Guide for COVID-19 Outbreak Prevention and Control in Shelter Sites

December 2021

This document was previously titled, Shelter Guidance: Preventing, Controlling, and Managing COVID-19.
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INTRODUCTION
Since the COVID-19 pandemic began, we have learned a lot about how COVID-19 is transmitted, how to prevent transmission, and strategies to control and manage COVID-19 outbreaks. Alberta Health Services (AHS) has published this updated guidance document to support shelter operators, staff, and volunteers to prevent, control and manage COVID-19 outbreaks.

The purpose of this document is to outline the following:

a) Key measures to prevent COVID-19 outbreaks,
b) Processes and procedures to follow when a shelter site is under investigation and

c) Outbreak management controls and processes.

Outbreak preparedness starts with developing a response plan and employing preventive measures, followed by implementing the plan and control measures to resolve any outbreaks that occur. 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 for and know what to do during an outbreak. It was developed by 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, website hyperlinks to information, and Frequently Asked Questions (FAQs) (Appendices 2, 3, and 4).

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. While this document addresses many topics, shelter operators should proactively seek out and frequently check the Government of Alberta and AHS websites, as they provide the most current information on COVID-19. This is the most current guidance that can be offered at this time, and we will continue to work with partners to assess the situation and make changes as needed going forward.

Intended audience
This document is intended for operators, staff, and volunteers in emergency shelters, including expanded shelter spaces, temporary housing, and short-term and long-term supportive transitional beds/units for Albertans facing homelessness, precarious housing and family/domestic violence. 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 or have pre-existing health conditions.

For ease, these settings will be referred to simply as ‘shelters’; residents, clients, and vulnerable populations will be referred to as ‘clients’; and staff, volunteers, students will be referred to as ‘staff’ throughout this document.

Each shelter in Alberta is unique and these guidelines are provided to help each site develop their own plan (or update their current 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 control the spread of COVID-19.

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 health care 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 and operational and outbreak standards outlined in Chief Medical Officer of Health Orders.

In addition, this Guidance is NOT intended for non-designated supportive living facilities (group homes, lodges) and residential addiction and treatment facilities.

For outbreak prevention and control guides in Long-Term Care Facilities, Designated Supportive Living Facilities, and Non-designated Supportive Living Facilities see AHS Outbreak Management.

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 Peoples¹
- Truth and Reconciliation Commission’s Calls to Action²
- The Murdered and Missing Indigenous Women and Girls Report’s Calls to Justice³

Roles and responsibilities
Alberta Health Services (AHS)
AHS Public Health is responsible to prevent and control communicable diseases, under the authority of the Medical Officer of Health (MOH). In the event of an outbreak in a shelter, AHS

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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 designate.

**Government of Alberta**

Community and Social Services (CSS), as the department that provides funding to shelters in the province, and Alberta Health, as the department responsible for setting health policy direction, will work together with AHS and shelter partners in efforts to prevent and manage outbreaks of COVID-19.

The Government of Alberta legislates the notification of outbreaks and other infectious disease threats in Alberta under Alberta’s *Public Health Act*. Chief Medical Officer of Health (CMOH) orders pertaining to the COVID-19 pandemic are issued under the authority of the *Public Health Act*.

**Shelter operators**

Shelter operators are agencies responsible for providing shelter services to individuals experiencing homelessness or who have transitional housing needs. Operators are responsible for monitoring staff and clients for symptoms of COVID-19 and reporting any symptomatic individuals to AHS Public Health.

During an outbreak, shelter operations manage day-to-day operations, ensure appropriate staffing levels, and collaborate with other stakeholders if more resources are required. Shelters notify CSS when an outbreak is declared at their facility. They also implement and maintain a process for screening, isolating, and transporting clients as necessary.
1. GENERAL INFORMATION ABOUT COVID-19

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 Government of Alberta 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 via 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.)

People who have COVID-19 can spread it to others, even if they do not have symptoms.

More information about how COVID-19 is spread can be found on Alberta.ca/COVID.

COVID-19 symptoms

COVID-19 symptoms are similar to influenza and other respiratory illnesses.

### Symptoms for COVID-19 Testing

**Core symptoms**
- Cough (new cough or worsening chronic cough)
- Fever
- Shortness of breath/difficulty breathing (new or worsening)
- Runny nose*
- Sore throat*
- Loss of sense of smell or taste

*Children under 18 are exempt from mandatory isolation for runny nose or sore throat.

**Other symptoms**
- Stuffy nose
- Painful swallowing
- Chills
- Headache
- Muscle/joint ache
- Feeling unwell/fatigue/severe exhaustion
- Nausea/Vomiting/Diarrhea/Unexplained loss of appetite
- Conjunctivitis (also known as pink eye)
Individuals with core symptoms not related to a pre-existing illness or health condition who have not been tested must isolate for 10 days from the start of their symptoms or until symptoms have improved and they have gone 24 hours without a fever, whichever is longer.

Please check the Alberta.ca/COVID for the most current list of symptoms, testing recommendations and isolation requirements.

COVID-19 risk factors
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 for severe outcomes. Shelters can help clients assess their risk by visiting Alberta Health COVID-19 Personal Risk Severity Assessment tool.

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.ca/COVID and Alberta Health Services websites. Current eligibility for testing is here.

2. PREVENTION AND PREPAREDNESS

General prevention measures
Current provincial public health restrictions and measures, including masking and physical distancing requirements, can be accessed on the Alberta Government website.

The most effective way to prevent the spread of COVID-19 is by getting the COVID-19 vaccine, hand hygiene, respiratory etiquette, masking, 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.”

AHS recommends that all shelter staff and clients get fully immunized to prevent COVID-19 outbreaks in shelter facilities. Getting immunized not only protects you but also helps protect the people around you.

Hand hygiene
Wash hands often with soap and water for at least 20 seconds. If soap and water are not available and if hands are not visibly dirty, use alcohol based hand sanitizer (with an alcohol

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The alcohol based hand sanitizer must be Health Canada-approved or have an NPN number.

Alcohol based hand sanitizer is the preferred infection prevention and control method in shelter settings except:
- When hands are visibly dirty (with food, dirt, blood, body fluids, etc.).
- Before and after handling food.
- When providing care for patients with diarrhea and/or vomiting.
- After using the washroom.

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.

**Masking**
Masking can help reduce transmission of COVID-19. Staff and clients must follow provincial or municipal guidance on masking. Clients must mask in all public and common indoor spaces. However, they are exempt from masking while sleeping in designated sleeping areas, and when eating in communal dining areas. Staff must mask in all indoor work settings, except while alone in work stations. See Appendix 4 for more details on PPE use.

Review current, applicable Chief Medical Officer of Health Orders, for up-to-date information on requirements.

The Public Health Agency of Canada and the Government of Alberta recommend the use of medical masks (also known as surgical or procedural masks) for:
- Individuals who may be at risk of more severe disease or severe outcomes from COVID-19
- Individuals who are at higher risk of exposure to COVID-19 because of their living situation, such as those living in crowded settings.

It is up to individual shelter operators to determine if it is feasible to provide their clients with medical masks for the duration of their stay in the shelter. Medical masks can be ordered from the Government of Alberta’s PPE Request Form. When ordering, be sure to check off “Masks – procedural” in the list.

Non-medical masks include cloth masks and disposable masks that are not rated or not clearly labelled as medical. On the Government of Alberta’s PPE Request Form, non-medical disposable masks can be ordered by selecting “Masks – disposable” from the list.
who purchase masks from other sources should ensure they are clearly labeled as “medical”, “procedural”, or “surgical” masks.

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. This is not the same as isolation. **Individuals should maintain as much space between each other as possible when inside and outside of shelters.** However, they are not required to maintain 2 metres (6 feet) physical distancing in indoor spaces of shelters if this interferes with service delivery. Continue to maintain as much distance as possible from others, and return to 2 metres physical distancing whenever possible. See [Sleeping Arrangements](#) section for details on specific distancing requirements.

The following should also be considered to support physical distancing:

- Keep at least 2 metres (about the length of a hockey stick) from others when going outside and while outside.
- Try to set up spaces for activities that achieve the greatest distance between persons, including when socializing, during meals, and for sleeping arrangements
- Avoid overcrowding in elevators, stairwells or other enclosed spaces

Prevention strategies for shelters

Shelters can help prevent the spread of COVID-19 in a variety of ways. The following sections outline preventive strategies; sites should consider implementing these recommendations based on the availability of staff, space, and resources. Continually reassess your recommendations and requirements based on the needs of the shelter, staff, and clients. Shelters must follow [current public health orders](#) including mandatory isolation requirements.

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

   In addition to hand hygiene, masking and physical distancing (see above), it is 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.ca/COVID](http://Alberta.ca/COVID) and [AHS](http://AHS) websites. The [Alberta Emergency Management Agency](http://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.

   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](#)

   See [Appendix 1](#) for a checklist of prevention measures.
2. Daily screening
Sites must conduct 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.

Early identification of symptoms will help to limit the spread of COVID-19 within the facility. If symptomatic staff or clients are identified, contact the AHS Coordinated Early Identification and Response line at 1-844-343-0971 for additional guidance and decision-making support or another zone / site-specific facility. Shelters should have a response protocol that has been developed with public health and primary care to respond to symptomatic clients.

Shelter staff who are screening clients, staff, and visitors upon entry are required to wear a medical mask and strongly encouraged to wear a visor or eye protection. Medical masks should be replaced if the mask becomes wet, damaged, or soiled. Do not re-use. Note: N95 masks are not required in shelters.

2.1 Screening clients upon entry
Clients entering the site must be screened by shelter staff ideally upon their first entry to the facility, at least once every day, 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, they should conduct daily self-checks for symptoms of COVID-19. They can be given the client screening questionnaire for reference.

Staff can direct clients to a designated screening area, and complete the following recommended screening questions as outlined below. Sites may use a modified screening question in consultation with AHS to ensure client understanding and engagement in screening.

It may be hard to know if the client's symptoms are new or ongoing. Additional screening with a health care worker can help distinguish this.
<table>
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<td>Do you have the following COVID-19 symptoms?</td>
</tr>
<tr>
<td>• new or worsening cough</td>
</tr>
<tr>
<td>• fever</td>
</tr>
<tr>
<td>• sore throat,</td>
</tr>
<tr>
<td>• shortness of breath</td>
</tr>
<tr>
<td>• loss of taste or smell</td>
</tr>
<tr>
<td>• runny nose</td>
</tr>
</tbody>
</table>

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

- Maintain a 2 meter physical distance, provide a medical mask to the client, and talk them through the process of putting it on. If a client is unable to put on the medical 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. See [Appendix 4](#) for more details on PPE use.

- Client should be **isolated**. If possible, place the client in a private/separate space within the shelter or refer to external isolation space.

- All clients who are symptomatic should be tested with consent.

If client indicates NO continue to [Other Symptoms Screen](#).
Other Symptoms Screen:

**Do you have any other symptoms?**

- Stuffy nose
- Painful swallowing
- Chills
- Headache
- Muscle/joint ache
- Feeling unwell/fatigue/severe exhaustion
- Nausea/Vomiting/Diarrhea/Unexplained loss of appetite
- Conjunctivitis (also known as pink eye)

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

- Staff should ensure clients follow all current provincial [public health measures](#) (e.g. masking, physical distancing) and municipal requirements, as applicable. If none, staff should encourage clients to maintain physical distancing and masking and encourage good hand hygiene.

- Ask the client to inform staff if they develop new symptoms.

If client indicates YES to any of the **other symptoms**,

- Client can be admitted to the shelter. Staff should ensure clients follow all current provincial [public health measures](#) (e.g. masking, physical distancing) and municipal requirements, as applicable. If none, staff should encourage clients to maintain physical distancing and masking and good hand hygiene.

- Maintain a 2 meter physical distance, provide a medical mask to the client, and talk them through the process of putting it on. If a client is unable to put on the medical 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. See [Appendix 4](#) for more details on PPE use

- All clients who are symptomatic should be tested with consent.

- Ask client to inform staff if they develop new or worsening symptoms.
Additional screening considerations if your site has trained medical or shelter staff and client identifies any COVID-19 symptoms (core or other):

- 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.

Testing for symptomatic clients

Where available and appropriate (if staff have the ability to perform the testing), while wearing appropriate PPE (gloves, gown, medical mask and face shield or eye protection), collect a nose or throat swab to test for COVID-19 for all symptomatic clients. Ensure client consent prior to collection. If the staff are collecting swabs, then they will need to obtain an Epidemiological Investigation (EI) number from the AHS Coordinated Early Identification and 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 newly positive or symptomatic individuals.

2.2 Screening visitors upon entry

If shelters are accepting visitors, they must complete a symptom check using daily health checklist on the Alberta.ca/COVID website (depending on shelter preference and outbreak status) on entry into the shelter.

Any visitor who answers YES to any of the questions in the screen is not permitted to enter the facility and should be directed to return home and complete the AHS online assessment tool to determine if testing is recommended.

The only exception is in the case of an emergency where those entering the shelter to attend to an emergency (e.g., fire, police, etc.) do not have to be screened.

2.3 Screening staff upon entry

Prior to every shift, staff must be screened for COVID-19 symptoms. Shelter staff may complete a symptom check using daily health checklist on the Alberta.ca/COVID website (depending on shelter preference and outbreak status).

Symptomatic staff are not permitted to enter the facility and must be directed to return home to isolate, and complete the AHS online assessment tool to determine if testing is recommended. Staff can use the AHS COVID-19 Self-Assessment for Healthcare Workers and Workers in Specific High Risk Settings, or call Health Link (811) to book a test.
3. 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.

- Under ideal circumstances, the 2 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, the minimum requirement for head to toe placement of mats, cots and beds is 1 metre in emergency shelters, temporary housing, and short-term and long-term transitional facilities/units while sleeping.
  - If the shelter is on outbreak, please see Other Control Measures.
  - If individual cots or sleeping mats are separated by an appropriate physical barrier, physical distancing is not required.
  - Use barriers that prevent droplet transmission and can be cleaned (foot lockers, non-porous barriers) between beds, if available.

4. 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

5. Bathrooms and bathing
If possible, create a staggered bathing schedule to reduce the amount of people using the facilities at the same time.

6. Recreation/common areas
In shelters that operate on a 24 hour basis, shelter operators should facilitate 2 metres of physical distance between clients during normal daytime operations, where possible. Physical distancing may be less than 2 meters, if this interferes with service delivery.

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.

CMOH Orders regarding gathering restrictions do not apply to normal shelter service delivery, but do apply to informal social gatherings organized by shelters or within shelter facilities.

Signs should be posted at entrances, shared washrooms, and common areas reminding staff and clients on ways to prevent the spread of COVID-19. For posters on how to hand wash, cover your cough, masking and physical distancing go here. Many posters are available in multiple languages.

7. Shared items
Encourage clients to not share items such as drinks, cigarettes/vapes, and towels.
8. 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.

Face masks are required as per CMOH Orders in commercial transportation vehicles when one or more additional persons are in the vehicle. Symptomatic clients should wear a medical mask (also known as a procedural or surgical mask) and clean their hands prior to transport. All clients are required to wear a mask (medical or non-medical), during transport.

9. Testing
Please follow the testing recommendations from AHS 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.

Shelter operators may apply to participate in the Alberta Health Rapid Testing Program. They will be required to submit a screening program plan as part of their application. More information is available on the Rapid Testing Program website.

10. 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. HVAC systems should be maintained in accordance with manufacturer operational guidelines. 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.

11. 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 by individuals (e.g., children, pets).

11.1 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
- COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities

12. 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, and follow routine safety practices, such as:

- 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.

For additional guidance see the following Alberta Health resources:

- Alberta Biz Connect | Alberta.ca
- Guidance documents | Alberta.ca
3. SITES PRE-OUTBREAK: UNDER INVESTIGATION

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

AHS Coordinated Early Identification Response Line (CEIR)

The AHS Coordinated Early Identification 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 symptomatic individual or confirmed case or outbreak in a facility. AHS Coordinated Early 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. The AHS Outbreak Management Team, under the direction of the MOH, will begin their investigation and contact the shelter if the outbreak definition has been met.
- 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, if the outbreak definition is met. 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

See Appendix 4 for details about PPE use in shelter clients and staff.

Isolation

Isolation helps prevent the spread of COVID-19 by reducing the number of people that could be infected by a person who is sick and avoiding situations where the virus could spread. Individuals who test positive for COVID-19 must isolate for 10 days from the onset of symptoms or until symptoms have improved and the individual has gone 24 hours without fever, whichever is longer. If an individual is asymptomatic, their isolation period is 10 days from their test date.

Individuals who are not tested and have core symptoms are also required to isolate for at least 10 days.

Where should clients be isolated?

Clients can be isolated two different ways: external to your shelter or in isolation spaces within your shelter, if available. 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
Different cities and AHS Zones have different solutions in place for where clients with symptoms of COVID-19 or who are confirmed positive will go and how they will get there, if they cannot isolate safely in their home environment. 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, contact vulnerable population representative identified in the AHS Zones.

Isolation spaces external to the shelter are restricted to clients with symptoms of COVID-19 or who are a confirmed positive case of COVID-19. They are not available for close contacts of cases. See Outbreak Management section for specific recommendations for close contacts in an outbreak setting.

Isolation space within a shelter
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 individual rooms are not available and if you have multiple clients needing to isolate, it may be possible to put the clients together in the same room, provided that adequate spacing of at least 2 meters can be ensured.

Consider using a large, well-ventilated room where beds are spaced apart as much as possible (2 meters or more). Clients may sleep head-to-toe and temporary barriers between beds, such as plastic sheeting, may be used. Plastic sheeting does become a source of contamination when it is touched, sneezed or coughed on, so consider changing it frequently.

Those with COVID-19 symptoms must avoid contact with other clients/residents and avoid common areas.

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 if at all possible.
  - Direct them away from common shelter space, but allow them to enter a designated isolation facility/space.

Guide for COVID-19 Outbreak Prevention and Control in Shelter Sites
Document Owner: COVID-19 Outbreak Team (Communicable Disease Control)
Last Updated: 12/22/2021 0800h
ECC Approved: 12/23/2021 0959h
Avoid participation in group activities or use of 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.

Encourage them to stay in one place while isolating and avoid close contact with other clients and staff.

- Should physically distance, wear medical masks, and follow the guidance in this document.

If clients choose to leave, they should be encouraged to wear a medical mask at all times, avoid coming within 2 meters of others, and must not take public transit.

**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.

It’s important that shelter staff continue to monitor their health. If they experience COVID-19 symptoms they must immediately remove themselves from the site, go home, and may complete the [AHS online assessment tool](#) to determine if testing is recommended. If a shelter staff member is not fully immunized, and is the household contact of a person who tests positive for COVID-19, they should stay home for 14 days from last exposure to reduce the risk of spreading infection.

If client alerts staff to new or worsening symptoms, staff should provide a medical mask to the client, isolate within the facility and encourage the client 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. AHS recommends 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.
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 mask without finding it hard to breathe, have them wear one. Don’t leave the child alone while they are wearing a cloth face covering. The staff should wear a medical 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 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.
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 wearing medical mask, eye protection, gown and gloves.

The frequency of cleaning and disinfecting ‘high touch’ surfaces (e.g., doorknobs, light switches, call bells, handrails) in client rooms and common use areas should be done at least twice 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 two individuals including clients or staff members confirmed to have COVID-19 in a 14 day period. COVID-19 outbreaks are investigated and declared by AHS Public Health.

If there is a new, confirmed outbreak of COVID-19 declared, encourage asymptomatic clients and staff on the affected site/area to be tested for COVID-19. One round of prevalence testing is recommended when the outbreak is opened.
Further rounds of prevalence testing are at the discretion of the MOH.
  - The swabs will be collected, preferably, through on-site capacity, if available, following site-specific collection process. 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.
  - 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 that the operator try to the best of their ability, to ensure that staff are only working at the one site for the duration of the outbreak.

Control measures during COVID-19 outbreaks

Admissions

Admissions to a shelter that is experiencing an outbreak will be managed in consultation with the MOH to potentially limit the number of people who could be exposed. If a shelter is either under investigation for a COVID-19 outbreak or has a confirmed COVID-19 outbreak, 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.
Close contact screening in the shelter
When a shelter has a confirmed COVID-19 outbreak, the shelter staff should screen individuals who may have been exposed to a COVID-19 positive case and recommend measures to prevent the possible spread of COVID-19. Close contacts, regardless of immunization status, are still able to access shelter services as long as they remain asymptomatic.

During screening ask individuals:

- Have you had close contact with a confirmed or probable case of COVID-19?

If YES, advise them to:

- Monitor for symptoms of COVID-19 for 14 days after their last exposure to the COVID-19 case and get tested if any symptoms develop.
- Practice physical distancing whenever possible, wear a mask, wash/sanitize hands often.
- Avoid sharing items such as cigarettes/vapes, drinks, towels, or food with other individuals from the shelter.
- Get immunized, if applicable.

If not fully immunized, then also advise them to:

- Avoid interacting with people that have chronic medical conditions, are elderly, or immunocompromised.
- Avoid crowded public places, if possible
- Quarantine may also be advised at the discretion of the MOH in high risk settings

If a staff member who is not fully immunized is identified as a household contact of a positive COVID-19 case, they should return to their home immediately and stay home for 14 days from last exposure to the case.

Close contact monitoring and management
As of July 29, 2021, there is no legal requirement in Alberta for close contacts of COVID-19 cases to quarantine. Public Health no longer routinely conducts contact tracing. Cases are encouraged to let their close contacts know they have been exposed. Contact tracing may still be initiated by Public Health in specific situations such as new Variants of Concern. If possible, have a section within the shelter where close contacts can be separate from others, but this is not a requirement.

The definition of a close contact is any individual that:

- Provided direct care for the case, (including healthcare worker, family members or other caregivers), or who had other similar close physical contact (e.g., intimate partner, hug, kiss, handshake) without consistent and appropriate use of PPE, OR
- Lived with or otherwise had close prolonged contact which may be cumulative, i.e., multiple interactions for a total of 15 min or more over a 24-hour period and within 2 metres with a case without consistent and appropriate use of PPE and not isolating, OR
- Had direct contact with infectious body fluids of a case (e.g., shared cigarettes/vapes, glasses/bottles, eating utensils) or was coughed or sneezed on while not wearing recommended PPE.
However, during an outbreak, if deemed necessary by the MOH, close contact quarantine may be used. This is to prevent close contacts from spreading COVID-19 within the shelter, to maintain system resources.

See Appendix 4 for PPE assessment to determine if the staff or client had enough protection from a potential COVID-19 exposure.

AHS recommends monitoring close contacts during the first few days after a positive case is identified and screen for symptoms. The MOH will determine additional monitoring/testing based on the outbreak situation.

Other control measures
In an outbreak situation, 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.

- During an outbreak, the recommended head-to-toe placement of mats, cots, and beds is 2 meters; however, this may not be possible to ensure all clients have a place to sleep. Sleeping arrangements must be at least 1 meter head-to-toe placement of mats, cots, and beds. If alternative sleeping arrangements are required this should be determined in consultation with the MOH.

- 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.

• Assess 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
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. Where possible, limit 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.

Facility-wide outbreak
Should the outbreak location not be contained to a section of the building and require the entire facility to be declared on outbreak, the Zone MOH will work with partners to develop additional control measures and targeted vaccination campaigns if relevant (i.e., if immunization rates are low). If the MOH has determined that admissions can no longer be accepted by the site or the site can no longer mitigate the risk, the client cannot return and alternative shelter/housing options will need to be provided for the client. Options will need to be provided to the client according to the outbreak management plan.

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.

Additional plans may need to be implemented to bring in staff to replace those who need to isolate at home.

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. 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.

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.

  o 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 staff to follow recommendations regarding PPE.
• After more than 90 days following an initial positive test result, they should be treated as people who never had COVID-19 in terms of testing and isolation.

• It may be possible for a few individuals to shed detectable viral material from the virus that causes COVID-19 (SARS-CoV-2) 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.

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.

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</th>
<th>REGULAR HOURS</th>
<th>AFTER HOURS</th>
</tr>
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<tbody>
<tr>
<td>Zone 1 South</td>
<td>Communicable Disease Control</td>
<td>587-220-5753</td>
</tr>
<tr>
<td></td>
<td>Environmental Public Health</td>
<td><a href="mailto:SZ.EPHCDC.Triage@albertahealthservices.ca">SZ.EPHCDC.Triage@albertahealthservices.ca</a></td>
</tr>
<tr>
<td>Zone 2 Calgary</td>
<td>Communicable Disease Control</td>
<td>1-888-522-1919</td>
</tr>
<tr>
<td></td>
<td>Environmental Public Health</td>
<td><a href="mailto:CAL.GIOutbreaks.CalZone@albertahealthservices.ca">CAL.GIOutbreaks.CalZone@albertahealthservices.ca</a></td>
</tr>
<tr>
<td>Zone 3 Central</td>
<td>Communicable Disease Control</td>
<td>1-888-522-1919</td>
</tr>
<tr>
<td></td>
<td>Environmental Public Health</td>
<td><a href="mailto:AHS.CZ.EPH.DiseaseControlTeam@albertahealthservices.ca">AHS.CZ.EPH.DiseaseControlTeam@albertahealthservices.ca</a></td>
</tr>
<tr>
<td>Zone 4 Edmonton</td>
<td>Communicable Disease Control</td>
<td>1-888-522-1919</td>
</tr>
<tr>
<td></td>
<td>Environmental Public Health</td>
<td><a href="mailto:EDM.EPH.OutbreakManagementTeam@albertahealthservices.ca">EDM.EPH.OutbreakManagementTeam@albertahealthservices.ca</a></td>
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<tr>
<td>Zone 5 North</td>
<td>Communicable Disease Control</td>
<td>1-888-522-1919</td>
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<tr>
<td></td>
<td>Environmental Public Health</td>
<td><a href="mailto:AHS.NZ.EPH.DiseaseControlTeam@albertahealthservices.ca">AHS.NZ.EPH.DiseaseControlTeam@albertahealthservices.ca</a></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. Since the pandemic began, people have been living in a changing environment.

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 (e.g., 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 disproportionately 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.
With respect 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 measures, 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.

### 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>

### Harm Reduction

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.

### 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 recovered from COVID-19 experience long-term health effects related to their illness. These individuals still have symptoms weeks to 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
- Know where shelter clients can be tested based on availability of testing, inside or outside the facility
- 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 COVID-19 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 and Alberta Health Services 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
- 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 cleaning
- Limit visitors to the facility
- Use appropriate PPE when caring for symptomatic clients with 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

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 Coordinated Early Identification and Response Line at 1-844-343-0971. This number is for any congregate, communal or group living setting (this includes 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 Coordinated Early Identification and 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 Coordinated Early Identification and 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 Coordinated Early Identification and 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. They 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 two individuals confirmed to have COVID-19, including any client or staff member, in a 14-day period.

What does isolation mean for a person who lives in a congregate living setting?
Isolation 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 recommendations.

Alberta Health has removed the requirements for quarantine of close contacts of confirmed COVID-19 cases. What is a close contact in a shelter? What actions are recommended for close contacts?
The definition of a close contact is any individual that:
- Provided direct care for the case, (including staff, family members or other caregivers), or who had other similar close physical contact (e.g., intimate partner, hug, kiss, handshake) without consistent and appropriate use of personal protective equipment (PPE), OR
- Lived with or otherwise had close prolonged contact which may be cumulative, i.e., multiple interactions for a total of 15 min or more over a 24-hour period and within two metres with a case without consistent and appropriate use of PPE and not isolating OR
- Had direct contact with infectious body fluids of a case (e.g., shared cigarettes/vapes, glasses/bottles, eating utensils) or was coughed or sneezed on while not wearing recommended PPE.
- A staff member who is not fully immunized and identified as a household contact of a positive COVID-19 case should stay home and not enter the shelter for 14 days after last exposure to the case.

Shelters will screen for close contact exposure to COVID-19 during an outbreak investigation and when an outbreak is confirmed. Extra measures as outlined in section 3 will be put in place to decrease the risk of COVID-19 transmission in the shelter.

When an outbreak occurs in a shelter, are staff allowed to go home and then return to work the next day?
Yes, staff can continue to go home and return to work as long as they have no symptoms. If a staff member is symptomatic, they must 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. 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, Zone Emergency Operations Centre (ZEOC), or other appropriate person/group for securing transportation.

The conditions of transportation need to be confirmed by the MOH/designate, however, it is expected that the client should wear a medical mask, if they can tolerate it, and their hands should be cleaned prior to entering the form of transportation. Others involved, whether they are drivers or health care staff, should wear appropriate PPE. The number of persons in the vehicle should be limited, with as much distance between individuals as possible. A mask is required.

**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, based on MOH recommendations. Any family members who become sick with COVID-19 would need to isolate for 10 days after their symptom onset. Additionally, all family members need to agree to limit contact with anyone outside of their group to limit potential spread of 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 with 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 as there is a low risk for transmission between sites.

Appendix 4: COVID-19 PPE for shelter clients and staff

Encouraging staff and clients to clean their hands with alcohol based hand sanitizer or wash their hands often with soap and water for at least 20 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 hygiene 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, and whether the site is on outbreak. The Modified PPE for Suspect or Confirmed COVID-19 in Vulnerable Populations outside of Healthcare Facilities outlines which type of PPE is required when dealing with confirmed or suspected cases of COVID-19.

All shelter staff and clients are required to follow provincial or municipal public health measures, as applicable.

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

- Staff must perform hand hygiene before putting on the mask and before and after removing the mask.

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:

- Medical masks – Replace the mask if it becomes wet, damaged, or soiled. Do not re-use. Note: N95 masks are not required in shelters. See more information on masks at alberta.ca/covid19.

- If the medical 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).
• Gowns, if available – once done with the gown, if disposable, place in a lined waste bin in or near the client’s room.

• Gloves – these are disposable after use, one pair one task. Perform hand hygiene before putting on and after removing gloves.

When the site has an open outbreak, continuous use of eye protection (goggles, visor, face shield) is recommended for all staff and essential visitors.

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

How to use PPE?

Personal protective equipment (PPE) must be worn correctly. Care must be taken when putting on and when taking off PPE. 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.

PPE Assessment

These are the current PPE minimum standards at time of publication (Public health disease management guidelines: coronavirus – COVID-19).

AHS Public Health can assess PPE use in staff as outlined below:

• A medical mask and good hand hygiene is considered sufficient PPE for asymptomatic staff working with asymptomatic clients, including within the 48 hours prior to developing symptoms.

• If staff becomes symptomatic, all the clients who they cared for (or co-workers they were in close contact with) in the 48 hours prior to symptom onset will NOT be considered close contacts if the staff wore a medical mask and practiced routine, frequent hand hygiene.

• If a client becomes symptomatic, all staff that cared for the client in the 48 hours prior to symptom onset in that client, would NOT be considered close contacts if they were wearing a medical mask and practiced good hand hygiene i.e., sufficient PPE.
• If the time of symptom onset for the client cannot be reliably ascertained (e.g., client with cognitive impairment), AHS Public Health should be consulted regarding period of communicability and its relationship to appropriate PPE use.

• A medical mask and good hand hygiene is **NOT** appropriate PPE for staff caring for symptomatic client or when identified as a close contact of a symptomatic co-worker.

• Appropriate PPE for staff caring for symptomatic resident or confirmed/probable cases of COVID-19 includes: medical masks (or N95 respirators when AGMP is performed), eye protection (e.g., goggles, visor, and face shield), gloves and gown, which means full contact and droplet precautions. For more information, refer to the AHS COVID-19 Personal Protective Equipment website.

• Staff should follow additional PPE requirements set by AHS Public Health, IPC/ICD and the most current CMOH orders: Protecting residents at congregate care facilities | Alberta.ca
## Appendix 5: Zone Emergency Operations Centre (ZEOC) contact information

<table>
<thead>
<tr>
<th>Zone</th>
<th>Contact Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>North: Grande Prairie, Fort McMurray and surrounding areas</td>
<td><a href="mailto:Zeoc.north.operations@albertahealthservices.ca">Zeoc.north.operations@albertahealthservices.ca</a></td>
</tr>
<tr>
<td>Edmonton</td>
<td><a href="mailto:Zeoc.edmonton.operations@albertahealthservices.ca">Zeoc.edmonton.operations@albertahealthservices.ca</a></td>
</tr>
<tr>
<td>Central: Red Deer and surrounding areas</td>
<td><a href="mailto:Zeoc.central.operations@albertahealthservices.ca">Zeoc.central.operations@albertahealthservices.ca</a></td>
</tr>
<tr>
<td>Calgary</td>
<td><a href="mailto:Zeoc.calgary.operations@albertahealthservices.ca">Zeoc.calgary.operations@albertahealthservices.ca</a></td>
</tr>
<tr>
<td>South: Lethbridge, Medicine Hat and surrounding areas</td>
<td><a href="mailto:Zeoc.south.operations@albertahealthservices.ca">Zeoc.south.operations@albertahealthservices.ca</a></td>
</tr>
</tbody>
</table>