Shelter Guidance:

Preventing, Controlling and Managing COVID-19

May 29, 2020

Alberta Health Services

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1. INTRODUCTION

Operators, staff and volunteers in emergency shelters and temporary housing for Albertans facing family violence, or homelessness and precarious housing play a critical role in the cycle of prevention, control and management of COVID-19 outbreaks. Managing an outbreak starts with preventive measures, followed by preparing and implementing a plan, and finally, controlling and resolving an outbreak. The different points along this continuum require specific actions and interventions, which are detailed in this document.

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

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

Intended audience

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

Each shelter in Alberta is unique and these guidelines are provided to help each site come up with their own plan to prepare and respond to the COVID-19 pandemic. The prevention and preparedness, screening, isolation, personal protective equipment (PPE) and reporting elements of this guide are applicable to all shelter settings and are critical to ensure the control the spread of COVID-19.

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

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

Territorial acknowledgement

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

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

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

- United Nations Declaration on the Rights of Indigenous Peoples[1]
- Truth and Reconciliation Commission's Calls to Action[2]
- The Murdered and Missing Indigenous Women and Girls Report's Calls to Justice[3]

[1] UN General Assembly, *United Nations Declaration on the Rights of Indigenous Peoples : resolution / adopted by the General Assembly*, 2 October 2007, A/RES/61/295, available at: https://www.refworld.org/docid/471355a82.html [accessed 13 April 2020]
[2] Truth and Reconciliation Commission of Canada. (2015). *Truth and reconciliation commission of Canada: Calls to action*. Truth and Reconciliation Commission of Canada.
[3] National Inquiry into Missing and Murdered Indigenous Women and Girls, *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* (Volume 1a).

2. GENERAL INFORMATION ABOUT COVID-19

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

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

How is COVID-19 spread?

COVID-19 is mainly spread from person to person from larger droplets from coughing or sneezing, through direct or indirect contact.

- These droplets can land on people who are within 2 metres (6 feet). COVID-19 is not an airborne disease and cannot spread through the air over long distances or time.
- COVID-19 may also be spread by touching contaminated objects or surfaces, then touching your eyes, nose or mouth.

COVID-19 symptoms

COVID-19 symptoms are similar to influenza and other respiratory illnesses. As per the Chief Medical Office of Health orders, AHS expanded the list of symptoms for which all Albertans can be tested for COVID-19. Anyone who has these symptoms MUST isolate for a minimum of 10 days or until symptoms resolve, whichever is longer.

- Fever
- A new cough or a chronic cough that is worsening
- New shortness of breath or chronic shortness of breath that is worsening
- Difficulty breathing
- Sore throat
- Runny nose

Albertans who have any of the following symptoms are also now eligible to be tested for COVID-19. People with these symptoms are not required to isolate, but are strongly advised to stay home and minimize contact with others until they are feeling better.

- Chills
- Painful swallowing
- Stuffy nose
- Headache
- Muscle/joint ache
- Feeling unwell/fatigue/severe exhaustion
- Nausea/vomiting/diarrhea/unexplained loss of appetite
- Loss of sense of smell or taste
- Conjunctivitis (pink eye)

The symptoms list may continue to change so please be diligent in checking this page on the AHS website for the most current symptom list.

Most people experience mild symptoms and about 80% recover without needing specialized medical care. COVID-19 can cause serious illness in some people, and there is a risk of death in severe cases. Symptoms of serious illness include difficulty breathing or pneumonia.

While we are still learning about COVID-19, serious illness appears to develop more often in people who are older or have pre-existing conditions, like high blood pressure, heart disease, lung disease, cancer or diabetes.

On average, COVID-19 has resulted in 1 to 2 deaths per 100 cases (in comparison to influenza, which results in 1 death in every 1,000 flu cases).

COVID-19 testing

Testing is now available to any person showing symptoms of COVID-19, as well as asymptomatic people meeting specific criteria. Up-to-date information on COVID-19 testing is available on the Alberta Health and Alberta Health Services websites. Current eligibility for testing is here.

3. PREVENTION AND PREPAREDNESS

Alberta-wide prevention measures

The most effective ways for staff and clients to prevent spread of COVID-19 is through hand hygiene, respiratory etiquette and physical distancing.

Handwashing and respiratory etiquette

Use alcohol based hand sanitizer if it's available. If it isn't, wash hands often with soap and water for 15-30 seconds. Alcohol based hand sanitizer is the preferred infection prevention and control method except:

- when hands are visibly dirty (with food, dirt, blood, body fluids, etc.)
- before and after handling food, and when
- providing care for patients with diarrhea and/or vomiting.

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

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

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

CMOH Orders state that Albertans are legally required under public health order to isolate for:

- 14 days if they recently returned from international travel, are a close contact of someone with COVID-19.

During the 14 days, if the person becomes sick with cough, fever, sore throat, shortness of breath/difficulty breathing, or runny nose, they must isolate for an additional 10 days from the start of symptoms or until their symptoms resolve, whichever is longer.

- 10 days if they have a COVID-19 symptom (cough, fever, sore throat, shortness of breath/difficulty breathing or runny nose) that is not related to a pre-existing illness or health condition.
- 10 days if they are confirmed to have COVID-19, from the start of their symptoms, or until symptoms resolves, whichever is longer

Physical distancing

Physical distancing involves taking steps to limit the number of people clients and staff come into contact with, in order to limit the spread of COVID-19 and reduce the risk of getting sick. This is not the same as isolation. Individuals should keep at least 2 metres (6 feet) away from others wherever possible. See these information posters to support awareness and actions to help prevent the spread of COVID-19, including physical distancing.

To protect yourself and others:

- keep at least 6 feet (about the length of a hockey stick) from others when going outside
- avoid overcrowding in elevators, stairwells or other enclosed spaces
- wash or sanitize your hands after touching communal or highly used surfaces

Enhanced prevention strategies for shelters

During this time, all shelters are being asked to help prevent the spread of COVID-19. This can be done in a variety of ways, depending on the type of shelter (e.g., group care shelters, women's shelters). The following sections will provide information on how to prevent the spread of COVID-19, and how to prepare in the case of an outbreak.

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

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

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

These measures may include:

- Extending shelters hours if possible and applicable
- Identifying how the shelter will continue to provide essential services and meet the needs of vulnerable populations
- Knowing where clients will be referred if shelter space is full, or if they need to be transferred to an external isolation site
- Knowing the isolation sites and the transportation methods (approved by a Medical Officer of Health [MOH] or designate) available for transfer
- Cross-training current employees or hiring temporary employees
- Identifying critical job functions and positions to plan for alternative coverage if a large number of staff have to isolate
- Identifying short-term volunteers to staff the shelter with higher usage or for alternate sites (isolation or decanting sites)
- Considering the need for extra supplies (e.g., food, toiletries, etc.), surge staff, and ensuring they have PPE

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

Client and visitor registration and surveillance

Shelters should strongly consider implementing the following to help with tracking and screening of clients and visitors:

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

- A system to track who is assigned to what section/cohort/bed (where possible) to more easily determine others who might have been exposed in an outbreak situation.
- Daily screening with regular clientele to see if they are experiencing any new symptoms that may have developed since the previous day. Early identification of symptomatic clients will help to limit the spread of COVID-19 within the facility.
- Daily tracking of the number of clients:
    - staying each night
    - with clinical symptoms
    - referred for COVID-19 testing or to an isolation site
- If tracking requires more resources, work with relevant stakeholders as required.

Discourage movement of clients between shelter sites and within the shelter site

Over the course of a day, one individual may visit several agencies. During a pandemic, this high mobility is discouraged in this population.

Strategies to reduce individuals' mobility 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

Physical distancing within shelters for clients who do not have COVID-19 symptoms

Sleeping arrangements

Shelters throughout the province serve different communities and populations and some have more space and beds than others. It is recognized that while there are space limitations in many shelters, they provide a necessary service to vulnerable Albertans. Taking this into account, the following guidelines have been put in place by the provincial government.

- Head-to-toe placement of beds, mats or cots 2 metres apart, if space allows
    - However, the minimum requirement for head-to-toe placement of mats, cots and beds is 1 metre according to the exception within shelter spaces and temporary or transitional housing during a non-outbreak situation.
- If space allows, put fewer clients within a floor/dorm/unit.

- Arrange beds so that individuals lay head-to-toe or use neutral barriers that can be cleaned (foot lockers, non-porous barriers) between beds.
- Assign and track clients to a specific sleeping mat or sleeping unit to help with contact tracing should a client later test positive for COVID-19.

Mealtimes

Stagger mealtimes to reduce crowding and enable physical distancing in shared eating facilities

- Stagger the schedule for use of common/shared kitchens
- Provide bagged meals for clients to take away
- Stagger meals to specific cohorts/groups and floors

Bathrooms and bathing

Create a staggered bathing schedule to reduce the amount of people using the facilities at the same time. Frequent (at least three times a day) cleaning and disinfecting of shared bathroom facilities is recommended.

Recreation/common areas

For shelters that operate on a 24 hour basis, shelters must facilitate 2 metres of physical distance between clients during normal daytime operations.

Create a schedule for using common spaces and when possible, reduce activities that involve several clients at once; opt for more frequent smaller group activities when at all possible.

A Chief Medical Officer of Health (CMOH) public health order states that indoor gatherings of more than 15 people is prohibited, this does not apply to the normal operations of shelters and temporary or transitional housing settings. However, risk mitigation strategies such as physical distancing must be in place.

Transport

If transportation is required to get clients to other facilities or for obtaining other supports or services, opt for transporting fewer people per trip and ensure that passengers have more space, 2 metres if possible, between one another to reflect physical distancing recommendations. As this may not be possible, transport cohorts/groups of clients who reside together in the shelter, as a group to avoid intermingling. Symptomatic clients should wear a mask and clean their hands prior to transport.

Grouping clients who do not have COVID-19 symptoms

Grouping (also called cohorting) is a process of keeping clients who do not have symptoms of COVID-19 together. The purpose of grouping clients, in this instance, is to be able to isolate clients more effectively if a client starts to show symptoms of COVID-19. Grouping clients ensures that if one member of the cohort becomes positive for COVID-19, the entire cohort can be isolated together. The smaller the group the easier it will be to identify clients who may have come in contact with a COVID-19 positive client, trace additional contacts the cohort may have had with others including staff, and collectively isolate the group.

Environmental cleaning/disinfection measures during COVID-19

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. 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. Alternatively, you can prepare a fresh bleach water solution with 20 ml of unscented household bleach in 1000 ml of water.

Health Canada has approved several hard-surface disinfectants for use against COVID-19. Use these lists to look up the DIN number of the product you are using or to find an approved product. Make sure to follow instructions on the product label to disinfect effectively.

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 or volunteers should use.

The following cleaning/disinfection measures should be taken, as much as possible, at shelters:

- All staff equipment (e.g., desks or tables, computer screens, telephones, touch screens, chair arms) at least daily and when visibly soiled. Staff should ensure that hands are cleaned before touching the above-mentioned equipment.
- Conduct regularly scheduled and frequent cleaning and disinfection of common areas and surfaces in the facility, especially high-touch surfaces like door knobs, light switches, railings, tables, chairs, etc. This is recommended a minimum of three times per day.
- Clean and disinfect all equipment and environmental surfaces between use (e.g., shared equipment, tables).
- Clean and disinfect sleeping mats after every use (e.g., each morning). Store mats in a manner that prevents contamination (e.g., in a separate space not accessed by clients).
- Remove all communal items that cannot be easily cleaned, such as newspapers, magazines, and stuffed toys.
- Try to limit personal belongings that clients bring into the communal space. Clients should only have essential personal belongings.
- Where possible, clients should be provided a dedicated storage space (e.g., locker, plastic bin with lid), in which to store their personal belongings. The storage unit should be cleaned and disinfected before being assigned to another client.
- Clients should be encouraged not to share personal belongings.
- Staff should wash their hands after handling clients' belongings, if it isn't common practice to wear gloves when handling client belongings.
- Use care if handling laundry. Have a system to keep dirty laundry separate from clean laundry.

- Staff or volunteers handling laundry should wear gloves and gowns, if available. Try not to shake dirty sheets, blankets or pillows.

Ensure that there is an adequate supply of cleaning and disinfection supplies on hand. Store all disinfectants out of the reach to prevent consumption from individuals (e.g., children, pets).

Food handling

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

Food handling tips

- Dispense food onto plates for clients
- Minimize client handling of multiple sets of cutlery
- Remove shared food containers from dining areas (e.g., shared pitchers of water, shared coffee cream dispensers, salt & pepper shakers, etc.)
- Dispense snacks directly to clients and use pre-packaged snacks only
- 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

4. SCREENING

Albertans experiencing COVID-19 symptoms are strongly encouraged not to visit a hospital, doctor's office, or health care facility without having called Health Link 811 first. This also applies to shelter staff, clientele and visitors. If someone is seriously ill and needs immediate medical attention, call 911. Be sure to inform them of any COVID-19 symptoms.

Just like any Albertan, if any staff, client or visitor at shelters has symptoms of COVID-19 (fever, cough, shortness of breath/difficulty breathing, runny nose and sore throat) that are not related to a pre-existing illness or health condition, they must isolate for a minimum of 10 days from the start of their symptoms, or until their symptoms resolve, whichever is longer. The symptoms list may continue to change so please be diligent in checking this page on the AHS website for the most current symptom list.

If a person tests negative for COVID-19 and have no known exposure to COVID-19, they are not required to isolate. For more information about actions and testing for COVID-19, use the AHS online assessment tool for the public and for shelter staff use this AHS online assessment tool that is for healthcare workers, shelter and group home staff, and other essential workers.

There are two stages of screening: primary and secondary. Primary screening is done by shelter staff upon entry into the shelter for other staff members, clients and visitors. Primary screening staff wear surgical masks and eye protection if physical distancing is not possible. Hands should be cleaned between each client encounter. Secondary screening is done by AHS or a trained medical staff (if available at the shelter) and would likely only be done for clients. Both staff and visitors would be sent home to isolate if they had symptoms, and be asked to complete this AHS online assessment tool for members of the public and this AHS Healthcare worker, shelter and group home staff, and other essential workers use this online assessment tool for further guidance.

Screening staff upon entry

Upon arriving for work each day or shift, staff must be screened for any COVID-19 symptoms. Even if they worked the previous day, they should be screened for the onset of new symptoms that they may not have been experiencing the day before. The only exception is in the case of an emergency where stopping to be screened would negatively affect the reason for their entry (e.g. fire, police, medical emergency).

Screening clients upon entry

Clients entering the site must be screened each time they enter, for COVID-19 symptoms as noted in Figure 1 below. The only exception is in the case of an emergency where stopping to be screened would negatively affect the reason for their entry (e.g. fire, police, medical emergency).

For clients who have routine interaction with shelter staff, staff should actively screen the client for COVID-19 symptoms daily, using the process outlined below.

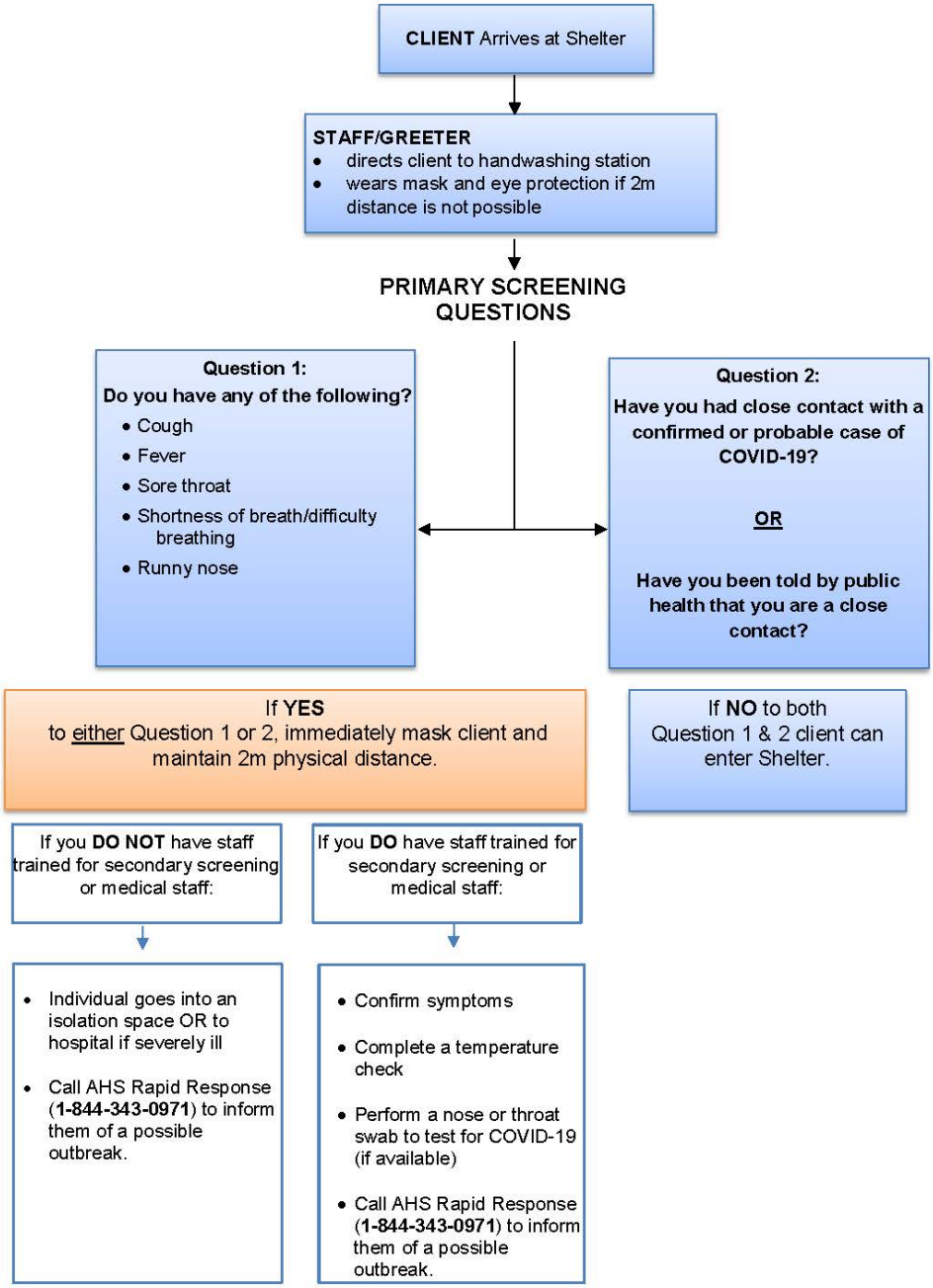
For clients who do not have routine interaction with shelter staff, staff must advise that they are required to conduct daily self-checks for symptoms of COVID-19. They can be given the client screening questionnaire for reference.

Screening visitors upon entry

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

Providing some indication that clients and visitors have been screened, such as a stamp or paper wristband, may be helpful, especially for clients who leave the premises and return within short timeframes (e.g., to smoke). They would be expected to do hand hygiene on re-entry, but the stamp would avoid them having to do a repeat screening. The stamp should be applied after clients have appropriately cleaned their hands.

Figure 1 provides an example of how to flow clients through primary and secondary screening. The symptoms list may continue to change so please be diligent in checking this page for updates. These symptoms that are screened for below, are those that could trigger an outbreak and require notification to AHS Coordinated Response line.



Primary screening

Staff should direct all clients to a designated screening area while maintaining the 2 metre distance at all times. The following questions are asked in primary screening:

1. Do you have the following COVID-19 symptoms: cough, fever, sore throat, shortness of breath, difficulty breathing, or runny nose?
    a. It may be hard to know if these are new symptoms or are ongoing symptoms. The secondary screen with a health care worker can help distinguish this.
2. Have you had close contact with a confirmed or probable case of COVID-19? OR have you been told by Public Health that you are a close contact?

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

- Maintain a 2 metre physical distance, encourage hand hygiene, and ask the client to inform staff if they begin to feel unwell.

If client indicates YES to any of the symptoms:

- Maintain a 2 metre physical distance, provide a surgical mask to the client, and talk them through the process of putting it on.
- If a client is unable to don the mask themselves, staff may help. Staff must discard gloves and put on new ones immediately after helping a client with donning.
- If possible, place the client in a private/separate space within the shelter.
- Proceed to the secondary screening process described below.

Secondary screening

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

No trained or medical staff on site

If the shelter does not have trained medical or shelter staff, and a client answered YES to either question in the primary screen:

- Isolate the individual as described above. All clients who are symptomatic can be tested.
- Contact the AHS Coordinated COVID-19 Response line at **1-844-343-0971** for additional guidance and decision making support if a client has one of the following symptoms:
    - Fever
    - A new cough or a chronic cough that is worsening
    - New shortness of breath or chronic shortness of breath that is worsening
    - Difficulty breathing
    - Sore throat
    - Runny nose

- The AHS Coordinated COVID-19 Response line must be contacted with the **first** symptomatic person (client or staff) who indicates they have any of the symptoms listed above. These particular symptoms could trigger an outbreak and thus, are the most important to screen for.
- The AHS Coordinated COVID-19 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 and they will give their contact information to the shelter.
- Call Community and Social Services (CSS) to inform them that the site is under investigation for a possible outbreak.

Trained or medical staff on-site

If your site has trained medical or shelter staff:

- Confirm COVID-19 symptoms (and understand them within the context of the client's pre-existing medical concerns).
- Complete a temperature check (shelter staff may assist with this if they are trained to do so). Temperatures of 38.0 °C or over are high. Normal temperatures are 35.8-37.9°C (96.4-100.4°F) for the ear or forehead.
    - Anyone with a measured temperature of 38.0 C or higher MUST be transferred to an isolation space
- Where available and appropriate (if staff have the ability to perform the testing), perform a nose or throat swab to test for COVID-19 for all symptomatic clients. If the staff are obtaining the swabs, then they will need to obtain an Epidemiological Investigation (EI) number – this can be obtained from the AHS Coordinated COVID-19 Response line at **1-844-343-0971**.
- Contact the AHS Coordinated COVID-19 Response line at **1-844-343-0971** for additional guidance and decision making support if a client has the following symptoms:
    - Fever
    - A new cough or a chronic cough that is worsening
    - New shortness of breath or chronic shortness of breath that is worsening
    - Difficulty breathing
    - Sore throat
    - Runny nose
- The AHS Coordinated COVID-19 Response line must assess the **first** symptomatic person (client or staff) who indicates they have any of the above symptoms.
- The AHS Coordinated COVID-19 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 and they will give their contact information to the shelter.
- Call Community and Social Services (CSS) to inform them that the site is under investigation of a possible outbreak.

AHS Coordinated COVID-19 Response Line

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

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

- Ask a comprehensive list of questions about shelter setting, address, number of clients affected with symptoms, client names, need for swabbing assistance, need for PPE, ability to isolate, etc.
- They will provide the shelter with key actions to take until the AHS Outbreak Management Team under the direction of the MOH contacts the shelter.
- They will then submit the information to the MOH and the AHS Outbreak Management Team (as well as for a request for PPE and swabbing assistance if needed).
- The AHS Outbreak Management team will follow up on laboratory results and then contact the shelter about next steps. The AHS Outbreak Management Team determines if an outbreak will be declared, what outbreak measures will be implemented and when the outbreak will be declared over.

5. ISOLATION

Because COVID-19 is a new virus with no treatment or no known immunity in people who have not had it, it's critical for people with any symptoms and people who may have come into contact with the virus to stay 'home' and isolate to keep it from spreading.

Alberta is taking aggressive measures, including CMOH public health orders identifying particular restrictions and prohibitions, to help slow the spread of COVID-19. Law enforcement agencies now have full authority to enforce public health orders and issue fines for violations. The situation changes daily so each site needs to stay updated.

Where should clients be isolated?

On March 30, 2020, the CMOH of Health offered guidance for shelter clients who require isolation due to suspected or confirmed cases of COVID-19. Essentially, clients can be isolated two different ways: external to your shelter (recommended approach) or in isolation spaces within your shelter (less preferred approach). This section will outline these two options.

Isolation spaces external to shelter (recommended approach)

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

In April, the Chief Medical Officer of Health approved the use of commercial accommodations such as hotels, motels and inns for the purpose of COVID-19 isolation. However, these accommodations must adhere to standards set out in Directive D3-2020, and must be approved by a Medical Officer of Health. If isolation space isn't available, or more information is needed about getting clients to these sites, contact the zone-specific Program Advisor at CSS.

Alternatively, the vulnerable population representative identified in the AHS Zones may be contacted. The emails are as follows:

- Grande Prairie, Fort McMurray and surrounding areas: Zeoc.north.operations@albertahealthservices.ca
- Edmonton: Zeoc.edmonton.operations@albertahealthservices.ca
- Red Deer and surrounding areas: Zeoc.central.operations@albertahealthservices.ca
- Calgary: Zeoc.calgary.operations@albertahealthservices.ca
- Lethbridge, Medicine Hat and surrounding areas: Zeoc.south.operations@albertahealthservices.ca

Isolation space within a shelter (less preferred approach)

A client with COVID-19 symptoms should ideally be given access to a private room with four walls and a door. Additionally, a client should have access to their own bathroom.

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 metres can be ensured.

Consider using a large, well-ventilated room where beds are spaced apart as much as possible (2 metres 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 should 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 or exposure:

- Must avoid situations where they could come into contact with and infect other people by using physical distancing, wearing face masks if transportation is needed, and following the guidance in this document. Transportation methods and conditions need to be approved by the MOH or designate.
- Should not participate in small group activities or use common/communal areas. An exception to this is where certain clients would not manage well mentally and behaviourally in complete isolation. Discuss this with your zone MOH.
- Are not allowed to leave the property where they are isolating and should avoid close contact with other clients and staff.
- If an individual leaves against public health recommendations, they should be advised that they could face fines and other more serious repercussions. If they leave, they should wear a mask at all times, avoid coming within 2 metres of others, and should NOT take public transit. They cannot re-enter their regular shelter space, but will be allowed to re-enter an isolation facility/space.

Staff responsibilities in shelters with internal isolation spaces

Minimize movement of staff between floors or areas within the shelter, especially if floors or areas have been assigned for those with symptoms and those without symptoms. Staff cohorting or assigning staff to work specifically with clients with no symptoms, while assigning others to clients with symptoms should be considered, if it is practical in the setting.

During this time, it's important that both the shelter caregivers (i.e. staff) and clients monitor their health for symptoms like worsening fever or cough, as well as shortness of breath, and that they call Health Link 811 if they have any concerns. If clients have access to their own phone, they can use it to communicate with the shelter staff and for check-ins with their health care provider.

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.

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.

Clients need access to food, drinks, and medications and these should be provided by shelter staff. During any interaction staff MUST wear appropriate PPE. Appropriate PPE includes mask and eye protection, at a minimum, if providing direct face-to-face care within 2 metres of the ill person. For more information please see the PPE instructions on the Alberta Health Services website.

The following resource about caring for COVID-19 patients are home, may be helpful for staff and clients. Shelters should comply with their typical standards of practice with regards to the client's:

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

If a child requires isolation in your shelter:

- Try to have one person only care for the sick child so others are not exposed.
- If a sick child is over 2 years old and can tolerate a cloth face mask without finding it hard to breathe, have them wear one. Don't leave the child alone while they're wearing a cloth face covering. The caregiver should wear a face mask when in the same room as the child.
- Help the child get plenty of rest and drink lots of liquids.
- Watch for signs that the child might need more medical help, such as trouble breathing, fast breathing, sleepiness, not being able to drink a lot of liquids, or signs of dehydration like peeing less than usual.

The following information around harm reduction practices, supporting people who use substances and telemedicine supports for addiction services during the COVID-19 pandemic, may be helpful to shelter operators and staff

- Community Based Naloxone program information how to order the kits: www.ahs.ca/naloxone
- *Harm Reduction and COVID-19: Guidance Document for Community Service Providers*
- Nicotine Replacement Therapy (NRT) kits can be ordered by emailing tru@ahs.ca as needed. After the 14 days those wanting to continue to use cessation medication can access it through their government benefits program or by calling the AlbertaQuits Helpline **1-866-710-7848.**

Enhanced environmental cleaning/disinfection if client is isolating onsite

Continue the general environmental cleaning/disinfection measures during the COVID-19 pandemic outlined earlier in this document.

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

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

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

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

6. DEALING WITH OUTBREAKS IN SHELTERS

What is a COVID-19 outbreak?

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

If there is a new confirmed outbreak of COVID-19, it is required that all residents and staff on the affected site/unit be tested for COVID-19.

- The swabs should be collected within 3 days of identifying the first confirmed case
- The swabs will be collected, preferably, through on-site capacity, if available. If not, AHS will arrange for the client to be tested.
- This testing should also occur if there appears to be transmission still occurring in an existing outbreak.
- Testing may be required at other shelter sites, if the positive client had visited other shelters.

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

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

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

Alberta Health Services (AHS)

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

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

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

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

Each zone in AHS is accountable for the above roles, and reports directly to the Zone Emergency Operations Centre (ZEOC). Each ZEOC reports directly to the AHS Emergency Coordination Centre (ECC).

Government of Alberta

Community and Social Services, as the funder of shelters in the province, and Alberta Health, as the department responsible for setting policy direction and developing CMOH public health orders, will work together with AHS and shelter partners in efforts to prevent and manage COVID-19.

Shelter operators

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

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

Control measures during COVID-19 outbreaks

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

It is acknowledged that limited staffing, physical layout, shared accommodation, and communal areas in shelters may pose challenges for implementing all of these recommendations and requirements. It is also anticipated that each shelter or facility may develop their own site-specific options to meet the recommendations of the MOH or designate when developing their contingency plans for outbreaks of communicable diseases.

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

- Isolate symptomatic clients
    - Do not permit mingling with others. This includes enforcing restrictions on isolated client movements, and limiting access within the facility to only their assigned floor/space.
    - Designate a washroom solely for use by isolated clients. Cleaning and disinfection should occur with greater frequency (between every client use, or hourly if that is not possible).
    - Continue meal support to the cohort and other essential service provision to the clients while ensuring appropriate infection control measures.
    - If separate isolation spaces for each client cannot be provided, clients can be placed in a group setting. In regards to sleeping arrangements, ensure that there is at least 2 metres of spacing between clients.
- Identify potentially exposed clients and staff who may have come in contact with the COVID-19 positive client.

- Isolate this client cohort/group and the space they are in immediately, limiting in and out access to the cohorted space. If added support in identifying cohorts is required, the AHS outbreak management team can provide guidance. AHS will also work with staff to determine who has been in contact with the COVID-19 positive client and assess the isolation needs for staff.
- Consider cohorting of staff.
- Limit staff-to-client interaction as much as possible and ensure staff wear appropriate PPE.
- Report timely updates to the Zone MOH or Outbreak Management Team member as directed.
- Testing of symptomatic clients and staff will be under the direction of the outbreak management team.
- Communicate with administration, staff, other services providers and volunteers 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:
    - 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.
    - Educate clients on what an outbreak means and provide supportive guidance on how to maintain their health and wellbeing during the outbreak.

Environmental cleaning/disinfection measures during an outbreak

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

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

Ensure that there is an adequate supply of cleaning and disinfection supplies on hand.

Food handling during an outbreak

Many of the same principles of food handling for prevention are followed during an outbreak. Please see the food handling tips in the earlier section as well as the information from AHS about routine food safety and sanitation practices.

Whole facility isolation and lockdown

Should the outbreak location not be contained to a section of the building and require complete facility isolation, the Zone MOH will work with partners to develop strict control measures. Controlling access to and from the building will need to be implemented. Security support may be required for monitoring access and controlled movement around the building. Ideally, positive incentives to maintain isolation should be considered first, including substance use management (refer to the *Harm Reduction and COVID-19: Guidance Document for Community Service Providers*), activities within isolation spaces, and smoking supports etc.

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

Identify and place more sick or unwell clients in areas where more supervision can occur. This will ensure clients are closely watched for worsening health symptoms, and medical supports can be provided where necessary. Where possible, provide independent isolation spaces to clients. This could be in the form of a private hotel unit or a cohorted isolation space. Isolation spaces need to be approved by the MOH or designate. If this measure is employed, ensure adequate amount of psychosocial and medical/pharmacy support for highly vulnerable clients.

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

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

When a client returns after being in isolation

In a shelter without an outbreak

Should a client finish their assisted isolation, they can return to the facility after being cleared by a health care professional and AHS outbreak management team (for example, notification to shelters as to who is medically cleared and are free to return to their shelter or community). A discharge letter may be provided to the client indicating that they have been medically cleared and are free to return to their shelter or community.

Regular primary screening (by shelter workers) and secondary screening (by health staff) should continue with the client.

If the recovered client develops new symptoms, which are consistent with COVID-19, they should be reassessed and isolated again if necessary. These instructions can be included in the suggested discharge letter as well.

During an outbreak

The Zone MOH will determine when an outbreak is declared over. Clients can return to a facility provided that they do not enter a cohort or group that is isolating. If their entire home facility is in lockdown, the client cannot return and alternative shelter/housing options will need to be provided for the client.

Post outbreak clearance process

Guidance around clearing the outbreak 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.

Alberta Health Services

Table 1: Zone Medical Officer of Health/designate

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

7. PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR SHELTERS

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

PPE should only be used for the following purposes:

- Cleaning and disinfecting contaminated spaces.
- Screening clients and staff for COVID-19 (both primary and secondary).
- Working closely with clients where physical distancing is hard to maintain.
- Working closely with clients and staff who may have suspected or confirmed COVID-19.

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. See the AHS document below that outlines which type of PPE is required when dealing with confirmed or suspected cases of COVID-19.

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

Shelter staff who have direct contact with clients (e.g., talking to clients, screening clients for symptoms, distributing food and supplies) and who are unable to maintain/sustain a 2 metre physical distance with clients, should wear a surgical mask with a visor or a mask and eye protection continuously at all times and in all areas of the workplace (including staff offices or work spaces).

- Medical face masks (i.e. a surgical mask, also called a procedural mask) – Replace the mask if it becomes wet, damaged, or soiled. Do not re-use. Note: N-95 masks are not required in shelters.
    - These should be put on at entry to the site. Staff must perform hand hygiene before putting on the mask and before and after removing the mask.
- If the surgical mask doesn't include a visor, appropriate eye protection should be worn. Prescription eyeglasses are not considered eye protection. Some eye protection is used only once and others can be re-used after cleaning and disinfection (refer to the manufacturer's instructions to see which applies to your eye protection).
    - Where there is evidence of continued transmission (defined as at least 2 confirmed cases), continuous use of eye protection (googles, visor, face shield) is recommended for all staff and essential visitors.

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

- Gloves – these are disposable after use, one pair one task. Clean hands before putting on and taking off gloves.

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

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

How to use PPE?

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

Putting on and taking off gloves

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

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

Taking off PPE

How to optimize PPE?

Shortages of PPE are posing a challenge, around the world and may be experienced in Alberta.

Here are a few ways to help with the shortages:

- Rely on other actions such as cleaning, handwashing, and maintaining physical distance to prevent the spread of COVID-19.
- Before using PPE, consider if it makes sense and is appropriate for the situation.
- Carefully prioritize PPE use for selected activities.

How to request PPE?

A request form is available here.

8. ADDITIONAL CONSIDERATIONS

Psychosocial Support

Clients affected by a disaster, such as a pandemic, will experience major changes in their lives. In the current pandemic 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. Although all Albertans will be impacted people facing additional social barriers will be more significantly impacted. Furthermore, people with pre-existing addictions or mental health concerns may experience their conditions becoming more acute (i.e., depression, becoming suicidal, inability to access substances in the usual manner resulting in unplanned detox and stress). Finally, clients may also be grieving for friends or family members and may have to deal with personal or family crises.

These impacts will be felt both 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 during a pandemic. For more information on mental health for everyone visit this link at AHS. Contact the local crisis team if needed. Additional supports appropriate for vulnerable populations with greater needs should also be implemented.

As noted above, the COVID-19 pandemic may have a significant impact on mental health and addiction.

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

- Mental health and coping with COVID-19 (CDC)
- Talking with children about COVID-19 (CDC)
- Help in Tough Times (AHS)
- Wellness Together Canada https://ca.portal.gs/ (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.

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

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

Supporting Indigenous peoples with no fixed address during the COVID-19 pandemic requires an understanding of the contemporary colonial landscape, healing-centered engagement (similar to trauma-informed approach), as well as decolonized and culturally centered approaches. For more information on COVID-19 and Indigenous Populations visit https://www.albertahealthservices.ca/topics/Page17101.aspx

Table 2. AHS Indigenous Health Zone Contacts

Name	Contact Information	Zone
Cai-Lei Matsumoto	Cai-Lei.Matsumoto@ahs.ca	South Zone
Shelley Goforth	Shelley.Goforth@ahs.ca	Calgary Zone
Tracy Lee	Tracy.Lee@ahs.ca	Central Zone
Mike Sutherland	Mike.Sutherland@ahs.ca	Edmonton Zone
Shelly Gladue	Shelly.Gladue@ahs.ca	North Zone

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

Appendix 1: CMOH Public Health Orders and direction to shelter operators

On March 30, 2020, the CMOH offered the following exemptions and clarifications for shelter operators related to CMOH Orders:

Physical distancing in shelters for clients who do not have COVID-19 symptoms:

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 health to toe placement of mats, cots and beds is 1 meter. For shelters that operate on a 24-hour basis, shelter operators must facilitate 2 metres of physical distance between clients during normal daytime operations.

Clients who require isolation due to suspected or confirmed cases of COVID-19:

Operators are encouraged to prioritize moving clients who have a suspected or confirmed case of COVID-19 to an external, assisted isolation space.

For shelters providing services for clients who are homeless, this may mean moving the client to an isolation space or facility that has been identified by shelter networks in various cities and locations around the province.

For clients who are facing family violence, have young children, or are mature minors, this may mean securing a hotel room for the client, or other suitable options that maintain client safety.

In the event that an operator of a shelter or transitional housing facility determines they have adequate space to set up a separate room or section specifically for client isolation or if a group of operators determined to designate one of their facilities as an isolation-only shelter; the operator(s) must follow the requirement, under CMOH public health orders, to ensure 2 metres of distance between people, including with sleeping arrangements.

AHS Public Health in each Zone should be consulted to ensure these spaces meet environmental health and infection, prevention and control standards. Additional occupational therapy home assessments can be conducted to determine if there are other concerns, which could limit clients from physically accessing the site especially for those who have mobility issues and weight concerns etc.

Appendix 2: Pandemic checklist for shelters

Preparing for and Preventing an Outbreak	○ Develop your site emergency plan • Identify key contacts for your site, municipality and zone • Identify available interim care locations for clients in case they are needed • Identify contingency plans for staff absenteeism • Create a communication plan for updating staff, clients, and others ○ Implement illness screening processes for clients and staff ○ Ensure that handwashing protocols, posters, and supplies are in place ○ Ensure that environmental cleaning procedures and supplies are in place ○ Ensure that appropriate PPE is available for staff ○ Ensure that physical spacing (2m of distance between all people) has been implemented throughout the site (including in sleeping and eating areas) ○ Limit access to, or close communal areas ○ Provide private bins or bags for storing clients' personal items ○ Provide masks to clients with respiratory symptoms ○ Communicate with staff about staying home when sick ○ Be prepared to contact AHS at **1-844-343-0971** for guidance when illness is identified ○ Be prepared to transport clients with serious illness to health care facilities ○ Identify spaces that can be used to isolate clients with mild illness, if possible ○ Identify mental health resources for staff and clients ○ Stay up-to-date at the Alberta Health and Alberta Health Services websites for COVID-19
During an Outbreak	○ Put your site emergency plan into action ○ Call your Outbreak Management Team member assigned to you when you have questions ○ Call CSS or your regulatory body to inform them of the possible outbreak ○ AHS MOH and the Outbreak Management team will collaborate with you to determine next steps. ○ Clients with mild respiratory symptoms should be isolated ○ Clients with serious respiratory symptoms should be transported to health care sites ○ Continue to communicate with staff and clients ○ Maintain preventative actions like cleaning, masking, handwashing, and physical distancing ○ Limit visitors to the facility ○ Use appropriate PPE when caring for clients with respiratory symptoms when physical distancing cannot be maintained

Resolving an Outbreak	○ AHS will determine when an outbreak is over ○ Make note of what worked well and what could be improved and update these items in your site's emergency response plan ○ Return to the "prevention" mode in the shelter ○ Continue to implement illness screening processes for clients and staff ○ Ensure that handwashing protocols, cleaning, and physical distancing are maintained until the COVID-19 pandemic ends

Appendix 3: Quick reference links to up-to-date information

Public Health Orders

Orders and legislation

COVID-19 Screening

Current eligibility for testing is here

Current symptom list is here

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)

How to request PPE

Modified PPE for Suspected or Confirmed COVID-19 in Vulnerable Populations outside of Healthcare Facilities

Caring for a Patient with COVID-19

How to care for a COVID-19 patient at home

Other Guidelines

Alberta Public Health Disease Management Guidelines

AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites

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

Supporting people who use substances in shelter settings during the COVID-19 pandemic: National Rapid Guidance

Telemedicine support for addiction services: National Rapid Guidance

Appendix 4: Frequently Asked Questions - Dealing with COVID-19 in communal or group settings

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

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

- Fever
- A new cough or a chronic cough that is worsening
- New shortness of breath or chronic shortness of breath that is worsening
- Difficulty breathing
- Sore throat
- Runny nose

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

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

What should I expect when I call 1-844-343-0971?
When you call the AHS COVID-19 Coordinated Response Line for Congregate Living Settings, you can expect a team member to:

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

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

What do isolation and quarantine mean for a person who lives in a congregate living setting?
Isolation and quarantine means a person is to stay within the communal or group living setting, either in the appointed isolation area, or offsite at a temporary isolation area affiliated with their typical congregate living space. If they have symptoms, a person needs to *isolate* for 10 days, or from symptom onset until symptoms have resolved, whichever is later. A person needs to be *quarantined* if they are a contact of a confirmed positive case or have a high risk of exposure to COVID-19. They must stay in quarantine for 14 days from the date of the exposure.

When an outbreak occurs in a shelter and it becomes locked down, are staff allowed to go home and then return to work the next day?
Yes. Staff are not included in the lockdown. If a staff member is symptomatic, they are to isolate at home. To the best of the shelter's ability, staff should be cohorted so they are only working in one area/on one floor/unit. Further, staff, just like clients and visitors, must be screened at the beginning of every day/shift.

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

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

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

Are clients who reside in a second stage shelter, where they have a private bedroom and bathroom, required to be screened daily?
Daily screening for this demographic is not mandatory, however it is encouraged to check in daily on clients both in regards to their physical health and social/emotional/mental state, if possible.

What are the guidelines around returning to work as a shelter staff?
There are many factors that need to be considered before returning to work at a shelter. This includes symptoms, contact, and isolation period. 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.