individual has not yet received the COVID-19 vaccine, or has only received one dose of COVID-19 vaccine, they can further reduce their risk by continuing to wear a mask while in indoor or crowded settings.

If an individual is older, has specific health conditions or take certain medications, they may not get as much protection from the vaccine compared to people who are younger with no health conditions. They may still want to continue wearing a mask even if they are fully immunized.

Some health conditions may put individuals at higher risk for severe outcomes (hospitalization and death) due to COVID-19. Many shelter clients have health conditions that put them at higher risk of severe outcomes. These include:

- Age 70+
- Asplenia or dysfunction of the spleen (a missing spleen or a spleen that is no longer working)
- Cancer (anyone with a new diagnosis of or treatment for all forms of cancer in the last year, except non-invasive skin cancer)
- Chronic heart disease and vascular disease (congenital heart disease, chronic heart failure, heart or kidney disease from high blood pressure, history of a stroke)
- Chronic kidney disease requiring regular monitoring or treatment
- Chronic liver disease
- Chronic neurological disease (epilepsy, Parkinson’s disease, MS, muscular dystrophy and dementia)
- Chronic respiratory disease (COPD, cystic fibrosis, pulmonary hypertension, and severe asthma that required an asthma-related emergency department visit or hospital admission in the past year)
- Diabetes (Type 1 and Type 2, requiring insulin or other anti-diabetic medication to control)
- Immunosuppression (A weakened immune response due to disease or treatment, including anyone undergoing chemotherapy or treatment for HIV, genetic disorders of
the immune system, or people receiving long-term medical treatment to control severe inflammation such as rheumatoid arthritis or systemic lupus

- Pregnancy

**Physical distancing**

Physical distancing involves taking steps to limit the number of people clients and staff come into contact with, to limit the spread of COVID-19 and reduce the risk of getting sick. While not required, individuals should try to keep at least 2 meters (6 feet) away from others wherever possible, to help prevent the spread of COVID-19.

To protect yourself and others:

- try to set up spaces for activities that achieve the greatest distance between persons, including when socializing and during meals
- avoid overcrowding in elevators, stairwells or other enclosed spaces
- wash or sanitize your hands after touching communal or highly used surfaces

This may not be possible in sleeping arrangements.

**Prevention strategies for shelters**

Shelters can help prevent the spread of COVID-19 in a variety of ways. The following sections will provide information on how to prevent the spread of COVID-19, and how to prepare in the case of an outbreak.

The following sections outline recommendations for preventing COVID-19 in shelter facilities. They are not requirements, but sites should consider continuing to implement these recommendations based on the availability of staff, space, and resources. Consider gradually reassessing your recommendations and requirements based on the needs of the shelter, staff, and clients.

**Contingency planning – site specific action plan in case of an outbreak**

In addition to hand hygiene, optional masking and physical distancing (see above), it's also important for each shelter to implement other measures to manage COVID-19.

It is strongly recommended that each shelter develop their own site specific plan to deal with an outbreak. Resources for the development of these plans are available on the Alberta Health and Alberta Health Services websites. The Alberta Emergency Management Agency provides additional resources. These plans should include key preventative measures, planning for an outbreak reflective of staffing, infrastructure, supplies, communication and recovery planning.

These measures may include:

- Recommending staff immunization for COVID-19 and influenza
- Providing access to immunization for clients for COVID-19 and influenza
- Extending shelters hours if possible and applicable
- Identifying how the shelter will continue to provide essential services and meet the needs of vulnerable populations
• Knowing where clients will be referred if shelter space is full, or if they need to be transferred to an external isolation site

• Knowing the isolation sites and the transportation methods (approved by a Medical Officer of Health [MOH] or designate) available for transferring ill clients

• Identifying critical job functions and positions to plan for alternative coverage if a large number of staff have to isolate

• Considering remote work or work from home options for shelter staff that are not essential for client service delivery

• Considering the need for extra supplies (e.g., food, toiletries, etc.), surge staff, and ensuring they have PPE

• Discharge planning for individuals that require support, after isolation or quarantine

Appendix 2 includes a checklist for shelters to use in conjunction with the above resources.

Client and visitor registration and surveillance
Shelters should consider implementing the following to help with tracking and screening of clients and visitors:

• A system that registers all clients and visitors entering the facility, including names and contact information if available, in order to facilitate contact tracing in the event of an exposure, if appropriate.

• A system to track who is assigned to what section/cohort/bed (where possible) to more easily determine others who might have been exposed in an outbreak situation.

Daily Screening
Sites may implement daily symptom screening of staff, visitors and clients to see if they are experiencing any new symptoms that may have developed since the previous day. AHS recommends client and staff assessment continue.

Early identification of symptoms will help to limit the spread of COVID-19 within the facility.

Screening clients upon entry
Clients entering the site should be screened each time they enter, for COVID-19 symptoms. For clients who have routine interaction with shelter staff, staff should actively screen the client for COVID-19 symptoms daily, using the process outlined below.

For clients who do not have routine interaction with shelter staff, staff must advise that they are required to conduct daily self-checks for symptoms of COVID-19. They can be given the client screening questionnaire for reference.

AHS recommends that daily client screening include primary and secondary screening.

Primary Screening
Primary screening is completed by shelter staff upon entry into the shelter.
Staff can direct clients to a designated screening area, and complete the following questions:

1. Do you have the following COVID-19 symptoms: new or worsening cough, fever, sore throat, shortness of breath, loss of taste or smell, or runny nose?
   - It may be hard to know if these are new symptoms or are ongoing symptoms. The secondary screen with a health care worker can help distinguish this.
   - Temperature screening - Taken by a non-invasive infrared or similar device (oral thermometers must not be used)

2. Have you had close contact with a confirmed or probable case of COVID-19? OR have you been told by Public Health that you are a close contact?
   - Vaccination status may determine quarantine recommendations for close contacts.

**If the client answers NO to all questions, the client can be admitted to the shelter.**

- While not required, staff can encourage clients to maintain physical distancing, optional masking, and encourage hand hygiene, and ask the client to inform staff if they begin to feel unwell.

**If client indicates YES to any of the symptoms:**

- Maintain a 2 meter physical distance, provide a surgical mask to the client, and talk them through the process of putting it on.
- If a client is unable to put on the surgical mask themselves, staff may help. Immediately after helping a client put on the mask, staff must discard their gloves, perform hand hygiene, and put on new gloves.
- If possible, place the client in a private/separate space within the shelter.
- Proceed to the secondary screening process described below.

**Secondary Screening**

If a client answered YES to either question in the primary screen, a secondary screening will be completed by a health professional (preferable) or trained shelter staff using appropriate PPE (gloves, gown, surgical mask and face shield or eye protection).

*Trained or medical staff on-site*

If your site has trained medical or shelter staff:

- Confirm COVID-19 symptoms (and understand them within the context of the client’s pre-existing medical concerns).
- Complete a temperature check (shelter staff may assist with this if they are trained to do so). Temperatures of 38.0 °C or over are high. Normal temperatures are 35.8-37.9°C (96.4-100.4°F) for the ear or forehead.
Anyone with a measured temperature of 38.0 C or higher MUST be transferred to an isolation space

Where available and appropriate (if staff have the ability to perform the testing), perform a nose or throat swab to test for COVID-19 for all symptomatic clients using appropriate PPE (gloves, gown, surgical mask and face shield or eye protection).

- If the staff are obtaining the swabs, then they will need to obtain an Epidemiological Investigation (EI) number. If applicable, obtain the EI number from the AHS Coordinated COVID-19 Response line at 1-844-343-0971 or follow a zone / site specific process for EI or zone tracking numbers.

- If the site has laboratory confirmed COVID-19 cases, then the AHS Outbreak Management team (under the authority of the MOH) will be the contact for any new or suspected cases

No trained or medical staff on site
If the shelter does not have trained medical or shelter staff, and a client answered YES to either question in the primary screen:

- Isolate the individual as described above.

- All clients who are symptomatic can be tested.

- Local sites should have a response protocol that has been developed with public health and primary care to respond. Follow processes specific to your site and provincial zone. For example, some zones call 1-844-343-0971 while others call specific isolation facilities.

- If the site has laboratory confirmed COVID-19 cases, then the AHS Outbreak Management team (under the authority of the MOH) will be the contact for any new or suspected cases and they will give their contact information to the shelter.

Screening visitors upon entry
If shelters are accepting visitors, staff should perform primary screening on entry into the shelter following the same guidelines as for clients.

- Providing some indication that clients and visitors have been screened, such as a stamp or paper wristband, may be helpful, especially for clients who leave the premises and return within short timeframes (e.g., to smoke).

1. They would be expected to do hand hygiene on re-entry, but the stamp would avoid them having to do a repeat screening. The stamp should be applied after clients have appropriately cleaned their hands.

- The only exception is in the case of an emergency where stopping to be screened would negatively affect the reason for their entry (e.g. fire, police, medical emergency).
Anyone who answers **YES** to any of the questions in the primary screen is not permitted to enter the facility and should be directed to complete the [AHS online assessment tool](https://www.ahs.ca/healthlink) to determine if testing is recommended.

**Screening staff upon entry**
Prior to every shift, staff should be screened for COVID-19 symptoms. Shelter staff may complete a symptom check by participating in primary screening or passive screening (depending on shelter preference and outbreak status).

Passive screening includes the staff member doing a self-assessment to determine if they have any symptoms of COVID-19
- Sites can access [daily health checklist](https://www.ahs.ca/healthlink) on the Alberta Health Website

Staff who answer **YES** to any of the questions in the primary screen are not permitted to enter the facility and should be directed to complete the AHS online assessment tool to determine if testing is recommended. Staff can use the AHS COVID-19 [Self-Assessment for Healthcare Workers, School Teachers/Staff and Daycare Staff](https://www.ahs.ca/healthlink).

Contact the AHS Coordinated COVID-19 Response line at **1-844-343-0971** for additional guidance and decision making support or another zone / site specific facility.

Albertans experiencing COVID-19 symptoms are strongly encouraged to call Health Link (811) and speak to a Registered Nurse. This also applies to shelter staff, clients and visitors.

**Personal Protective Equipment (PPE) for Prevention and Preparedness**
During Stage 3, shelter operators can continue to require or recommend PPE based on the COVID-19 risk assessment for staff and clients.

**Sleeping arrangements**
- Shelters throughout the province serve different communities and populations and some have more space and beds than others. It is recognized that while there are space limitations in many shelters, they provide a necessary service to vulnerable Albertans. Taking this into account, the Alberta Government has provided [Exemptions and Clarifications for Operators of Shelters and Temporary or Transitional Housing Facilities](https://www.aldocs.ca/s/97790) that provide the following guidelines:
  - Head-to-toe placement of beds, mats or cots 2 meters apart, if space allows
- The minimum requirement for head-to-toe placement of mats, cots and beds is 1 meter within shelter spaces and temporary or transitional housing during a non-outbreak situation. If space allows, put fewer clients within a floor/dorm/unit. Note: this recommendation will be reviewed in August, 2021.
- Arrange beds so that individuals lay head-to-toe or use neutral barriers that can be cleaned (foot lockers, non-porous barriers) between beds.
- Assign and track clients to a specific sleeping mat or sleeping unit to help with contact tracing should a client later test positive for COVID-19.
Mealtimes
If possible, stagger mealtimes to reduce crowding and 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 amount of people using the facilities at the same time.

Recreation/common areas
For shelters that operate on a 24 hour basis, shelters should strive for a set up that achieves the greatest distance between clients during normal daytime operations.

Create 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.

Follow any applicable recommendations by the Chief Medical Officer of Health (CMOH) related to indoor gatherings.

Transport
If transportation is required to get clients to other facilities or for obtaining other supports or services, consider transporting fewer people per trip so passengers may have more space, between one another. Consider transporting cohorts/groups of clients who reside together in the shelter as a group to avoid intermingling. Symptomatic clients should wear a surgical mask (also known as a procedure or medical mask) and clean their hands prior to transport.

Testing
Please follow the testing recommendations from public health. In some sites and localities, testing may be offered and each site should have a clear protocol in place to manage the results.

Ventilation
Proper ventilation is an effective measure to reduce the concentration of airborne contaminants, including airborne disease, in indoor locations. It does this by increasing the rate of air change, reducing recirculation of air and increasing the use of outdoor air.

Operators are encouraged to:

- Ensure ventilation systems are well maintained and functioning optimally, using professional services. HVAC systems vary in complexity in terms of technical guidelines and codes.
- Open windows and doors where possible to increase air circulation and encourage outdoor activities when weather permits.
Environmental cleaning/disinfection
Cleaning refers to the removal of visible dirt, grime and impurities. While cleaning does not kill germs it is extremely effective in removing them from a surface. Disinfecting refers to using chemicals to kill germs on surfaces. This is only effective after surfaces are cleaned.

Cleaning and disinfection are both important to reduce the spread of infection. Shelters should maintain and follow a routine protocol for cleaning and disinfection. High touch surfaces (such as, door knobs, light switches, staff rooms, desktops, washrooms) should be cleaned at least daily and more frequently if soiled.

Use a disinfectant that has a Drug Identification Number (DIN) and a virucidal claim, meaning the product is effective in killing a specific virus or viruses. Make sure to follow instructions on the product label to disinfect effectively. Alternatively, you can prepare a fresh bleach water solution with 20 ml of unscented household bleach in 1000 ml of water.

Be sure to take the 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 from individuals (e.g., children, pets).

Environmental cleaning/disinfection resources
Hand Hygiene
- Hand Hygiene Webpage
- Poster: How to use Alcohol-based Hand Rub
- Poster: How to Hand Wash
- Hand Hygiene Education

Facility Cleaning
- Thermometers used for Staff and Visitor COVID-19 Screening
- Key Points for RTU Disinfectant Wipes
- Principles for Environmental Cleaning and Disinfection
Food handling

Practice routine food safety and sanitation practices at all times. Germs from ill clients and staff (or from contaminated surfaces) can be transferred to food or serving utensils. Where possible, minimize client handling of shared food and utensils.

For Stage 3, food handling practices can return pre-pandemic best practices to prevent illness. For additional guidance see the following Alberta Health resources:

- Alberta Biz Connect | Alberta.ca
- Guidance documents | Alberta.ca

- Dispense food onto plates for clients.
- Minimize client handling of multiple sets of cutlery.
- Dispense snacks directly to clients.
- Ensure that food handling staff 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 be involved in food preparation or food service, if possible.
3. SITES UNDER INVESTIGATION

A **site under investigation** is defined as a site where at least one resident or staff member exhibit any symptoms of COVID-19.

**AHS Coordinated COVID-19 Response Line**

The AHS COVID-19 Coordinated Response Line for Congregate Living Settings at **1-844-343-0971** is for any group or communal living setting (including shelters, long term care facilities, group homes, etc.). This number is staffed by AHS and is available every day from 8 a.m. to 10 p.m. Callers are instructed to leave a message and all attempts will be made to call back within two hours. Calls placed between the hours of 10 p.m. to 8 a.m. will be returned the following morning after 8 a.m.

This is the number to call when there is a suspected or confirmed case or outbreak in a facility. AHS COVID-19 Response team will do the following:

- Ask a comprehensive list of questions about shelter setting, address, number of clients affected with symptoms, client names, need for swabbing assistance, need for PPE, ability to isolate, etc.

- They will provide the shelter with key actions to take until the AHS Outbreak Management Team under the direction of the MOH contacts the shelter.

- They will then submit the information to the MOH and the AHS Outbreak Management Team (as well as for a request for PPE and swabbing assistance if needed).

- The AHS Outbreak Management team will follow up on laboratory results and then contact the shelter about next steps. The AHS Outbreak Management Team determines if an outbreak will be declared, what outbreak measures will be implemented and when the outbreak will be declared over.

**Personal Protective Equipment (PPE) for Shelters Under Investigation**

Encouraging staff and clients to sanitize their hands with alcohol based hand sanitizer or wash their hands often with soap and water for at least 15-30 seconds, covering their cough or sneeze and maintaining a physical distance of 2 meters is effective in minimizing the spread of COVID-19. Frequent hand cleaning is required even when wearing PPE.

What type of PPE is needed for which task?

During COVID-19, not all settings and jobs need the same PPE. The type of PPE required depends on the types of interactions and activities the staff have with a client. The [Modified PPE for Suspect or Confirmed COVID-19 in Vulnerable Populations outside of Healthcare Facilities](#)

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**PPE should only be used for the following purposes:**

- Cleaning and disinfecting contaminated spaces.
- Screening clients and staff for COVID-19 (both primary and secondary).
- Working closely with symptomatic clients where physical distancing is hard to maintain.
- Working closely with clients and staff who may have suspected or confirmed COVID-19.
outlines which type of PPE is required when dealing with confirmed or suspected cases of COVID-19.

For shelter staff who work in administrative areas and do not have direct contact with clients, no PPE is required. Use physical distancing of 2 meters, wash your hands often and avoid touching your face.

Shelter staff who are screening clients, staff and visitors upon entry, talking with clients or distributing food or supplies, are strongly encouraged to wear a surgical mask with a visor, or a mask and eye protection. Surgical face masks – Replace the mask if it becomes wet, damaged, or soiled. Do not re-use. Note: N-95 masks are not required in shelters.

- Staff must perform hand hygiene before putting on the mask and before and after removing the mask.
- If the surgical mask doesn’t include a visor, appropriate eye protection should be worn. Prescription eyeglasses are not considered eye protection. Some eye protection is used only once and others can be re-used after cleaning and disinfection (refer to the manufacturer’s instructions to see which applies to your eye protection).
  - Where there is evidence of continued transmission (defined as at least 2 confirmed cases), continuous use of eye protection (googles, visor, face shield) is recommended for all staff and essential visitors.

For shelter staff, including cleaning staff, who interact with clients who are in isolation or awaiting transfer to an isolation location, the following PPE is required before entering the space or room where the client is located:

- Gloves – these are disposable after use, one pair one task. Perform hand hygiene before putting on and after removing gloves.
- Gowns, if available – once done with the gown, if disposable, place in a lined waste bin in or near the client’s room.
- Surgical face masks – Replace the mask if it becomes wet, damaged, or soiled. Do not re-use. Note: N-95 masks are not required in shelters. See more information on masks at alberta.ca/covid19.
- If the surgical mask doesn’t include a visor, appropriate eye protection should be worn. Prescription eyeglasses are not considered eye protection. Some eye protection is used only once and others can be re-used after cleaning and disinfection (refer to the manufacturer’s instructions to see which applies to our eye protection).

Clients who show any COVID-19 symptoms and are awaiting secondary screening or being transferred to an isolation area should be provided with a surgical mask, if they tolerate it. N95 masks are not necessary.

How to use PPE?

Personal protective equipment (PPE) must be used correctly. Care must be taken when putting on and when taking off PPE. PPE cannot be re-used. The following links will provide more information about the right ways to put on and take off PPE:
Putting on and taking off gloves

Putting on PPE (glove, gown, face mask and eye protection)

- Note: 3b in the above link is not necessary in shelter settings

Taking off PPE

PPE station
Stations for putting on and removing PPE should be distanced from each other to prevent cross contamination.

How to request PPE?
Shelters should prepare for an outbreak by ensuring they have an adequate supply of PPE on hand.

If assistance is needed in acquiring PPE, shelters may complete the Government of Alberta PPE Request form

Isolation
Isolating and quarantining help prevent the spread of COVID-19 by reducing the number of people you could infect if you're sick. Both require avoiding situations where the virus could spread.

Alberta is taking aggressive measures, including CMOH public health orders identifying particular restrictions and prohibitions, to help slow the spread of COVID-19. Law enforcement agencies now have full authority to enforce any public health orders and issue fines for violations.

Where should clients be isolated?
Alberta Health has offered guidance for shelter clients who require isolation due to suspected or confirmed cases of COVID-19. Essentially, clients can be isolated two different ways: external to your shelter (recommended approach) or in isolation spaces within your shelter (less preferred approach). This section will outline these two options.

What happens when a client has completed their isolation period?
When a client finishes their isolation, they can return to the facility. Regular primary screening (by shelter staff) and secondary screening (by health staff) should continue with the client.

Isolation spaces external to shelter (recommended approach)
Different cities and zones have different solutions in place for where clients with symptoms of COVID-19 or are confirmed positive will go and how they will get there. As per Alberta’s Public Health Act, spaces being used for COVID-19 isolation purposes and the transportation being used to transfer individuals requiring isolation, must be approved by a local Medical Officer of Health.

Alternatively, the vulnerable population representative identified in the AHS Zones may be contacted. Connect with your zone contact to follow up.
Isolation space within a shelter (less preferred approach)

A client with COVID-19 symptoms should ideally be given access to a private room with four walls and a door. Additionally, a client should have access to their own bathroom. This may not be feasible in some shelters.

Consult with the AHS staff when making decisions about co-housing or cohorting clients together in one space. Space cohorting refers to the process of assigning specific geographic areas within the shelter space for specific clients (e.g., clients with no COVID-19 symptoms in one area, those with symptoms in another). If a client tests positive for a variant of concern, then consult with public health for further guidance on isolation requirements.

What does isolation look like for clients in these settings?
People who are in isolation due to symptoms:

- Must avoid situations where they could come into contact with and infect other people by using physical distancing, wearing surgical masks, and following the guidance in this document. Transportation methods and conditions need to be approved by the MOH or designate.

- Should not participate in small group activities or use common/communal areas. An exception to this is where certain clients would not manage well mentally and behaviourally in complete isolation. Discuss this with your zone MOH.

- Should be encouraged to stay in one place while isolating and should try to avoid close contact with other clients and staff.

- If clients choose to leave, they should be encouraged to wear a surgical mask at all times, avoid coming within 2 meters of others, and should avoid taking public transit. If possible, symptomatic clients should be directed away from common shelter space, but should be allowed to enter a designated isolation facility/space.

Staff responsibilities in shelters with internal isolation spaces
If possible, minimize movement of staff between floors or areas within the shelter, especially if floors or areas have been assigned for those with symptoms. Staff cohorting or assigning staff
to work specifically with clients with no symptoms, while assigning others to clients with symptoms should be considered, if it is practical in the setting.

During this time, it’s important that shelter staff monitor their health and if they experience symptoms like worsening fever or cough or shortness of breath, that they immediately remove themselves from the site, go home, and call Health Link 811.

If clients alert staff to new or worsening symptoms, staff should provide a mask to clients, isolate within the facility and encourage clients to get tested.

- Some sites have onsite swabbing capability and should follow site specific policies.

Monitoring of ill clients should occur twice a day, at the very least. This includes verbal check-ins. If symptoms worsen, check-ins should increase.

Shelter staff should ensure that clients have access to food, drinks, and medications while isolating at the facility. If there are no medical staff on site, clients will manage their own medications. We recommend providing a locked place to store medications.

Domestic items such as dishes, drinking glasses, cups, eating utensils, towels, pillows, or other personal items should not be shared with other people in the facility. After using these items, wash them thoroughly with soap and water, place in the dishwasher for cleaning and sanitizing, or wash in the washing machine. Staff can determine appropriate PPE needed by referring to the Modified PPE for Suspect or Confirmed COVID-19 in Vulnerable Populations outside of Healthcare Facilities

Shelters should comply with their typical standards of practice with regards to the client’s:

- needs to refill prescriptions
- risk of flight, behavioural concerns, medical complexity, and mental health concerns
- aggressive, violent, or non-cooperative behaviours

If a child requires isolation in your shelter:

- Try to have one person only care for the sick child so others are not exposed.
- If a sick child is over 2 years old and can tolerate a cloth face mask without finding it hard to breathe, have them wear one. Don't leave the child alone while they're wearing a cloth face covering. The staff should wear a surgical mask when in the same room as the child.
- Help the child get plenty of rest and drink lots of liquids.
- Watch for signs that the child might need more medical help, such as trouble breathing, fast breathing, sleepiness, not being able to drink a lot of liquids, or signs of dehydration like peeing less than usual.
The following information around harm reduction practices, supporting people who use substances and telemedicine supports for addiction services during the COVID-19 pandemic, may be helpful to shelter operators and staff

- Community Based Naloxone program information how to order the kits: [www.ahs.ca/naloxone](http://www.ahs.ca/naloxone)

- *Harm Reduction and COVID-19: Guidance Document for Community Service Providers*

- Nicotine Replacement Therapy (NRT) kits can be ordered by emailing tru@ahs.ca as needed. After the 14 days those wanting to continue to use cessation medication can access it through their government benefits program or by calling the AlbertaQuits Helpline 1-866-710-7848.

**Enhanced environmental cleaning/disinfection if client is isolating onsite**

Continue the general environmental cleaning/disinfection measures outlined earlier in this document.

Cleaning staff who are required to enter into the room or space of an isolated person, should do so using gloves, surgical mask, gown, and eye protection.

The frequency of cleaning and disinfecting ‘high touch’ surfaces (e.g., doorknobs, light switches, call bells, handrails) in resident rooms and common use areas should be done at least three times a day. Equipment should be cleaned and disinfected only with consideration for the procedures outlined by both the equipment manufacturer and the disinfectant labeled instructions.

In addition, cleaning and disinfecting of all low touch surfaces (e.g. shelves, bedside chairs and benches, windowsills, over-bed lighting, message or white boards, etc.) should happen at least once per day.

Conduct a thorough, enhanced cleaning of all environmental surfaces in the isolation room after the person is no longer in isolation.
4. OUTBREAK MANAGEMENT IN SHELTERS

What is a COVID-19 outbreak?

A confirmed COVID-19 outbreak is defined as any one client or staff member (who has worked at the site while they were infectious, even if they didn’t get the disease on site) confirmed to have COVID-19.

If there is a newly confirmed outbreak of COVID-19, encourage clients and staff on the affected site/unit be tested for COVID-19.

- If the facility has capability to collect swabs onsite, please follow site specific process re: collection
- The swabs will be collected, preferably, through on-site capacity, if available. If not, AHS will arrange for the client to be tested.
- The swabs should be collected within 3 days of identifying the first confirmed case
- This testing should also occur if there appears to be transmission during an existing outbreak.
- Testing should be encouraged at other shelter sites, if the positive client had visited other shelters.

When an outbreak is declared at a shelter, it is strongly recommended for the operator to try to the best of their ability, to ensure that staff are only working at the one site for the duration of the outbreak.

Roles and responsibilities during an outbreak in shelters (including shelter surge capacity sites)

Alberta Health Services (AHS)

In the event of an outbreak in a shelter, AHS Outbreak Management staff, under the direction of the MOH will collaborate with partners to determine next steps.

AHS staff will work with shelter operators and staff to support the implementation of the outbreak management plan. Isolation spaces and transportation methods and conditions need to be approved by the MOH or designee.

Examples of actions led by AHS may include the following, depending on situational circumstances:

- Providing shelters with information on how to identify a potential COVID-19 positive client.
- Advising shelter operators on enhanced infection prevention control measures including hand washing, physical distancing advice, and education on putting on and taking off PPE.
- Investigating any COVID-19 cases and recommending measures to limit spread within shelter.
- Providing consultation on suspected clusters of illness or outbreaks.
- Setting standards for how shelters must support disease surveillance.
- Working with clients and shelter operators to identify and locate close contacts.
- Assisting with testing of symptomatic clients for COVID-19, including delivery of specimen to laboratory.
- Assisting with immunization delivery.

Each zone in AHS is accountable for the above roles, and reports directly to the Zone Emergency Operations Centre (ZEOC). Each ZEOC reports directly to the AHS Emergency Coordination Centre (ECC).
Government of Alberta
Community and Social Services, as the funder of shelters in the province, and Alberta Health, as the department responsible for setting policy direction and developing CMOH public health orders, will work together with AHS and shelter partners in efforts to prevent and manage COVID-19.

Shelter operators
Shelter operations will continue to manage day-to-day operations, and ensure appropriate staffing levels and collaborate with other stakeholders if more resources are required. They will also implement and maintain a process for screening, isolating, and transporting clients as necessary.

Report a COVID-19 case or suspected case by calling the AHS COVID-19 Coordinated Response Line for Congregate Living Settings at 1-844-343-0971. Early recognition of unusual clusters of illness and swift actions in response to these episodes are essential for effective management of outbreaks. The notification of outbreaks and other infectious disease threats in Alberta is legislated under Alberta’s Public Health Act. Notify CSS about a possible outbreak.

Control measures during COVID-19 outbreaks
In general, admissions to a shelter that is experiencing an outbreak of an infectious disease are restricted in order to limit the number of people who could be exposed. If a shelter is either under investigation for a COVID-19 outbreak (1 or more clients or staff with symptoms consistent with COVID-19 infection) or with a confirmed COVID-19 outbreak (1 or more clients or staff with laboratory confirmed COVID-19), the operator must consult the AHS Zone Medical Officer of Health or designate before accepting new admissions to the shelter. The MOH will investigate the situation, assess the risk and determine how to mitigate any risk to clients and staff at the shelter, on a case by case basis.

In an outbreak situation (one or more cases), AHS outbreak management staff, under the direction of the MOH will collaborate with partners to provide guidance on next steps and ongoing support for the shelter during this process.

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 or facility may develop their own site-specific options to meet the recommendations of the MOH or designate when developing their contingency plans for outbreaks of communicable diseases.

Immediate implementation of the following measures are encouraged to limit the infectious spread:

- Isolate symptomatic clients
  - Discourage mingling with others. This includes limiting access within the facility to only their assigned floor/space.
  - When possible, designate a washroom solely for use by isolated clients.
  - Cleaning and disinfection should occur with greater frequency (between every client use, or hourly if that is not possible).
• Continue meal support to the cohort and other essential service provision to the clients while ensuring appropriate infection control measures.

• If separate isolation spaces for each client cannot be provided, clients can be placed in a group setting. In regards to sleeping arrangements, shelters should try to facilitate at least 2 meters of spacing between clients.

• Identify potentially exposed clients and staff who may have come in contact with the COVID-19 positive client.

• Quarantine recommendations for people in these cohorts may depend on their immunization status. See AH Website for the most current guidelines. If added support in identifying cohorts is required, the AHS outbreak management team can provide guidance. AHS will also work with staff to determine who has been in contact with the COVID-19 positive client and assess any quarantine needs for staff.

• Consider cohorting of staff.

• Limit staff-to-client interaction as much as possible and ensure staff wear appropriate PPE.

• Report timely updates to the Zone MOH or Outbreak Management Team member as directed.

• Testing of symptomatic clients and staff will be under the direction of the outbreak management team.

• Communicate with administration, staff, other services providers regarding the outbreak and initiation of the investigation by AHS Public Health, including other facilities at the site (e.g., child care facility). During an outbreak investigation, it’s important to take the following steps:
  o Work collaboratively with AHS, AH, CSS, municipalities, and other partners to provide additional human resource support where required including added security, cleaning support staff, food services, police support, and medical and health supports.
  o Educate clients on what an outbreak means and provide supportive guidance on how to maintain their health and wellbeing during the outbreak.

• Discuss with AHS whether a targeted immunization campaign is warranted.

• Discuss transmission of disease, self-care, and proper respiratory etiquette and hand hygiene with staff and clients.

Environmental cleaning/disinfection measures during an outbreak
Please see the Environmental cleaning/disinfection measures during COVID-19 section in this manual. Many of the same cleaning principles apply. Additional care is required to clean isolation rooms or areas and the frequency of cleaning may need to increase during an outbreak. Consider all surfaces in the client isolation environment as contaminated.
Remember that 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 manner that prevents contamination such as 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 Enhanced Environmental Cleaning Recommendations:

- High Touch Surfaces
- Electronics
- Cleaning Principles
- Cleaning/Disinfectant Products

Food handling during an outbreak
Many of the same principles of food handling for prevention are followed during an outbreak. Limiting client handling of shared food and utensils is required during this time. Please see the food handling tips in the earlier section.

Facility-wide Outbreak
Should the outbreak location not be contained to a section of the building and require the entire facility to be on declared outbreak, the Zone MOH will work with partners to develop control measures and targeted vaccination campaigns if relevant (i.e., if immunization rates are low). Monitoring access to and from the building may need to be implemented. At discretion of the site, security support may be implemented for monitoring access around the building. Ideally, positive incentives to maintain isolation should be considered first, including substance use management (refer to the Harm Reduction and COVID-19: Guidance Document for Community Service Providers), activities within isolation spaces, and smoking supports etc.

Only staff can have access to and from the facility during the outbreak, and PPE requirements for staff within the facility will be made by the Zone MOH. Additional plans will need to be implemented to bring in staff to replace those who need to quarantine or isolate at home.

Identify and place more 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. Where possible, provide independent isolation spaces to clients. This could be in the form of a private hotel unit or a cohorted isolation space. Isolation spaces need to be approved by the MOH or designate. If this measure is employed, ensure adequate amount of psychosocial and medical/pharmacy support for highly vulnerable clients.

Clients who have left the shelter space before the outbreak occurred may be considered a contact. The AHS outbreak team will provide guidance and messaging around how to manage these clients.

If you have any questions or concerns about the guidelines contact the Zone MOH/designate in your area (see Table 1). Contact Alberta Health Services with questions about training and educating staff, if needed.
Testing and Management of Resolved Cases

- Generally, resolved cases should NOT be re-tested for COVID-19 within 90 days of the initial positive test result.
  
  - However if the resolved case develops NEW COVID-19 symptoms within the 90 days, testing for other pathogens should still be considered depending on symptoms and the setting.

- Management of these individuals is based on symptoms and diagnosis

- Due to uncertainty regarding immunity after infection and the theoretical risk of re-infection, resolved cases should still take the same precautions to avoid exposure as anyone who has never had COVID-19, including wearing a mask, physical distancing, practicing proper hand hygiene and respiratory etiquette and if they are a HCW to follow IPC recommendations regarding PPE.

- After 90 days of an initial positive test result, they should be treated as people who never had COVID-19 in terms of testing, quarantine and isolation.

- It may be possible for a few individuals to shed detectable SARS-CoV-2 viral material longer than 90 days.

- If suspected to be the case, consultation with the Zone MOH and other specialists including microbiologists/virologists and infectious disease physicians can help with the management decision.

Management of Resolved Cases with New Exposure

- There is growing evidence to support that resolved cases do not need to undergo repeat quarantine if they have a NEW exposure within 90 days of their initial diagnosis

- Therefore, if a resolved case is identified as a close contact (i.e., they have had a NEW exposure unrelated to their previous infection), no repeat quarantine is required if:

  - The exposure is within 90 days of their previous positive test result AND they are asymptomatic.

  OR

  If they are fully immunized (received a second dose more than 14 days ago)

  - They should closely monitor for COVID-19 symptoms for 14 days after the last exposure
  - If any COVID-19 symptoms develop, they should isolate immediately and be re-tested for COVID-19. Refer to the section above for other testing and management recommendations.
• If a resolved case has a NEW exposure more than 90 days from their previous positive test result, manage as any other close contact and quarantine for 14 days from last exposure, depending on vaccination status.

Other mitigation strategies
While not required, other mitigation strategies to prevent the spread of COVID-19 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 Zone MOH will determine when an outbreak is declared over. Clients can return to a facility provided that they do not enter a cohort or group that is isolating. If their entire home facility is not open to new clients, the client cannot return and alternative shelter/housing options will need to be provided for the client.

Guidance around declaring the outbreak over and returning to regular operations will be provided by the AHS Outbreak Management Team. Regular screening and prevention activities for COVID-19 would resume at this point.
### Table 1: Zone Medical Officer of Health/designate

<table>
<thead>
<tr>
<th>AHS ZONE (Link to Zone MOH)</th>
<th>REGULAR HOURS</th>
<th>AFTER HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone 1 South</td>
<td>Business hours may vary slightly from Zone to Zone, but are typically 8 a.m. – 4:30 p.m.</td>
<td>(403) 388-6111 Chinook Regional Hospital Switchboard</td>
</tr>
<tr>
<td></td>
<td>Communicable Disease Control CDC Intake 587-220-5753</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Environmental Public Health EPH CDC Lead 403-388-6689</td>
<td>1-844-388-6691</td>
</tr>
<tr>
<td>Zone 2 Calgary</td>
<td>Communicable Disease Control CDC Intake 403-955-6750</td>
<td>(403) 264-5615 MOH On-Call</td>
</tr>
<tr>
<td></td>
<td>Environmental Public Health EPH Disease Control 403-943-2400</td>
<td></td>
</tr>
<tr>
<td>Zone 3 Central</td>
<td>Communicable Disease Control CDC Intake 403-356-6420</td>
<td>(403) 391-8027 CDC On-Call</td>
</tr>
<tr>
<td></td>
<td>Environmental Public Health 24 Hour Intake 1-866-654-7890</td>
<td>1-866-654-7890</td>
</tr>
<tr>
<td>Zone 4 Edmonton</td>
<td>Communicable Disease Control CDC Intake Pager 780-445-7226</td>
<td>(780) 433-3940 MOH On-Call</td>
</tr>
<tr>
<td></td>
<td>Environmental Public Health EPH 1-855-513-7530</td>
<td>1-800-732-8981 Public Health On-Call</td>
</tr>
</tbody>
</table>
5. ADDITIONAL CONSIDERATIONS

Psychosocial Support

Clients affected by a disaster, such as this pandemic, experience major changes in their lives. This includes fear and anxiety regarding the illness in addition to the psychological impact of mitigation efforts such as isolation and changed living location and conditions. Clients may also have fear, stress, and anxiety about reopening the province and the removal of restrictions. Over the past year, people have been living in a changing environment, which

Although all Albertans have been impacted, people facing additional social barriers have been more significantly impacted. Furthermore, people with pre-existing addictions or mental health concerns may have experienced their conditions becoming more acute (i.e., depression, becoming suicidal, inability to access substances in the usual manner resulting in unplanned detox and stress). Finally, clients may also be grieving the death of friends or family members and may have to deal with personal or family crises.

These impacts are felt by staff working with a vulnerable population as well. Staff may need to talk about their feelings and experiences or access employee support programs or online/phone mental health supports.

All organizations should develop strategies to increase psychosocial support for both staff and clients. For more information on mental health visit the AHS Help in Tough Times website. Contact the local crisis team if needed. Additional supports appropriate for vulnerable populations with greater needs should also be implemented.

Online resources are available if you need advice on handling stressful situations or ways to talk to children.

- Mental Health Resources – COVID-19
- Talking with children about COVID-19 (CDC)
- Wellness Together Canada (Health Canada)

If you need to talk, call the 24-hour help lines:

- Mental Health Help Line at 1-877-303-2642
- Addiction Help Line at 1-866-332-2322
- 211

Indigenous health considerations

Euro Canadian governments, including the province of Alberta and municipalities, have a responsibility to offer reciprocal accountability on Indigenous self-determination through substantive equality and equity in health promotion, prevention and care delivery.

Due to the historical and contemporary legacies of colonization, Indigenous peoples are disproportionally represented within social, psychological and biological comorbidities.
Indigenous peoples continue to remain resilient despite experiencing systemic barriers that result in increased rates of homelessness, limited income, food insecurity, and challenges in safety.

In regard to COVID-19, social interactions and housing circumstances deeply influence rates of transmission. Likewise, some Indigenous individuals, families and communities experience a higher rate of respiratory diseases such as asthma. These individuals may be more likely to experience more severe symptoms of COVID-19.

The facilitation of public health recommendations, like physical and social distancing and isolation, while reducing the rates of COVID-19 transmission, can also precipitate acute stress reaction and post-traumatic stress disorder stemming from personal and multi-generational trauma.

Supporting Indigenous peoples with no fixed address during the COVID-19 pandemic requires an understanding of the contemporary colonial landscape, healing-centered engagement (similar to trauma-informed approach), as well as decolonized and culturally centered approaches. For more information on COVID-19 and Indigenous Populations visit the AHS website.

Table 2. AHS Indigenous Health Zone Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
<th>Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cai-Lei Matsumoto</td>
<td><a href="mailto:Cai-Lei.Matsumoto@ahs.ca">Cai-Lei.Matsumoto@ahs.ca</a></td>
<td>South Zone</td>
</tr>
<tr>
<td>Shelley Goforth</td>
<td><a href="mailto:Shelley.Goforth@ahs.ca">Shelley.Goforth@ahs.ca</a></td>
<td>Calgary Zone</td>
</tr>
<tr>
<td>Tracy Lee</td>
<td><a href="mailto:Tracy.Lee@ahs.ca">Tracy.Lee@ahs.ca</a></td>
<td>Central Zone</td>
</tr>
<tr>
<td>Mike Sutherland</td>
<td><a href="mailto:Mike.Sutherland@ahs.ca">Mike.Sutherland@ahs.ca</a></td>
<td>Edmonton Zone</td>
</tr>
<tr>
<td>Shannon Dunfield</td>
<td><a href="mailto:Shannon.Dunfield@ahs.ca">Shannon.Dunfield@ahs.ca</a></td>
<td>North Zone</td>
</tr>
</tbody>
</table>

Family violence

If a client is at risk of family violence, help is available. Call the 24-hour Family Violence Info Line at 310-1818 to get anonymous help in over 170 languages.

Other resources:

- [Family violence during COVID-19 information sheet](#)
- [Find information on shelter and financial supports](#)
- [Learn how to recognize and prevent family violence](#)

Long COVID

Some people who have recover from COVID-19 experience long-term health effects related to their illness. These individuals still have symptoms months after their COVID-19 diagnosis. Research is underway to better understand the long-term health impacts and treatments.
See the following resources about long COVID:

- Government of Alberta
- Recovery & Rehabilitation After COVID-19: Resources for Health Professionals
- Getting Healthy after COVID-19
## Appendix 1: COVID-19 checklist for shelters

### Preparing for and Preventing an Outbreak

- Develop your site emergency plan
  - Identify key contacts for your site, municipality and zone
  - 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
- Implement illness screening processes for clients and staff
- 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 surgical masks to clients with respiratory symptoms
- Communicate with staff about staying home when sick
- Be prepared to contact AHS 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 mild illness, if possible
- Identify mental health resources for staff and clients
- Stay up-to-date at the [Alberta Health](https://www.alberta.ca) and [Alberta Health Services](https://www.calgaryhealth INFO.ca) websites for COVID-19

### During an Outbreak

- Put your site emergency plan into action
- Call your Outbreak Management Team at 1-888-522-1919.
- Call CSS or your regulatory body to inform them of the possible outbreak
- AHS MOH and the Outbreak Management team will collaborate with you to determine next steps.
- Clients with mild respiratory symptoms should be isolated
- Clients with serious respiratory symptoms should be transported to health care sites
- Continue to communicate with staff and clients
- Maintain preventative actions like cleaning, masking, handwashing, and physical distancing
- Limit visitors to the facility
- Use appropriate PPE when caring for clients with respiratory symptoms when physical distancing cannot be maintained
### Declaring an Outbreak Over

- AHS will determine when an outbreak is over
- The Outbreak Management Team will confirm an outbreak is over with the site
- Make note of what worked well and what could be improved and update these items in your site’s emergency response plan
- Return to “prevention” mode in the shelter
- Continue to implement illness screening processes for clients and staff
- Ensure that handwashing protocols and cleaning, are maintained
Appendix 2: Quick reference links to up-to-date information

Public Health Orders
Orders and legislation

COVID-19 Screening
Current eligibility for testing
Current symptom list
AHS online assessment tool
AHS online assessment tool for healthcare and shelter workers/enforcement personnel/first responders
COVID-19 Guidance: Daily Fit for Work Screening Protocol

Personal Protective Equipment (PPE)
Request PPE from Alberta Health Modified PPE for Suspected or Confirmed COVID-19 in Vulnerable Populations outside of Healthcare Facilities

Caring for a Patient with COVID-19
How to care for a COVID-19 patient at home

Other Guidelines
Alberta Public Health Disease Management Guidelines
AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites
Harm Reduction and COVID-19: Guidance Document for Community Service Providers
Supporting people who use substances in shelter settings during the COVID-19 pandemic: National Rapid Guidance
Telemedicine support for addiction services: National Rapid Guidance
Appendix 3: Frequently Asked Questions - Dealing with COVID-19 in communal or group settings

Who do I call if I suspect a client or staff has COVID-19 or has been confirmed to have it?

Call the AHS COVID-19 Coordinated Response Line at 1-844-343-0971. This number is for any congregate, communal or group living setting (this could include shelters, long term care facilities, group homes, etc.). This number is staffed by AHS and is open from 8 a.m. to 10 p.m. Callers are asked to leave a message and all attempts will be made to return the call within 2 hours. Messages can be left between 10 p.m. and 8 a.m. will be returned the following morning.

The COVID-19 Coordinated Response Line must be contacted with the first symptomatic of person (client or staff) who indicates they have any of the symptoms listed below.

- Fever
- A new cough or a chronic cough that is worsening
- New shortness of breath or chronic shortness of breath that is worsening
- Loss of sense of taste or smell
- Sore throat
- Runny nose

The COVID-19 Coordinated Response Line should only be contacted with new cases that are suspected in a site that has not received laboratory results yet.

If the site has laboratory confirmed COVID-19 cases, then the AHS Outbreak Management team (under the authority of the MOH) will be the contact for any new or suspected cases. The AHS Outbreak Management team will provide you with their contact information.

What should I expect when I call 1-844-343-0971?

When you call the AHS COVID-19 Coordinated Response Line for Congregate Living Settings, you can expect a team member to:

- Ask you a list of comprehensive questions about your communal or group living site, the symptomatic clients, isolation plans, need for swabbing assistance, need for PPE, ability to isolate, etc.).
- Provide the shelter with key actions to take until the AHS Outbreak Management Team under the direction of the MOH contacts the shelter.
- Submit the information to the MOH and the AHS Outbreak Management Team (as well as for a request for PPE, swabbing assistance if needed). The Outbreak Management team will follow up on laboratory results and contact the shelter about next steps. Then will determine if it is an outbreak, how it is managed and when it is declared over.

What is considered an outbreak?

A confirmed COVID-19 outbreak is defined as any one individual confirmed to have COVID-19, including any resident or staff member.

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What do isolation and quarantine mean for a person who lives in a congregate living setting?
Isolation and quarantine means a person is to stay within the communal or group living setting, either in the appointed isolation area, or offsite at a temporary isolation area affiliated with their typical congregate living space. See the Alberta Health website for the most up to date information on isolation and quarantine recommendations.

When an outbreak occurs in a shelter, are staff allowed to go home and then return to work the next day?
If a staff member is symptomatic, they are to isolate at home. To the best of the shelter’s ability, staff should be cohorted so they are only working in one area/on one floor/unit. Further, staff, just like clients and visitors, must be screened at the beginning of every day/shift.

How should clients who are confirmed COVID-19 be transported to an external isolation site?
How the client is transported to an external isolation site will depend on what has been coordinated in their specific AHS Zone, city, or region and approved by the MOH. Some AHS Zones have organized vans, taxis and public transport for this purpose. In each instance, proper disinfection protocols and use of PPE are necessary. If transportation plans aren’t clear, contact the Zone MOH or other appropriate person/group for securing transportation.

Confirmation on the conditions of transportation need to be confirmed by the MOH, however, it is expected that the client should wear a surgical mask, if they can tolerate it, and their hands should be cleaned prior to entering the form of transportation. Whoever else is involved, whether it be drivers or health care staff, should wear appropriate PPE based on their ability to maintain distance in a vehicle (bus) or not (car/van/taxi).

Is it possible for a family to isolate in a women’s shelter?
This is an option if physical distancing can be practiced and the shelter is able to provide food, medication, etc. However, families who choose to isolate together, must agree that whatever happens to the most ill family member, happens to the rest of the family. The length of isolation will be based on the family member with the last symptom onset date and the rest of the family needs to agree to that. Additionally, all family members need to agree to limit contact with anyone outside of their group to limit potential exposure to COVID-19.

Are clients who reside in a second stage shelter, where they have a private bedroom and bathroom, required to be screened daily?
Daily screening for this demographic is not mandatory, however it is encouraged to check in daily on clients both in regards to their physical health and social/emotional/mental state, if possible.
What are the guidelines around returning to work as a shelter staff?
There are many factors that need to be considered before returning to work at a shelter. The AHS COVID-19 Return to Work Guide for Healthcare Workers and the AHS COVID-19 Return to Work Decision Chart for Healthcare Workers may be helpful in understanding when a staff is able to return to work.

Are shelter staff mandated to only work at one site?
Limiting staff to work at only one site during the COVID-19 pandemic is best practice and strongly encouraged wherever possible within shelter settings. While this has been mandated for other settings, such as long-term care facilities, it is not mandatory for shelters.

AHS recognizes the severe financial constraints these agencies are under and supports fully immunized staff members that wear full PPE and who have no client interaction during their shift, to be able to work between multiple sites. They are considered to have a low risk of transmission between sites.