

Reception Centres: A Guide for Municipalities



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Overview and Purpose

The AHS Reception Centre Resources purpose is to outline requirements and inform Environmental Public Health (EPH) considerations for Alberta municipalities to incorporate into emergency and emergency social services planning. Municipalities and AHS EPH are encouraged to work together during planning stages to ensure readiness during the activation stage of a municipal reception center. The second purpose of the resources is to provide awareness to municipalities on how to received health supports during the operations of an activated reception center.

Readiness and Preparedness:

The Public Health Act of Alberta and regulations made thereunder outlines the broad powers for communicable disease prevention in the Province. Medical Officers of Health (MOH) and Public Health Inspectors (PHI) work with local governments, businesses, and the general public to ensure proper health based practices, regulations, and standards are employed in public settings, including gathering points like reception centers.

Key public health principles for local Emergency Social Services (ESS) planning includes the following:

- Ensure public safety;
- Minimize the risk of communicable disease spread;
- Promote behaviors for good health outcomes and prevention of injury.
- Monitor and report on health concerns

Health Supports during Response and Recovery:

Achieving these principles will vary with each emergency response. Some events will exceed the capability of local Emergency Social Services resources. Larger scale events will require multi-agency coordination prior to, during, and after Reception Centre activation. The Emergency Disaster Management (E/DM) team within AHS may assist in coordinating the organization's response to a community emergency through an incident management approach. **Appendix B** outlines some of the roles that AHS may support and includes how municipal emergency social services agencies collaborate with AHS.

With all items above, the single most important factor to consider with any center is preparation.

Please Note: Parts of this document may not be applicable to every Reception Centre activation. Planning priorities will need to be individualized in response to the nature of the emergency and the community. There may be factors which cannot be covered by a single set of guidelines, therefore, there is a need for expert EPH input for each individual situation. As well, several mandatory requirements exist for reception center operation and overview regardless of individual configuration.

EPH Responsibilities

EPH is responsible for monitoring specific aspects within a Reception Centre, all related to client safety and well-being, including:

- Safe Food including food sources, handling, storage, preparation, distribution, and service;
- Safe Air including flow and ventilation
- Safe Water including source, supply and plumbing
- Safe Environments including accommodations, sanitation, pest control and laundry
- Safe Areas for children including diapering, play areas and playgrounds
- Disease control including surveillance, outbreak control and contact tracing;

Reception Centre Selection and Standards

Please see **Appendix A** for the Environmental Public Health Assessment Form. This form is an example of what the Public Health Inspector will look for during inspections during reception center activation (planning) and centre response (operation).

Selection of a Reception Centre site is the responsibility of the municipality or local authority. Ideally, selected site(s) are to be inspected prior to activation. The assessment will help the municipality assess the site resources and determine the capabilities of the center to respond. See Appendix A for basic requirements to help guide appropriate site selection, in addition to working together with your local Public Health Inspector.

Municipalities are strongly encouraged to keep an up-to-date list of reception centers, and regularly supply that list to AHS for inspection purposes. Generally, a Public Health Inspector will inspect a proposed location based on the amenities and services it provides as part of regular business. For example, a community hall in a remote location, may be inspected once a year or less, while convention center is inspected multiple times per year. For some facilities that are not inspected on a regular basis (such as an ice arena), an annual inspection is encouraged. Please contact your local Public Health Inspector to request an inspection.

Suitability and Location

Any building being considered to be designated as a Reception Centre should be structurally sound and have sufficient emergency exits. The facility may be assisting individuals with limited physical mobility – including those in wheelchairs, those using mobility aids and those with very young children. Coordination and/or joint inspections with Safety Codes Officers (SCOs) should be undertaken to ensure the site meets relevant Safety Codes.

Other considerations when determining a suitable location is proximity, transportation, sustainability of utilities (power, water and sewer) in addition to safety from the emergency event itself.

Occupancy Considerations

The Reception Centre may require:

- Administration / staff area
- Registration area
- Mud/Clean Up area (to prevent mud and debris being tracked into the building. This will simplify cleaning and also reduce the risk of falls on wet floors)
- Sleeping area occupants
- Eating area
- Shower and washroom facilities
- Kitchen / food preparation area
- Hand washing stations
- Solid Waste Storage Area (May be a designated outdoor location)
- Health services area (Note: Acute care health services are typically not provided at a Reception, evacuation, or temporary shelter location)
- Childcare areas
- Diaper changing area
- Isolation area for potentially infectious people
- Laundry
- Recreation and Social areas (e.g., play area)
- Special purpose areas (e.g., depending on the population, a prayer area)
- Pet holding area

- Independent power supplied by alternate energy source – generator, other.

Occupancy Loads and Client Spacing Considerations

- Occupancy loads would be calculated by the Fire Marshall or SCO. The Public Health Inspector will monitor to ensure maximum number of people does not constitute overcrowding. The Fire Marshall or SCO will ensure adequate emergency egress and/or sprinkler fire suppression systems as appropriate.
- For sleeping areas, a minimum 3.5 square meters per person is recommended to be available for sheltering. Approximately 1m between beds, cots, or mats is recommended.

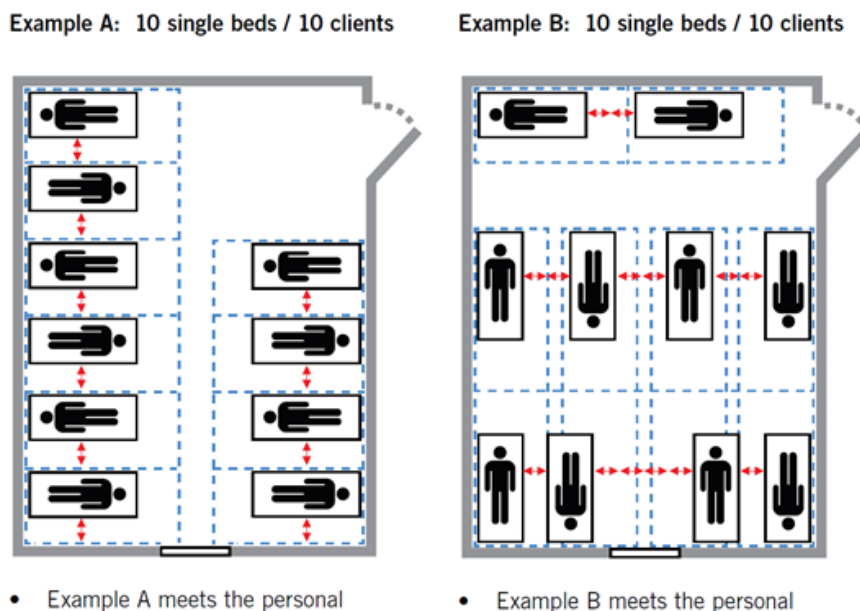


Figure 1. Suggested Arrangement for Cots/Mats. Used with permission from City of Toronto

- People who use wheelchairs, lift equipment, a service animal, or requires personal assistance may need up to 9 square metres.
- The ambient temperature of the building should ideally be 19-22°C. High temperatures may lead to heat stress. Lower temperatures may leave vulnerable persons prone to hypothermia.
- Public Health Inspectors will assess occupancy when a sleeping area is anticipated. The living areas should be well ventilated with a reasonable supply of fresh air available. People should have sufficient covered living space providing thermal comfort, fresh air, and protection from the climate.

- Cots should not be placed at or near washroom entrances to allow access and ensure privacy.

Air Quality

In addition to indoor air considerations noted above, the Heating Ventilation and Air Conditioning system including external air intakes should be identified and means established to address ambient (outdoor) air concerns from smoke or chemical releases, depending on the situation. Temporary closure of the air intakes may be necessary in some cases, or else installation of temporary filtration (scrubbers) to ensure reasonably clean air for patrons.

Safe Water

- Water supplied to the Reception Centre is to be potable, in sufficient quantity to meet the needs of the occupants, and obtained from a source approved by the Public Health Inspector.
- Hot water is to be supplied in sufficient quantities to support the personal hygiene needs of the occupants, maintaining safe water temperatures between 38°C to 43°C.
- Alternative water supplies should be considered, such a secondary water source plumbed to the building or space for additional water tanks.
- For a guide personal consumption can be estimated at, a a minimum, 2L per person per day of water. When considering all other water uses, (e.g., food preparation, personal hygiene) 7.5 - 15L per person per day should be available. The allocated amount may need to be increased in hot conditions, where heavy work is being carried out, or based on the age of the evacuee population.

Safe Food

- The municipality is responsible for ensuring the food establishment, if permitted complies with the Food Regulation. This may also include water sampling regularity, if the source is not a municipal source. Generally, a Public Health Inspector will inspect at least once per year. Please contact your local Public Health Inspector to request an inspection.
- All foods served in the Reception Centre should be prepared in an approved facility. Where possible, food should be prepared on-site in the permitted kitchen, as this would ease the concerns of transporting food safely under temperature control. Other food businesses can be used to provide foods to the centre where

needed and can ease the burden for volunteers and staff at the centre during the emergency.

- Leftover high risk foods which have been served must be discarded. Extra food not served may be kept and reused, provided it has been handled appropriately. High-risk food: means food with pH level or water activity level or a combination of pH and water activity levels that will support the growth of pathogenic microorganisms or the production of toxins. Examples of high-risk food include meat, fish, eggs, poultry, dairy products, cooked rice and cooked vegetables.
- Food should not be consumed in sleeping areas. A separate dining area should be made available to assist in keeping the Reception Centre clean. When people bring their own hot food into the Reception Centre, they should be encouraged to consume it entirely or throw out the leftovers. Dining tables should be cleaned and sanitized after each use. The dining area floors should be washed daily and maintained in a sanitary condition.



- Donations of high risk foods prepared in home kitchens are not to be served to the displaced residents at the centre. These requirements are in place to prevent a foodborne illness outbreak. Local residents often try to donate soups, stews etc., and this can be difficult for centre staff to refuse. In general, food donations from the public or non-permitted facilities are discouraged. Some strategies to reduce public donations include: public messaging through media outlets, signage and encouraging cash donations. The Reception center could accept low-risk foods such as cakes, cookies and muffins that can distributed to occupants. The Public Health Inspector can be consulted if questions arise. For more information on donated foods during emergencies, consult the AHS [Guideline for Emergency Donation Facilities](#).

Food Handlers and Food Handling Practices

EPH encourages the use of trained and certified Food Handlers whenever possible. Food handlers can take the 1 day certified Food Handler Safety Course. There are also basic food hygiene courses that are available on-line or in a home study format in various languages.

Special Dietary Needs and Allergies

It is likely that some of the evacuee population will have special dietary needs due to health or cultural requirements (ie.g.low sodium, diabetic, vegetarian, traditional

indigenous foods). These needs should be taken into account when planning catering, and alternatives provided where possible.

It is also important to identify any allergies that may exist within the evacuee population and take measures to ensure occupants are not served any food containing those allergens, and the potential for cross contamination during food preparation is prevented.

Washroom Facilities

- The number of toilets allocated by gender is determined by Safety Codes Officer. In general, for every 20 to 25 people, there is one designated toilet. For large reception centers, toileting areas may be distributed throughout the facility.
- Gender neutral washroom facilities should be considered, where possible. Family washrooms can be factored into the total ratios but retain their designation, when possible.
- A regular cleaning checklist should be established and maintained. Designated centre personnel should ensure washroom surfaces are wiped down with an approved disinfectant periodically while the center is operating.
- Washrooms should be supplied with hot and cold running water, stocked with liquid hand soap in dispensers, paper towel in dispensers and waste containers with plastic liners. Handwashing posters can be acquired from the Public Health Inspector.
- Toilet facilities should include provision for the disposal of women's sanitary products (i.e. waste containers lined with plastic bags, with tight fitting lids).
- Facilities for changing diapers and for the safe disposal of used diapers should be established (e.g. waste containers lined with plastic bags and approved disinfectant spray or wipes for use on the change table), as well as hand washing facilities near the changing stations.
- The sewage system must be able to accommodate the intended occupancy levels of the Reception Centre. Arrangements for septic haulage in the event of failure or sewer back-ups should be considered.

Personal Hygiene

- Good personal hygiene should be promoted throughout the centre by occupants and staff. Hand hygiene and good respiratory etiquette (covering coughs and sneezes) should be promoted with education materials and distribution of equipment (i.e. alcohol-based hand cleanser, tissues, and waste containers) where possible.

- A ratio of one shower head per 50 people is suggested if the weather is temperate and one shower head per 30 people in hot weather.
- A supply of personal hygiene products should be available to occupants and additional items essential for ensuring personal hygiene, dignity and well-being must be accessible (i.e. incontinence pads, feminine hygiene products). Each individual should have access to a supply of soap.
- Caretakers of infants and children under two years should have access to at least three disposable diapers per day and associated diapering amenities (e.g. wipes, disinfectant).

Hand Hygiene

- It is important for occupants to wash their hands regularly and to dry them to avoid illness. Public Health Agency of Canada recommends a ratio of 1 hand sink for every 10 individuals. Each basin requires soap and paper towels or other approved hand drying method. This includes washroom sinks, kitchen sinks, and diapering area sinks.
- Alcohol-based hand rub is an effective addition to hand washing and a reasonable temporary substitute when soap and clean water are not readily available, as long as hands are not visibly soiled. Additional attention should be paid to positioning alcohol-based hand cleanser dispensers in convenient locations, such as:
 - the entrance to the facility
 - living areas (depending on the size of the venue)
 - the beginning of food service lines
 - toilet facilities
- Alcohol based sanitizers contain up to 70% alcohol and is an intoxicant the same as regular alcohol. Care should be taken to secure the sanitizers from children's reach and usage, especially if away from parent supervision.



Baby Friendly Environment

It is important to establish, maintain and support an environment that is welcoming and accommodating to families and breastfeeding mothers. Requests for privacy should be accommodated when possible.

Routine Cleaning and Disinfection of Toys

- Infants and young children frequently share toys and often place them in their mouths, increasing the risk of spreading infections. Daily cleaning and disinfection of shared toys in a Reception Centre can help to reduce this risk. Staff should frequently clean and disinfect toys, play areas and toy storage spaces after playtime and especially during an outbreak.
- Any toys used in the reception center should be durable, easy to clean and safe to use.
- Any toys that were mouthed, should be removed from the play area and placed in a collection box for cleaning and disinfection. The toys and the collection box should be cleaned and disinfected.
- Cleaning and disinfecting hard plastic toys:
 - Wash with detergent and warm water. If toys have crevices or hard to clean parts or areas, use a brush to clean.
 - Rinse detergent away with clean, warm water.
 - Wipe, spray, or keep item submerged in a sink for 2 minutes in an approved sanitizer/disinfectant.
 - After sanitizing, let the surface or item air dry.
 - Ensure all toys are completely dry before they are returned to use
- Clean and disinfect hard plastic toys in a dishwasher (if dishwasher safe) with a sanitizer or a hot rinse cycle
- Cleaning and disinfecting soft toys that are porous or made of fabric
 - Avoid sharing of plush toys, blankets, pillows, or any items that cannot be easily cleaned and disinfected
 - Launder fabrics or plush toys in a washing machine with hot water, and dry in a clothes dryer on a hot cycle; remember to let items cool down before returning to a baby or young child

- Avoid using disinfectant products on porous surfaces, such as plush toys, as chemicals cannot always be rinsed off adequately and may not evaporate well from these types of surfaces
- Further information is available by reviewing the [AHS Health and Safety Guidelines for Child Care Facilities](#).



Cleaning other items

- Clean and disinfect other items (i.e. 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. Once these items are heavily soiled, consider discarding them.
- During outbreaks, it may be necessary to avoid sensory play such as activities using playdough, sand and water
- Clean and disinfect computer keyboards and mice, video games, and DVDs frequently, especially if these items are shared or are visibly soiled

Cleaning of Living Areas

- Checklists should be developed and systematic cleaning undertaken. Dedicated cleaning staff will help to ensure routine cleaning is accomplished on a regular basis. This dedicated staff should be trained on cleaning procedures and provided appropriate personal protective equipment. Cleaning supplies should be safely stored in a designated, secure area.
- Cleaning materials should be made available to all occupants and be encouraged to keep the Reception Centre clean and tidy.
- All floors should be swept, electrostatically mopped or vacuumed daily. Sleeping areas must be kept tidy to facilitate cleaning activities. People should not eat in the sleeping area to facilitate ease of cleaning and reduce the attraction of pests and rodents.

- Surfaces are to be cleaned when visibly dirty and on a regular schedule. Kitchens and bathrooms should be cleaned at least daily and as necessary (e.g., when visibly contaminated or when surfaces are heavily soiled).
- Cot frames, mattress pads and pillows should be cleaned, and their coverings laundered between occupants or when soiled.
- Other furniture should be cleaned weekly and as needed.
- High touch surfaces, such as doorknobs, light switches, hand rails and horizontal surfaces should be cleaned and sanitized at least daily.
- Blood and body fluid spills should be handled in a cautious manner, while following a defined facility procedure.

Pest Control

- Food should not be consumed in sleeping areas to discourage pests.
- Staff and occupants are to be briefed on the importance of immediate reporting of insect or rodent activities (sightings, droppings, or damaged foods) to Reception Centre Manager/Site Designate. The Public Health Inspector will advise on actions to be taken to mitigate pest activity, including reports of bed bugs.
- An integrated pest management plan should be developed and implemented by a pest control specialist.
- Every window or other device that is intended for ventilation should be supplied with effective screens, where appropriate. If unsure, discuss with a Public Health Inspector.

Waste Management

- Facilities should be provided for the proper disposal of needles and syringes used for medications. Waste disposal, including disposal of biomedical waste such as needles and syringes, should comply with local standards
- Garbage containers are to be of durable, leak proof construction and equipped with tight fitting lids, and should be lined with plastic bags that can be securely tied shut. Garbage bags should not be overfilled, nor should they be compressed by hand to expel excess air, to prevent any accidental puncture injuries.
- Garbage should be placed in an area away from the living spaces, and picked-up frequently throughout the day, if possible. If daily pick-ups are not occurring, ensure the garbage is stored in a shaded location in secure bins.

Mud / Clean Up Area

Depending on the event, occupants may come from an area that has been contaminated (e.g by sewage) or is muddy or dusty. In order to maintain the cleanliness of the facility and reduce the chance of introduction of disease, if possible, an area at the entrance to the facility should be put aside for cleaning mud from shoes and clothes.

Laundry

- Laundry should be processed either off-site or done in an area separate from personal hygiene facilities.
- Garments soiled with feces, blood, or other body fluids should be handled carefully as to not agitate the contamination, wearing gloves, and placed in a plastic bag. If feces can easily be removed using toilet paper, the garment may then be pre-washed in a designated sink, prior to being laundered. Garments may be washed in a washing machine using normal temperature settings, a laundry detergent, and dried in a clothes dryer on a hot cycle. Sinks should be disinfected after use, however there is no need to disinfect the tubs of washers or tumblers of dryers if cycles are run until they are completed.
- Any donated clothing must be washed and screened for appropriateness before distribution.
- Consult [AHS Guideline for Emergency Donation Facilities](#) for further information.

Smoking

- Provincial and local bylaws must be adhered to in and around the Reception Centre. Electronic cigarette smoking, vaping, or other related products are not permitted within the Reception Centre. There is no legal obligation to provide designated smoking areas. However, if it is decided such areas are to be provided, they should be:
 - located outdoors, clearly designated with no possibility the resultant smoke will contaminate indoor areas;
 - located away from cross-traffic and where people may be congregated;
 - equipped with garbage cans for packaging waste and containers for ash and extinguished smoking materials.
- Training for Reception Centre staff and volunteers regarding substance use prevention, awareness, and identification may be a consideration.

Recreation and Social Areas

Occupants may need an area for physical activity such as sport and games. Children may also require an indoor area for more passive activities. Age-appropriate physical activities and toys can be recommended based on available resources and center amenities. Access to gyms, sports fields, equipment and programs may be possible through contacts and relationships with area schools.

Pets and Public Health

- The Municipality is encouraged to have a policy in place for companion animals in shelters. Companion animals are discouraged from being in areas where people sleep or eat. This is often a source of contention for many people under duress in a displacement situation.
- Pets are generally not recommended to be allowed into the Reception Centre with the exception of certified service animals. While having a pet nearby may provide a source of comfort for those who have been evacuated, pets may pose a risk to public health through transmission of disease, allergy risk for some, risk of injury, and loss of amenity (noise and smell).
- Sometimes separate areas can be established for pets. It is critical for these areas to have appropriate flooring (smooth, impervious to moisture, and easily cleanable). These areas should be staffed with animal care personnel who have been trained in the handling of animals, as well as appropriate approaches to infection control.
- Where possible, a vaccination history for each animal should be obtained and kept on file at the site. Animal evacuation centres or foster homes may be good alternatives.
- If there is no alternative to having pets in the Reception Centre, the following guidelines developed by the Center for Disease Control and Prevention, in addition to requirements noted above, may help reduce risk of injury or disease:
 - Animals must not be allowed to roam freely around the facility and are to be kept under control at all times, either via caging or a leash.
 - Animals must be kept out of food preparation areas.
 - Furred or feathered pets should be housed in areas separate from people with allergies or asthma triggered by fur, feathers, or dander.

- Cats should be kept in a cage with a litter box that is cleaned frequently, at least once every 24 hours. Pregnant women or immunocompromised people should not have contact with used litter.
 - Dogs should be walked regularly on a leash outside the centre to allow them to urinate and defecate in designated areas. Any feces should be immediately collected and disposed of.
 - Animal bites and scratches should be reported to the Reception Center Manager and EPH. In turn, the Public Health Inspector will collect this information and provide follow up regarding the risk of rabies and tetanus in conjunction with the MOH.
 - Bites and scratches are to be thoroughly cleaned with soap and water and the victim should seek medical attention to address any trauma and risk of infection.
 - The Reception Center Manager can determine whether to continue the provision of animal services on site.
 - People caring for pets in the Reception Centre should be encouraged to practice good hygiene by cleaning up after their pets (i.e. disposal of feces) and frequent hand washing.
 - Children younger than 5 years old should not handle reptiles without adult supervision, and should always wash their hands after doing so. Hand washing should be monitored by an adult. This is to reduce the risk of acquiring Salmonella from reptile handling.
- There may be provincial resources to provide assistance to relocate livestock and farm animals during the event. This may be a decision made by Incident commander during the event, with resources accessed through the Emergency Operations Center.

Communicable Disease Control

Good infection control, effective sanitation, careful attention to food handling and storage, and plans for the isolation of people with infectious disease can mitigate the risk of a large-scale infectious disease outbreak. In addition, Public Health Inspectors will provide specific measures to implement in the case of a disease outbreak.

Routine Practices and Additional Precautions

- The centre staff is to ensure that appropriate hygiene and cleaning facilities are available.

- Persons arriving to the site with cough or cold symptoms should don a suitable mask until they can be assessed by medical personnel.
- Posters should emphasize the importance of hand hygiene and safe food handling for occupants and staff.
- Messaging should be provided to occupants and staff on what to do if they become ill.
- In areas affected by destruction, there is an increased chance of wound contamination. occupants should be encouraged to clean wounds appropriately and seek medical attention as required. Where puncture or other contaminated wounds have occurred, occupants should have their tetanus vaccination status assessed by health care professional and be immunized if their vaccination is not up to date or unknown.
- Numbers of mosquitoes can increase significantly following floods in warmer months. Where mosquitoes are present, occupants and staff should be provided with an adequate insect repellent (i.e. containing DEET), given instructions regarding effective use (i.e. re-application in hot weather) and advised to wear loose fitting clothing and footwear.

Persons with Infectious Illnesses and Isolation Areas

- Persons who may have symptomatic infections, and / or unrecognized or incubating infectious diseases, combined with potential for crowding and limited sanitary infrastructure increase the risk of infections spreading within the Reception Centre. Before entering a Reception Centre, all occupants should be requested to report the following conditions:
 - fever
 - cough (new or changed)
 - vomiting
 - diarrhea
 - rash
- People with any of the above conditions should be assessed by a health care professional before admittance to the Reception Centre. This may be done by the Health services staff at the center, or another medical professional off site.
- Reception Centre staff should be actively and regularly asking occupants about the presence of the above symptoms in order to identify illness.

- If a communicable disease is identified in a person already residing at the centre, the ill individual(s) should be separated from other occupants or transferred to an isolation area. A separate area or room to house potentially infectious people should be identified in advance. The designated area should have no soft / absorbent furniture that cannot be easily cleaned. If several people with similar symptoms are identified, they may be housed together in one area. However, beds should be separated by at least 2 metres and preferably screened. The area should also have an adequate number of washrooms that cannot be accessed by individuals who are not ill.
- More than one separate area may be needed if more than one illness type is identified in the population. Each separate isolation area may require staff to monitor the occupants, ensuring that the area is kept clean and appropriately supplied. Hand hygiene stations must be accessible. Ill individuals with respiratory symptoms should wear a surgical mask if in close proximity to others while awaiting evaluation or transfer.
- During the care of any ill individual, personnel should:
 - wear gloves if hand contact is expected with blood, body fluids, respiratory secretions or potentially contaminated surfaces
 - wear a disposable gown if clothes might become soiled with blood, body fluids or respiratory secretions
 - change gloves and gowns after each encounter with an ill individual and wash hands or use alcohol-based hand cleanser immediately after removing gloves
 - wash hands or use alcohol-based hand cleanser before and after touching an ill individual, after touching the ill individual's environment, or after touching the ill individual's respiratory secretions, whether or not gloves are worn
 - when hands are visibly dirty or contaminated with respiratory secretions, wash hands with soap (either plain or antimicrobial) and water
 - cover any cuts or sores prior to care
 - wear a mask and protective eye wear if there is a risk of splash of bodily fluids, including respiratory secretions

Non-communicable Disease/Chronic Illness Management

Injury

Any injuries related to the Reception Centre are to 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 with elderly, young children or other vulnerable populations..

Chronic Disease

Many people with chronic diseases may significantly worsen if regular care is not provided. Occupants should be encouraged to identify themselves to registration and center designated staff, and continue their own routine chronic disease management. 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). Persons requiring the use of sharps in their disease management should be made aware of appropriate sharps disposal in the centre.

Maternal Health

- Pregnant women will require continued 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.

Returning Home Information

When it is time for people to return home after an evacuation, center staff can provide information and guidance to occupants in order to reduce the probability of illness, disease or injury to individuals and families from hazards resulting from the disaster.

There will be resources on [AHS website](#) to assist occupants returning home.

The municipality may advise occupants 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

Evacuation, Reception Centres and Temporary Facilities – Guidance/ Assessment form	
Inspectors Name:	Phone/cell:
Date of assessment:	Time of assessment:
Type of assessment: <input type="checkbox"/> Initial visit <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify)	
Centre Information	
Type of centre (Reception Centre / Evacuation shelter/etc):	
Name of facility/centre:	
Address:	
Agency operated by:	
Contact person & role:	
Phone number:	Email address:

		Y, N, N/A	Comments
Evacuation Centre details	Is this a pre-selected site?		
	Structural safety (SCO approval/sign off?)		
	Adequate ventilation / air flow (natural or forced)?		
	Utility services the building (natural gas, power, propane, generators?)		
	Clearly marked egress/exit signage		
	Potable water (hot and cold) for use within the Evacuation Centre, (hot water max. 49°C at fixture, ABC, 2014)		
	Number of toilet/water closets for each sex <ul style="list-style-type: none"> • 1 per 15-20 people (PHAC, 2007) • Separate - male/female, or family, or individual 		
	Municipal connection to waste system or temporary privies		
	Handsinks & ratios <ul style="list-style-type: none"> • 1 washbasin for every 10 individuals (PHAC, 2007) • Soap, paper towels (washrooms, kitchen area, and childcare area) 		
	Showers & ratios		

	<ul style="list-style-type: none"> 1 shower unit for every 50 persons (PHAC, 2007) Note: Showers for each sex should be provided or specific times set for each sex to shower. 		
	Laundering facilities. (Not required. Precautions may be required during outbreaks)		
	Is pest control an issue? (e.g. food prep area)		
	Cleaning and sanitation plan. (daily cleaning procedures - sleeping area, washrooms, daycare area, appropriate chemicals)		
	Are there any conditions in or adjacent to the Evacuation Centre that is or may become injurious or dangerous to human health (i.e. Nuisance)?		
Waste	Adequate waste receptacles (metal/plastic containers - sleeping area, washroom, daycare area, and kitchen)		
	plan for waste collection		
	Is biomedical waste adequately disposed of (sharps containers, biohazard bags for blood and body fluids)		
Sleeping areas	Occupancy capacity of the Evacuation Centre <ul style="list-style-type: none"> 3.5m²/person (PHAC, 2007) Arrange head to toe, Minimum 1m between cots/mats (PHAC, 2007) Configuration of cots/mats (family's, individuals, groups) 		
	Bedding provided for each individual/cot (i.e. sheet, pillow, and blanket of a type of material that can be cleaned, cot/mat with washable covering)?		
	Laundering arrangements for bedding and other supplies provided (i.e., who is responsible and how it will take place)?		
Children	Child play areas <ul style="list-style-type: none"> Playgrounds (safe? Well maintained?) Toys provided Cleaning and sanitizing procedures? (toys and surfaces) 		
	Diapering stations <ul style="list-style-type: none"> Adequate number? 		

	<ul style="list-style-type: none"> • Sink available for hand washing after diapering? • Cleaning and sanitizing procedures? • Safe construction (safety belts, stable table, washable?) 		
Communicable Disease	<p>Has there been a discussion with the operators on reporting illness/potential outbreaks to EPH. (Central tel number/email) (e.g. volunteers educated on what signs and symptoms to look for)?</p> <ul style="list-style-type: none"> • Procedure for outbreak management? 		
	Discussion with the operators on screening people and provision for isolation areas/rooms.		
	Is there a private or AHS clinic set up on site?		
	Does the clinic have potable water and handsinks for their operation?		
Animals	<p>Are there provisions for animals on site?</p> <ul style="list-style-type: none"> • Separate area? (exterior door access preferred) • Consider animal bites (stressed animals) • Procedure for dealing with animal wastes 		
Food	Is this a permitted facility with food prepared on site, or is food being catered in?		
	<p>Is there a plan as to how deal with food donations</p> <ul style="list-style-type: none"> • low risk accepted? • Communication to the public & staff regarding which donations will be accepted? 		
	<p>Food safety concerns?</p> <ul style="list-style-type: none"> • Temp control • Handling concerns? • Cleaning and sanitizing 		
Additional Information	<p>Handouts (as required)</p> <ul style="list-style-type: none"> • Infection control signage • Handwashing posters • Outbreak guidelines • Central reporting tel. number 		

Items required to bring facility to minimum standards:	Additional Notes:

Report received by
Name of person :
Carbon copy / email / other:

Appendix B

Local Authority/Municipality Guidance for Requesting On-Site Health Services from AHS

1. Supporting Local Response to a Community Evacuation

Alberta Health Services 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 Operations 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 for conditions such as sprains, lacerations, asthma, dehydration, pain and infections).
- Bridging of prescriptions 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.

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

While not all reception centres will require on-site support from AHS, if this need is anticipated, Local Authorities should be aware of the following considerations:

- 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 toileting 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.