

# Reception Centres: A Guide for Municipalities



For more information, visit Safe Healthy Environments  
[ahs.ca/eph](https://ahs.ca/eph)

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### Overview And Purpose

The purpose of this resource is to:

- Outline Environmental Public Health (EPH) requirements for reception centres.
- Encourage municipalities to incorporate EPH and Indigenous Health (IH) considerations into emergency and emergency social services planning.
- Raise awareness among municipalities on how to access health supports during the operation of an activated reception centre.

The nature of the emergency and the communities impacted will determine the applicable portions of this document, as not all parts of this document will apply to every situation.

### Health Supports

Some events may surpass the capacity of local Emergency Social Services resources. Alberta Health Services - Indigenous Wellness Core and Emergency Disaster Management may be able to assist in coordinating the organization's response to a community emergency through an incident management approach.

**Appendix A** provides an overview of Alberta's Health Care program responsibilities related to emergencies and reception centres and **Appendix B** provides information to municipalities on requesting AHS supports.

### Reception Centres

Below are requirements and things to consider when planning and activating a reception centre.

#### Selection and Location

The selection of the reception centre site is the responsibility of the municipal or local authority. Safety Codes Officers (SCO) should be consulted to ensure the site meets relevant safety code requirements. Some factors to consider include:

- Proximity to the event and resources,
- Transportation,
- Sustainability of utilities,
- Building accessibility, and
- Population served.

An up-to-date list of active and potential reception centres should be provided to EPH at least annually or at a minimum when sites are activated. Ideally, EPH will assess sites before activation. Please contact EPH to arrange an onsite assessment or to submit your list at 1-833-476-4743 or [online](#).

### Occupancy

Occupancy loads will be calculated and posted by the authority having jurisdiction. Below is some guidance related to spacing.

- Approximately 3.5m<sup>2</sup> per person.
- Up to 9m<sup>2</sup> per person may be needed for individuals who use wheelchairs, have service animals, or who may require personal assistance.
- Additional information can be found under the sleeping area section.

### Air Quality

- The centre should be adequately ventilated with indoor temperatures ideally maintained between 19 to 22 degrees Celsius.
- The heating and ventilation air conditioning system including external air intakes should be identified and a plan should be developed to address outdoor air quality concerns, such as smoke or chemical releases, depending on the situation. This may include temporary closure of the air intakes in some cases, or installation of temporary filtration (scrubbers) to ensure patrons have access to reasonably clean air.

### Safe Water

Access to a safe and reliable water source for drinking, hygiene, and cleaning is essential.

- Water supplied at the centre for drinking and cooking must be potable and in sufficient quantities to meet the needs of the occupants.
- Individuals need approximately 2L of water per day for consumption and approximately 7.5 to 12L per person per day when other uses are included (food preparation, personal hygiene).
- Water must be obtained from a source approved by AHS or Alberta Environment and Protected Areas. EPH may request water samples be taken before and during operation.
- Hot water should be of sufficient quantities to support the needs of the occupants.

### Safe Food

Safe food practices must be in place to prevent individuals from becoming ill.

- Foods can be prepared on-site if there is a permitted kitchen, or foods can be provided by a food business with a food permit issued by AHS.
- Foods must be safely transported and kept at safe temperatures.
- Leftover high-risk foods that have been served or left out at room temperature for an extended period must be discarded.
- Food donations from the public or non-permitted facilities are discouraged. Some strategies to reduce public donations include public messaging through the media, signage and encouraging cash donations.
- Donations of high-risk foods prepared in home kitchens cannot be served. These requirements are in place to prevent a foodborne illness outbreak. Examples of high-risk food include meat, fish, eggs, poultry, dairy products, cooked rice and cooked vegetables.

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- Donations of low-risk foods such as cakes, cookies and muffins may be distributed to occupants. Examples of low-risk food include whole fruits and vegetables, dry cereals, cookies, crackers, commercially canned foods, etc.
- EPH can be consulted if questions arise. For more information on donated foods during emergencies, consult the [AHS Guideline for Emergency Donation Facilities](#).
- More food safety information and resources can be found [on the EPH website](#).

### Food Handlers and Food Handling Practices

- Food must be handled safely, and it is encouraged that individuals involved in food preparation and handling have been trained and certified.
- Basic food hygiene courses are accessible [online](#) or [via home-study course](#), offered in multiple languages.

### Dining Areas and Food Consumption

- An area should be available for occupants to consume foods and beverages.
- Tables should be cleaned and sanitized after each use.
- The dining area floors should be washed daily and maintained in a sanitary condition.
- Alcohol Based Hand Rub (ABHR) should be available to occupants in food service areas.

### Special Dietary Needs and Allergies

- Some individuals may have special dietary needs due to health and cultural requirements. This should be considered when planning food service and where possible, alternatives should be provided.
- Foods containing common allergens should be clearly disclosed, and alternative food choices should be prepared in a manner that minimizes the risk of contamination.

## Safe Built Environments

### Washroom Facilities

- Washrooms must be supplied with hot and cold running water, hand soap in a dispenser, and paper towel or hand dryers.
- The SCO or the authority having jurisdiction will determine the number of toilets required as per the Alberta Building Code. Typically, there is one toilet per 20-25 people.
- Waste containers must be available and in sufficient quantities.
- Facilities for changing diapers and disposal of used diapers should be available near handwashing sinks. A waste container lined with plastic bags and an approved disinfectant spray, or wipes should be provided near the diapering area.
- Regular cleaning and sanitizing of surfaces and the washroom must be done throughout the day. The frequency will depend on the use of the washrooms.
- The sewage system must be able to accommodate the intended occupancy levels.

### Showers and Laundry Facilities

- The SCO can advise on the requirements for showers.
- If showers are provided the area should be cleaned and sanitized at a regular frequency and personal items should not be shared (bar soap, razors)
- Depending on the length of stay in the center, laundry facilities may be provided.
- Laundry must be done in an area separate from food preparation and consumption areas.
- Below are steps for laundering garments soiled with feces, blood, or other body fluids:
  - Handle carefully to avoid spreading contamination and wear gloves.
  - Place the soiled garments in a plastic bag until they are ready to be laundered.
  - Garments may need to be pre-washed in a designated sink before laundering. Ensure the sink is disinfected after use.
  - Wash garments in a washing machine using normal temperature settings and laundry detergent.
  - Dry items in the clothes dryer on a hot cycle. There is no need to disinfect the tubs of washers or tumblers of dryers if cycles are completed.
- Donated clothing should be washed and screened for appropriateness before distribution.
- Consult [AHS Guideline for Emergency Donation Facilities](#) for further information.

### Hand Washing

Handwashing and access to hand sinks and supplies are critical to limit the spread of disease.

- There should be an adequate number of hand sinks equipped with soap, paper towel, or another approved drying method.
- ABHR is a reasonable temporary substitute when soap and clean water are not readily available and if hands are not visibly soiled.
- ABHR should be available in dispensers conveniently located throughout the facility, including:
  - Entrance to the facility
  - Living areas and sleeping areas
  - Beginning of food service lines
- ABHR contains 60 to 90% alcohol. It is important to ensure the ABHR is secured from children's reach and usage, especially when children are not under parental supervision.
- ABHR needs to be stored safely and bulk dispensers must be installed and maintained correctly.

### Sleeping Areas

- Areas used for sleeping should provide at least 3.5 square meters per person with about 1 m between beds, cots or mats, see Figure 1.

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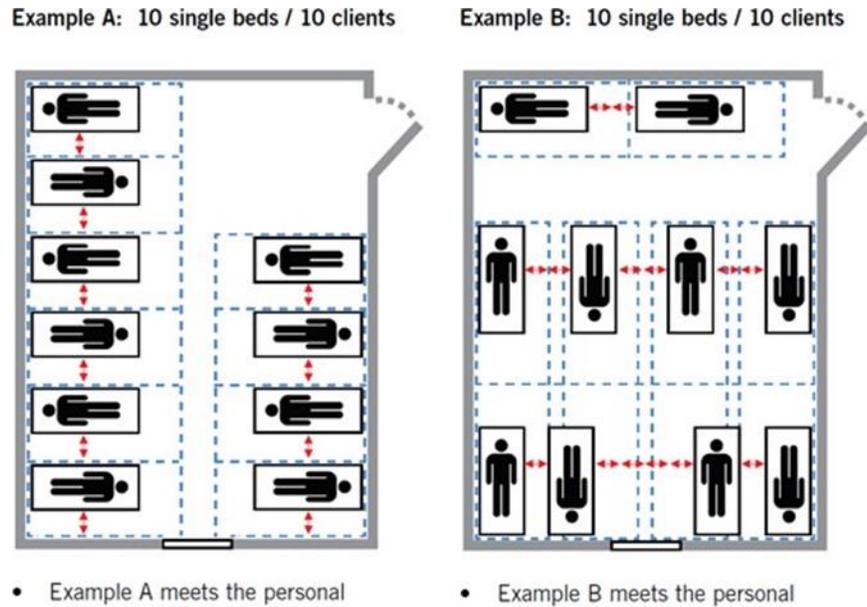


Figure 1. Suggested Arrangement for Cots/Mats. Used with permission from City of Toronto

- Occupants' ages, physical, and mobility abilities and health status should be considered when arranging sleeping accommodations.
- If individuals are not assigned the same sleeping mat/bed/cot they must be cleaned and disinfected between users or when solid.

### Cleaning, Sanitation, and Pest Management

- Develop and implement a cleaning checklist, with the frequency determined by usage.
- Consider employing dedicated cleaning staff to ensure regular cleaning.
- Provide training on cleaning procedures and appropriate personal protective equipment for staff assigned to cleaning duties.
- Safely store cleaning supplies in a designated, secure area.
- Sweep, mop, or vacuum all floors daily.
- Clean surfaces when visibly dirty and on a regular schedule.
- Ensure kitchens and bathrooms are cleaned at least daily and as needed.
- Clean other furniture weekly and as necessary.
- Sanitize high-touch surfaces, such as doorknobs, light switches, handrails, and horizontal surfaces, at least daily.
- Handle blood and body fluid spills cautiously, following defined facility procedures or follow the steps outlined in the
- Consider making some cleaning materials available to occupants to assist in maintaining cleanliness.
- Provide an area at the entrance for occupants to set aside dirty items such as shoes and clothes, especially if they come from contaminated areas or are muddy or dusty.

### Pest control

- Staff and occupants should be briefed on the importance of immediately reporting any insect or rodent activities (sightings, droppings, or damaged foods) to staff or reception centre manager/site designate.
- Windows or other devices that can be opened for ventilation should be supplied with effective screens, where appropriate to prevent pests from entering the centre.
- EPH can advise the municipality or local authority on possible steps to mitigate pest activity.

### Waste Management

- Ensure proper puncture-resistant containers are available for the safe disposal of needles and syringes used for medication.
- Waste disposal, including the disposal of biomedical waste such as needles and syringes, should comply with local standards.
- Garbage containers must be constructed of durable, leak-proof materials and ideally equipped with tight-fitting lids.
- Line garbage containers with plastic bags that can be securely tied shut.
- Avoid overfilling garbage bags or compressing them by hand to expel excess air, to prevent accidental puncture injuries.
- Place garbage in an area away from living spaces and ensure it is picked up frequently throughout the day, if possible. If daily pick-ups are not feasible, store garbage in shaded locations in secure bins.

### Childcare Areas

If spaces are provided for children to play and to be cared for, they must be safe.

- Toys intended for sharing should be durable, easy to clean, and safe.
- In common play areas or childcare spaces, mouthed toys should be removed from the play area and cleaned and disinfected.
- Daily cleaning and disinfection of shared toys is essential to reduce the spread of illness.
- Avoid sharing plush toys, blankets, pillows, or any items that cannot be easily cleaned and disinfected.

Below are steps for cleaning and disinfecting hard plastic toys:

1. Clean with detergent and warm water. If toys have crevices or hard-to-clean parts, use a brush.
2. Rinse toys with clean, warm water to remove detergent residue.
3. Wipe, spray, or submerge the item in a sink for 2 minutes in an approved sanitizer/disinfectant. Then allow the surface or item to air dry.
4. Return toys to use once completely dry.
5. If available and if the toys are dishwasher safe, they can be placed in a dishwasher with a sanitizer or a hot rinse cycle.

### Cleaning and disinfecting plush/soft items:

- When laundering fabrics or plush toys, use a washing machine with hot water and dry them in a clothes dryer on a hot cycle. Remember to allow items to cool down before returning them to a baby or young child.
- Avoid using disinfectant products on porous surfaces, such as plush toys, as chemicals may not rinse off adequately and may not evaporate well from these types of surfaces.
- More information on cleaning and disinfecting surfaces, equipment and toys can be found in Appendix F of the [Health and Safety Guide for Operators of Child Care Facilities](#).

### Cleaning other items:

- Clean and disinfect other items (e.g., scissors, puzzles, storage bins, etc.) when they become visibly dirty or soiled.
- Items such as books and some craft equipment may be difficult to clean. If these items become heavily soiled, consider discarding them.
- Clean and disinfect computer keyboards, mice, video games, and DVDs frequently, especially if these items are shared or become visibly soiled.

### Seniors and Elder-Friendly Environments

- Establish, maintain, and support an environment that is welcoming and accommodating to seniors and elders where possible. This may include increased lighting, quiet areas to rest, medical aid, and appropriate sleeping arrangements for individuals with limited mobility, at higher risk of falling ([Preventing Falls: Care Instructions](#)) and other health issues.

### Recreation, Social and Worship Areas

- Occupants' needs for physical activity, social activities, and worship may vary depending on individual circumstance, the duration of the stay and available supports services. Some examples of areas to consider include:
  - Spaces for physical activities such as sports and games.
  - An indoor area for passive activities such as reading, reflection, and arts and crafts.
  - Offer age-appropriate physical activities and toys based on available resources and center amenities. Access to gyms, sports fields, equipment, and programs may be facilitated through partnerships with local schools.
  - Spaces for occupants of various faiths to worship and gather, for example, an area for indigenous spiritual ceremonies (such as smudging) which is exempt under the Alberta Tobacco, Smoking and Vaping Reduction Act and Regulation and protected rights under section 35 of the Canadian Constitution and Human Rights Act and permitted.
  - [AHS Indigenous Wellness Core](#) or local First Nation/Metis Elders may be available for further assistance.
- It is recommended that municipalities and local authorities work with community organizations and groups to help meet the physical, mental, and spiritual needs of occupants.

### Smoking Areas

- Provincial and local bylaws must be adhered to within and around the centre.
- While there is no legal obligation to provide a designated smoking area, if such areas are provided, they should adhere to the following:
  - Located outdoors and clearly designated to prevent the contamination of indoor areas by resultant smoke.
  - Away from cross-traffic and areas where people may congregate.
  - Adequate provisions, such as garbage cans for packaging waste and containers for ash and extinguished smoking materials, should be available.
  - Additionally, consideration should be given to providing training for reception centre staff and volunteers regarding substance use prevention, awareness, and identification.

### Animals and Pets

- Pets are generally not recommended in the reception centre except for certified service animals.
- Animal evacuation centers or foster homes may be suitable alternatives.
- While having a pet nearby may provide comfort for evacuees, pets may pose health risks, including disease transmission, allergies, injury, and nuisance factors such as noise and odor.
- If pets are to be accommodated in the reception centre the following should be adhered to:
  - Animals must be kept under control, either caged or leashed, and should not roam freely.
  - Keep animals out of food preparation areas.
  - House furred or feathered pets separately from individuals with allergies or asthma triggered by fur, feathers, or dander.
  - Cats should be kept in a cage with a cleaned litter box at least once every 24 hours. Pregnant women or immunocompromised individuals should avoid contact with used litter.
  - Dogs should be walked regularly on a leash outside the centre for urination and defecation, with immediate cleanup of feces.
  - Report animal bites and scratches to the reception centre manager and EPH for follow-up regarding rabies and tetanus risk.
  - Thoroughly clean bites and scratches with soap and water and seek medical attention if necessary.
  - Encourage pet caregivers to practice good hygiene, including cleaning up after their pets and frequent handwashing.
  - Supervise children under 5 years old when handling reptiles and ensure handwashing afterward to reduce the risk of Salmonella transmission.
  - Obtain and keep a vaccination history for each animal on file at the site, if possible
- Provincial resources may be available to aid in relocating livestock and farm animals during the event. This may be a decision made by the Incident commander during the event, with resources accessed through the Emergency Operations Center.

### Communicable Disease Control

Below are measures that can be implemented to protect health and limit the spread of illness.

#### General Measures:

- Occupants with respiratory symptoms should be separated from others.
- Occupants should be informed about what to do if they become ill.
- Occupants should be encouraged to clean wounds properly and seek medical attention, if necessary, particularly in areas affected by destruction.
- Occupants and staff in areas with increased mosquito activity should be provided with adequate insect repellent and instructed on its effective use.
- Posters emphasizing hand hygiene, personal hygiene and safe food handling should be posted throughout the centre.

#### Identification and Management of Illness:

- Occupants should report fever, cough, vomiting, diarrhea, or rash before entering the reception centre.
- Occupants with symptoms should be assessed by a healthcare professional before admission.
- Reception center staff should regularly inquire about symptoms to identify illness.
- Personnel caring for ill individuals should adhere to specific hygiene practices, including wearing proper protective personal equipment, changing them after each encounter, and practicing proper hand hygiene.

#### Isolation Areas:

- Individuals with communicable diseases or vomiting or diarrhea should be separated from others or transferred to isolation areas.
- Designated isolation areas should be identified in advance, with cleanable furniture and adequate washroom facilities.
- Beds should be separated by at least 2 meters and preferably screened if multiple symptomatic individuals are housed together.
- Each isolation area should have staff to monitor occupants, ensure cleanliness, and provide necessary supplies.
- Hand hygiene stations must be accessible, and individuals with respiratory symptoms should wear surgical masks.

### Non-Communicable Disease Control and Chronic Illness Management

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For more information, visit Safe Healthy Environments  
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### Chronic Disease

- Occupants with complex health care needs should be encouraged to identify themselves at registration or to staff.
- Occupants should continue their own routine chronic disease management.
- Persons requiring the use of sharps in their disease management should be informed about appropriate sharps disposal in the centre.
- Requests for external agency support may be considered.
- Consideration should be given to the needs of those with health conditions that require intensive treatment in the home (e.g., peritoneal dialysis, access to continuous positive airway pressure (CPAP) devices).

### Maternal Health

- Pregnant occupants will require their ongoing antenatal care.
- Pregnant occupants should be encouraged to identify themselves to registration or designated center staff so that referrals can be made to health care providers in the area.
- If the birth of an infant is imminent during the mother's stay at the centre then connecting to health services for the mother and baby should be prioritized. This includes prenatal and postpartum services through Public Health.

### Seniors Health

- Ensuring the health and well-being of elderly individuals in evacuation centers is very important. Seniors may require additional support and have complex health concerns.

### Mental Health and Addiction

- Occupants may have mental health or substance use issues and considerations should be taken to provide interim supports.
- Support for external agencies to provide services may be a consideration.

### Injuries

- Injuries related to the reception centre should be reported to the designated health or medical personnel at the centre.
- Injury prevention programs may be implemented on-site depending on circumstances related to the event, or conditions within the evacuation centre to prevent injuries to the elderly, young children, or other vulnerable populations.

## Returning Home

When it is time for individuals to return home after an evacuation there are some resources on the [AHS website](#) that may assist occupants returning home.

The municipality may advise individuals returning home about the current situation and actions to take during recovery from the incident (e.g. clean up information, safety precautions, utilities supply).

Specific assistance and advice may be required for people with existing illness or injuries prior to returning home, such as prescription medication supply, storage and use (i.e. insulin and refrigeration) or specific medical equipment (i.e. blood glucose monitor, oxygen cylinders, wound dressings).

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### Appendix A - Alberta's Health Care Program Responsibilities

In responding to requests for reception/evacuation centres, AHS prioritizes a trauma-informed and whole-of-health response. We strive to address the diverse needs of individuals impacted by emergencies. Below are some AHS roles as it relates to reception centres and emergencies.

#### Environmental Public Health (EPH)

Works with the municipality or local authority to ensure the safe and sanitary operation of the reception centre. This includes safe food, safe water, safe environments, and the limit of disease and injury. The work is carried out under the Public Health Act.

#### Emergency Medical Services (EMS)

Offers immediate medical care and triage, addressing physical injuries and health concerns. Additionally, several EMS resources may be deployed to support a community (multi-patient vehicles, mobile supply trailers, temporary patient assessment and care facilities). EMS may also be involved in the coordination of air ambulance service across the provinces.

#### Public Health Nursing

Working within their scope of practice, Public Health Nurses will:

- Advise evacuees on communicable disease control.
- Undertake health assessments.
- Provide emotional support.
- Identify clients who may be at physical and/or psychological risk because of the event.
- Provide first aid and triage services.
- Arrange for referral of evacuees, where their needs exceed the resources available at the reception centre and based on usual referral processes.

#### Home Care Nursing

Working within their scope of practice, Home Care Nurses will:

- Assess existing AHS Home Care Program patients who may be at risk due to the disaster and prioritize whether the prescribed services are to be continued during the event.
- Provide the prescribed care (if the prescribed care is to be delivered at the reception centre).
- Refer the patient to an alternate location (e.g. Community Health Centre, Home Care Office) or alternate resource, where the treatment can be delivered (if the prescribed care cannot be delivered to the patient at the reception centre).
- Arrange for placement of the patient in an alternate setting if unable to meet the patient's needs within a reception center environment.

#### Mental Health and Addiction

Often in partnership with a community-based service provider as part of a multi-agency response, Mental Health and Addiction staff may deploy to a reception centre to provide a

supportive response based on the Stepped Care model of practice i.e. Psychological First Aid, Skills for Psychosocial Recovery and community outreach.

### Indigenous Wellness Core – Indigenous Health (IH)

Guided by the Alberta Health Service Indigenous Health Commitments: Roadmap to Wellness, Indigenous Health Liaisons support the diverse needs of Indigenous peoples' (First Nations, Métis and Inuit) recognizing inherent rights and respecting the cultural and spiritual needs while also understanding the trauma, geographical, and socio-economic challenges faced during emergency. In coordination and partnership with community, groups, friendship centres and Indigenous Services Canada (First Nation Inuit Health Branch) ensures access to spiritual ceremonies on-site, traditional healing and connection to Indigenous ways.

Selected by the IWC, a community liaison position will be inserted into the community reception center when a disaster affects First Nations communities. Responsibilities will include:

- Working collaboratively with community leaders and other agencies providing services in the community to identify needs and coordinate service delivery to best meet the needs of the community.
- Coordinating the provision of community-specific cultural awareness training for AHS staff deployed to a First Nations community.

For more information on resources and services visit [Indigenous Health | Alberta Health Services](#).

### Pharmacy Services

Assists with access to medications through community pharmacy partners, promoting medication safety and adherence.

### Appendix B –Guidance for Requesting On-site Health Services or Supports from AHS

#### 1. Supporting Local Response to a Community Evacuation

Alberta Health Services (AHS) is committed to supporting a Local Authority's response to a community evacuation by providing timely and appropriate services to meet the health needs of displaced and/or affected populations. This document has been developed to provide guidance to Local Authorities around requesting on-site health services from AHS at a community reception centre and important information and considerations to support a coordinated and effective response between AHS and the Local Authority

#### 2. Notifying and Requesting On-Site Health Services from AHS

When a community reception centre is activated or expected to be activated, a local authority should notify AHS via the Single Point of Contact (SPOC) at **1-844-755-1788**. The Emergency/Disaster Management On-Call will then notify others within AHS and initiate the AHS response as required.

On-site health services may be requested by a Local Authority upon activation of a reception centre or any time after activation when health needs arise. A Local Authority may request on-site health services with the AHS Single Point of Contact at **1-844-755-1788** or through existing communication channels/processes (e.g., AEMA Field Officer, Provincial Emergency Coordination Centre, Provincial Emergency Social Services).

#### 3. Reception Centre Health Services

When AHS receives a request for on-site health services, zone leadership will assess the situation to determine if on-site AHS health services are required and appropriate and if so; the level and scope of health services to be provided. In some circumstances, AHS is best able to meet population health needs within existing AHS facilities in the community. In other situations, providing health services within the community reception centre is necessary to support the health needs of the displaced and/or affected population. AHS may deploy a variety of health services depending on population needs. The following are some common health services that may be deployed:

- Medical assessment and treatment for illness and injury ranging from first aid to urgent care (e.g. sprains, lacerations, asthma, dehydrations, pain and infections)
- Bridging of prescription to replace medications lost in an evacuation.
- Psychosocial services (includes psychological first aid, skills for psychological recovery and referral to professional mental health services).
- Specialty services to meet specific population needs (may include services for pregnant or breastfeeding mothers, Indigenous health services, addiction health services, seniors' health services).
- Referral and general healthcare wayfinding to connect individuals and families with appropriate health services within the community.
- Referral and general healthcare.

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To determine the appropriate level and scope of services, AHS will conduct an initial needs assessment as well as ongoing needs assessments throughout a response.

### 4. Key Considerations

Not all reception centres will require on-site support from AHS. If this need is anticipated, Local Authorities should be aware that AHS is best able to meet population health needs in larger reception centres where a wider range of health services can be provided in a central location. Multiple smaller centres will stretch health resources and limit the range of services that can be provided.

When designating a healthcare area within the reception centre, it should ideally:

- Be located so that it is distinctly separated from the reception centre entrance and general evacuee registration area.
- Have a clear and designated pathway for emergency medical services (EMS) transport and delivery of supplies and equipment.
- Have a clear and designated pathway for the removal of soiled linen, supplies and medical waste.
- Be large enough to establish a one-way patient traffic flow, provide a 2 metre spatial separation between patients, and ideally have a separate area to isolate patients who may be infectious.
- Have close access to sinks for handwashing and enough toilet stalls/rooms to separate patient and staff toilets.
- Have access to power and enough space for computer stations and separate areas for health information management and pharmacy.

### 5. Reporting and Communication Structures

AHS will designate a Site Lead for any deployment to a community reception centre. The designated AHS Site Lead serves as the primary liaison between the reception centre and AHS. Any on-site AHS staff deployed to the reception centre will report to the AHS Site Lead during their deployment.

Recognizing that specific reporting structures within the reception centre will vary based on the Local Authority and the scope of the incident, identifying and documenting how AHS is integrated into the organizational structure will be a part of the initial AHS deployment process. The designated AHS Site Lead will have Incident Command System (ICS) training to effectively integrate into the reception centre ICS organization.

## Appendix C – Culturally Safe Reception Centres



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Contact us at 1-833-476-4743 or [submit a request online](#) at [ahs.ca/eph](https://ahs.ca/eph).

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