NEW

Specific Guidance Documents for Congregate Living and Shelters

A. **Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites.** Source: AHS (April 17, 2020)

B. **Shelter Guidance: Preventing, Controlling and Managing COVID-19.** Source: AHS (April 24, 2020)

C. **COVID-19 Practice Guidance for Placement Providers: COVID Impacted Children and Youth.** Source: GOA (April 24, 2020)

D. **Information for Contract Service Providers: Coronavirus (COVID-19) Child Intervention Practice Response.** Source: GOA (April 15, 2020)

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

For the purposes of this document, “congregate” refers to settings where residents/clients receive care and/or services in a communal environment with other residents/clients.

April 2020

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Introduction

The purpose of this document is to provide current best-practice/evidence-based guidelines for COVID-19 outbreak control and management in congregate settings. Please note that this is only a supplemental addition to existing guidelines; more detailed descriptions of general outbreak control strategies are available in the Alberta Health Services (AHS) outbreak guidelines:

- Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites, July 2019
- Guidelines for Outbreak Prevention, Control and Management in Supportive Living and Home Living Sites, July 2019

For the purposes of this document, "congregate" refers to settings where residents/clients receive care and/or services in a communal environment with other residents/clients.

In addition, operators of licensed supportive living (SL), long-term care (LTC) facilities and service providers licensed under the Mental Health Services Protection Act (MHSPA) in Alberta must follow the requirements set out in all Orders issued by the Chief Medical Officer of Health (CMOH), with particular attention to: Order 03-2020, Order 09-2020 and Order 10-2020. *Italicized sections below are requirements for these facilities and service providers.* Other settings not explicitly covered by these Orders should also follow these recommendations where possible to limit the spread of COVID-19 in their vulnerable populations.

The notification of outbreaks and other infectious disease threats in Alberta is mandated under Section 26 of the provincial Public Health Act, and each Medical Officer of Health (MOH) is accountable for outbreak investigation and management (Section 29).

Early recognition and swift action is critical for effective management of COVID-19 outbreaks in congregate settings because of the increased risk of severe symptoms from COVID-19, and the increased risk of spread when vulnerable individuals live in close contact**.**

Reporting of newly suspected outbreaks: **To initiate discussion about newly suspected outbreaks i.e., one symptomatic staff or resident/client that exhibits any symptoms of COVID-19 (see Table 1) at a site that does not already have an outbreak, call the AHS Coordinated COVID-19 Response at 1-844-343-0971.**

Sites that do not already have an identified outbreak must promptly report newly symptomatic staff/resident/clients that exhibit any symptoms of COVID-19 (see **Table 1)** to the AHS Coordinated COVID-19 Response at 1-844-343-0971. They will be immediately provided with additional guidance and decision-making support, including access to Personal Protective Equipment (PPE) as necessary.

Continuous masking: By CMOH Order 10-2020, there is a requirement for continuous masking effective April 15, 2020, applicable for licensed supportive living (SL), long-term care (LTC) facilities and service providers licensed under the Mental Health Services Protection Act (MHSPA), as well as lodge accommodation. AHS has a continuous masking strategy, in addition to use of personal protective equipment (PPE) as part of droplet and contact precautions.

Staff, Infection Control Professionals (ICP)/Infection Control Designate (ICD) and Public Health professionals in congregate settings work collaboratively with facility administrators and staff to facilitate prompt response to help minimize the impact of the outbreak. For ongoing updates relevant to congregate settings, see https://connection.albertahealthservices.ca. Note - you will be required to register the first time you use the site.

***Note*:** This is not a comprehensive infection prevention and control (IPC) document. *Only the minimum updates necessary for managing outbreaks of COVID-19 are outlined here*. Please continue to use your AHS Guidelines for Outbreak Prevention, Control and Management for general information on outbreak management. For detailed information about IPC, please consult your ICP/ICD for your facility or Public Health.

GENERAL GUIDELINES FOR COVID-19 OUTBREAK MANAGEMENT

1. Principles of Outbreak Management

1.1 Surveillance

Conduct ongoing monitoring and surveillance for symptoms of COVID-19 (see **Table 1**) in staff and residents/clients and prompt identification of possible outbreaks. **An outbreak is suspected if a single staff or resident/client exhibits symptoms of COVID-19.**

- Sites that have newly identified suspect, probable or confirmed outbreaks (see **Table 1**) must contact the AHS Coordinated COVID-19 Response at 1-844-343-0971
    - Note: for outbreaks that have already been reported, **do not** contact the AHS Coordinated COVID-19 Response line as Public Health is already managing those.

1.2 Assessment

Assess staff and residents/clients for symptoms of COVID-19* (see **Table 1**).
Even if a single case of COVID-19 has already been identified, continue to collect and submit nasopharyngeal swabs for any newly symptomatic individuals until otherwise directed by Public Health.

(a) Symptomatic staff:

- regardless of where exposure occurred, all staff with symptoms of COVID-19* (see **Table 1**) must immediately contact their manager/designate and Workplace Health and Safety (WHS)/Occupational Health and Safety (OHS). In settings that do not have WHS/OHS, contact Public Health.
- *staff that become symptomatic while at work must not remove their mask and be sent home immediately in their private vehicle, or if public transit is normally used, by taxi ordered by operator with staff wearing a mask.*
- symptomatic staff are managed as per WHS/OHS/Public Health recommendations for lab testing, isolation and safe return to work.

(b) Symptomatic residents/clients

- isolate immediately using droplet and contact precautions. Cohorting may be necessary.
- if symptomatic resident has an asymptomatic roommate, consider quarantining this individual
- contact the AHS Coordinated COVID-19 Response at 1-844-343-0971 for an EI number prior to sending initial specimens for testing.
- for residents/clients that have symptoms of COVID-19* (see **Table 1**), arrange for nasopharyngeal specimen collection and testing as soon as possible.
- follow IPC risk assessment for respiratory illness and implement contact and droplet infection prevention and control precautions and other outbreak strategies immediately, while waiting for test results.

By CMOH Order, staff must immediately tell their supervisor at any and all sites where they work if either of the following applies:

- *if they have worked at or are working at a congregate setting where there is a confirmed COVID-19 outbreak*
- *if they have symptoms of COVID-19, or have been exposed to any individual with suspected, probable or confirmed COVID-19 (including if a close or household contact has been told to self-isolate, but has not been tested for COVID-19), or if they have been tested for COVID-19.*

1.3 Outbreak Identification

Initiate full outbreak management precautions as soon as one symptomatic staff/resident/client is identified.
One positive specimen result for COVID-19 is considered a confirmed outbreak. (see **Table 1**).
Even when a COVID-19 case is identified and an outbreak is declared, continue testing all newly symptomatic staff and residents/clients throughout the outbreak until otherwise directed by Public Health.

1.4 Case and Outbreak Definitions

Early recognition of COVID-19 outbreaks is extremely important. Ongoing surveillance of staff and residents/clients should be conducted using the following definitions for early detection of COVID-19 cases/outbreaks (see **Table 1**).

Table 1: COVID-19 Case and Outbreak Definitions

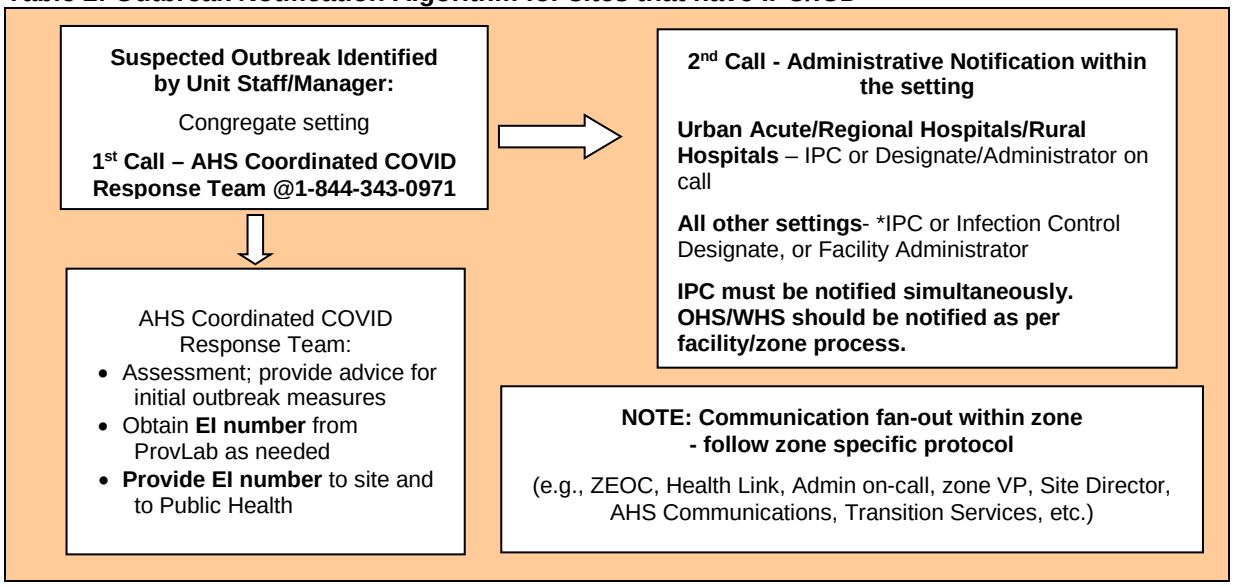
<table>
<tr><td colspan="2">Case Definition/COVID-19 :Symptoms in residents/clients</td></tr>
<tr><td>* Fever (37.8°C or higher)
Any new or worsening respiratory symptoms:
o cough
o shortness of breath/difficulty breathing
o runny nose or sneezing
o nasal congestion
o hoarse voice
o sore throat
o difficulty swallowing</td><td>Any new onset atypical symptoms including but not limited to:
o chills
o muscle aches
o nausea/vomiting/diarrhea
o feeling unwell/fatigue/malaise
o headache</td></tr>
<tr><td colspan="2">Case Definition/COVID-19 Symptoms in staff
New onset/exacerbation of: fever ((38°C or higher), cough, shortness of breath/difficulty breathing, sore throat or runny nose, feeling unwell/fatigued, nausea/vomiting/diarrhea.</td></tr>
<tr><td colspan="2">Outbreak Definitions
Suspected COVID-19 outbreak
o one resident/client or staff member who exhibits any of the symptoms of COVID-19
Probable COVID-19 outbreak
o two or more individuals (residents/clients or staff) who are linked with each other who exhibit any of the symptoms or COVID-19. Individuals who are linked have a connection to each other (e.g. share a room, dine at the same table, received care from the same staff member, etc.)
Confirmed COVID-19 outbreak:
o any one individual confirmed to have COVID-19 including:
o any resident/client who is confirmed to have COVID-19
o any staff member who is confirmed to have COVID-19.
NOTE: Even if a confirmed case is identified, continue to collect and submit nasopharyngeal swabs for newly symptomatic individuals until otherwise directed by Public Health</td></tr>
</table>

1.5 Notification

In order to initiate an outbreak investigation promptly, **immediately report a single suspected case of COVID-19 in residents/clients or staff to the AHS Coordinated COVID-19 Response (1-844-343-0971).** Prompt reporting permits early identification and interventions to interrupt transmission of COVID-19 as soon as possible, reducing morbidity and mortality. Initial outbreak control measures, staff restrictions and testing recommendations will be provided.

Public Health will advise regarding further notifications to be made (see **Table 2**) e.g. to your IPC/ICD (where available) and will use established protocols to collect and report data. (see Attachment 1). For sites where there is no one assigned the role of infection prevention and control (IPC), Public Health assumes that role.

Table 2: Outbreak Notification Algorithm for sites that have IPC/ICD*



1.6 Infection Prevention and Control Measures

While waiting for test results, implement full **contact and droplet precautions** in addition to routine IPC measures including consistent hand hygiene, respiratory hygiene, appropriate personal protective equipment (PPE) and isolation of symptomatic staff or residents/clients, as possible. AHS has a continuous masking strategy, in addition to use of personal protective equipment (PPE) as part of droplet and contact precautions.

Additional precautions are necessary (see **Table 3**) if performing aerosol-generating medical procedures (AGMP). If staff/resident/client tests positive, maintain full IPC precautions until the outbreak is declared over.

- **PPE -** wear appropriate PPE as per Interim IPC recommendations COVID-19 for staff providing care to all isolated residents/clients (symptomatic or asymptomatic) **Donning and Doffing PPE**
- **hand hygiene** is the most important measure in preventing spread of infections. Practice consistent hand hygiene and respiratory hygiene.
- place Visitor poster at the entrance of the facility/unit indicating the precautions required and screen any essential visitors prior to entering the facility.
- place posters regarding physical distancing, hand hygiene (hand washing and hand sanitizer use) and limiting the spread of infection in areas where they are likely to be seen.
- place signage and Visitor poster inside the symptomatic resident's/client's room, near the door, alerting staff/visitors that the resident/client is symptomatic and precautions are required.
  - place symptomatic residents/clients in single rooms if possible. If a single room is not available, residents/clients with infection due to the same micro-organism may be cohorted following consultation with IPC/Public Health. Maintain at least two (2) metres of physical separation between bed/stretcher spaces and any permitted designated essential visitor.

Note: Consult with IPC/ICD/Public Health as appropriate for assistance with IPC issues.

04-03-2020 update: Visitors: Effective immediately, long term care, supportive living and congregate settings have implemented a "No Visitor Policy**" as per CMOH Order 09-2020.** Visitor poster; Visiting residents and patients during a pandemic

EXCEPTIONS: For end of life situations, one Essential Visitor at a time is allowed. In rare situations, sites may allow one Essential Visitor where the resident's/client's care needs cannot be met without their assistance.
Essential Visitor: designated by resident/client or guardian (or other alternate decision maker) may be a family member, friend or paid caregiver over 18 years of age.
Essential Visitors must comply with all requirements:

- pre-arrange visits with facility manager, and be expected by site administration or charge nurse
- have a temperature check for fever (over 38 degrees Celsius)
- sign in and out of all visits and complete a standard screening questionnaire to assess health risk
- wear any required Personal Protective Equipment
- be escorted by site staff to resident's/client's room and remain in that room for the duration of the visit. Visitation with other residents is not permitted.

- **Staff restrictions**

*By CMOH Order **10-2020**, beginning April 16, 2020 but no later than April 23, 2020, staff that usually work at multiple sites are limited to working within one single health care facility.*
Meanwhile, staff must immediately tell their supervisor at any and all sites where they work if either of the following applies:

- *if they have worked at or are working at a congregate setting where there is a suspected, probable or confirmed COVID-19 outbreak, or*
- *if they have symptoms of COVID-19, or have been exposed to any individual with suspected, probable or confirmed COVID-19 (including if a close or household contact has been told to self-isolate, but has not been tested for COVID-19), or if they have been tested for COVID-19.*

- *effective immediately, when a facility has a **confirmed** outbreak, staff are limited to working within one single health care facility. This will help to prevent the spread of illness between facilities.*
- staff who are following handwashing guidelines, using appropriate PPE and applying it correctly while caring for residents with suspected or confirmed COVID-19 are not considered "exposed" and may safely enter public spaces within the facility or other rooms, subject to review by Public Health.

It is strongly recommended that all congregate living settings (e.g. non-designated licensed supportive living, lodges, group homes, etc.), though not mandated, also implement this requirement.

Table 3: COVID-19 - Infection Prevention and Control Practices and Additional Precautions

Interim IPC recommendations COVID-19. More detailed IPC recommendations are available on the AHS website (search: 'infection control') for the most current recommendation.

Implement Contact and Droplet Precautions in addition to Routine practices when caring for symptomatic residents/clients to control the spread of respiratory viruses: AHS has a continuous masking strategy, in addition to use of personal protective equipment (PPE) as part of droplet and contact precautions.

- Resident/Client Placement and Signage
  - Single-room preferred
  - maintain a distance of two (2) metres between residents/clients sharing a room
- Mask
  - Wear procedure/surgical mask for any encounter, within two (2) metres, with a resident/client who has ILI, or has a suspected/confirmed case of COVID-19.
- N95 Respirator (fit-tested) - for aerosol generating medical procedures (AGMP)
- Resident/Client undergoing an aerosol generating medical procedure (AGMP) –AGMPs are defined as any medical procedure that can induce the production of aerosols of various sizes, including droplet nuclei. See the IPC risk assessment for respiratory illness for a list of AGMP
- Eye Protection
  - When a mask or N95 respirator is worn, eye protection or face shields should also be worn for all resident/client care activities
  - Personal (prescription) eyewear does not provide adequate protection
- Gown
  - For direct contact of clothing or forearms with resident/client or resident's/client's environment
- Gloves
  - Wear clean non-sterile gloves for direct contact with resident/client or resident's/client's environment
- Hand Hygiene (4 moments from AHS Hand Hygiene Policy)
  - Before contact with a resident/client or resident's/client's environment including but not limited to: putting on (donning) personal protective equipment; before entering a resident's/client's room; and, before providing resident/client care.
  - Before a clean or aseptic procedure including but not limited to: wound care; handling intravenous devices; handling food; or, preparing medications.
  - After exposure (or risk of exposure) to blood and/or body fluids including but not limited to: when hands are visibly soiled; following removal of gloves.
  - After contact with a resident/client or resident's/client's environment including but not limited to: removing (doffing) personal protective equipment; leaving a resident's/client's environment and after handling resident/client care equipment.
- Resident/Client Care Equipment
  - Dedicate to this resident/client or clean and disinfect after use
- Resident/Client Transport
  - Transport for essential purposes only
  - Residents/clients wear mask during transport and hands should be cleaned
  - Notify receiving department

Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of PPE. Do not reuse or disinfect single-use PPE. Reusable PPE must be cleaned before reuse (launder gowns, disinfect eye protection).

- **Self-Isolation**
  - Any individual (resident/client, staff or designated essential visitor) who has had direct contact with a person with confirmed COVID-19 without wearing recommended PPE is required to self-isolate as per the Order of the CMOH.
  - Any individual (resident/client, staff or visitor) who is experiencing symptoms of COVID-19 is required to isolate as per the Order of the CMOH.

- **Admissions/transfers**
  - **Consult with AHS Zone Medical Officer of Health (MOH) before accepting admissions and/or transfers into the site if an outbreak is suspected or probable. Stop admissions and/or transfers into the site if a COVID-19 outbreak is confirmed, unless at the direction of the AHS Zone MOH.**
  - Any new admissions and/or transfers to the facility should be placed on contact/droplet isolation for 14 days from arrival to facility.
  - *Residents/clients whose families take them home to provide care for them during an outbreak will not be re-admitted while the facility is on outbreak*

Sites/floors/wings experiencing a COVID-19 outbreak must implement additional IPC precautions to the extent that resources are available (e.g., private rooms with washroom facilities, physical layout of care units, housekeeping procedures and staffing patterns).

1.7 Specimen Collection

- Contact the **AHS Coordinated COVID-19 Response line at 1-844-343-0971** to report a new outbreak; they will provide instructions on specimen collection and an EI number for the lab requisition. Sites that have already collected specimens should not send these to the laboratory until they have contacted the AHS Coordinated COVID-19 Response line at 1-844-343-0971 and obtained an EI number to ensure coordination of testing.

1.8 Additional Outbreak Control Strategies

- authorize and deploy additional resources to manage the outbreak as needed.
- where possible, restrict symptomatic residents/clients to their room (with dedicated bathroom if possible, with meal tray service in room, etc.); if not possible, restrict to own unit/wing.
  - for residents/clients requiring **urgent medical care**, ensure that appropriate IPC precautions are maintained during transport and at the receiving site, AND ensure that the transport team and receiving site are advised of the possibility of COVID-19.
  - residents/clients who are not required to isolate must remain on the facility's property (except in the case of necessity) if there is a probable or confirmed outbreak at the site.
- group dining may continue for non-isolated residents, if appropriate and feasible, subject to requirements set out in CMOH **Order 10-2020**.
- scheduled resident group recreational/special events must be cancelled/postponed with a probable or confirmed outbreak; they may continue with a suspected outbreak subject to requirements of CMOH **Order 10-2020,** Appendix A.
- recreational activities for non-isolated residents should be one-on-one activities while maintaining physical distancing
- apply site-level restrictions and other control measures as recommended by Public Health.

1.9 Environmental and Equipment Cleaning (routine practice, and also during outbreaks)

The virus that causes COVID-19 has the potential to survive in the environment for up to several days. A person who has contact with an inanimate object such as contaminated surfaces and objects is at risk of infection. Cleaning, particularly of frequently touched surfaces, can kill the virus, making it no longer possible to infect people. AHS recommendations for cleaning can be found here Environmental Cleaning in Public Facilities

- staff handling soiled laundry should wear gloves. Gowns should also be worn if there is a risk of contaminating clothing.
- enhance general environmental cleaning using a disinfectant with a Drug Identification Number (DIN) and virucidal claim. The thoroughness of cleaning is more important than the choice of disinfectant used.
- disinfection and cleaning is a two-step process. Use of disinfectant after cleaning is best and is most effective to reduce the spread of infection.
  - surfaces must first be cleaned prior to disinfection. If the surface disinfectant product used has cleaning properties (detergent/disinfectant), it may be used for both steps. Follow manufacturer's directions for use.
- *clean and disinfect:*
  - *any health care equipment (e.g. wheelchairs, walkers, lifts) according to manufacturer's instructions*
  - *any shared resident health care equipment (e.g. commodes, blood pressure cuffs, thermometers) before use in the care of another resident/client.*
  - *all staff equipment (e.g. computer carts and/or screens, medication carts, charting desks or tables, telephones, touch screens, chair arms) at least daily or when visibly soiled*
- *the frequency of cleaning and disinfecting "high touch" surfaces (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote) in resident/client rooms, care areas and common areas such as dining areas and lounges should be a* ***minimum of three times per day.***
- *room cleaning and disinfection should be performed at least once per day on all low touch surfaces (e.g. shelves, bedside chairs or benches, windowsills, headwall units, over-bed light fixtures, message or white boards, outside surfaces of sharps containers)*

- be sure to use the appropriate precautions when using chemicals for cleaning and disinfecting. Consult the products Material Safety Data Sheets. Cleaning should be performed using the proper personal protective equipment (PPE). The correct donning and doffing of PPE should be followed. **Donning and Doffing PPE**.
- equipment should be cleaned and disinfected only with a product listed in and following the procedures outlined in the manufacturer's directions for that equipment.
- upholstered furniture and rugs or carpets should be cleaned and disinfected when contaminated with emesis or stool, but may be difficult to clean and disinfect completely. Consult manufacturer's recommendations for cleaning and disinfection of these surfaces. If appropriate manufacturer's recommendations are not available, consult Public Health. Consider discarding items that cannot be appropriately cleaned/disinfected, when possible/appropriate.
- conduct a thorough, enhanced cleaning in all affected areas at the end of the outbreak as per facility protocols

1.10 Communication

Operators will notify all residents/clients, staff and families according to the requirements in the CMOH **Order 10-2020**.

1.11 Monitoring Outbreak Status

- Communicate and track outbreak status by completing and submitting daily case listings by 1000h to Public Health by email at **CDOutbreak@albertahealthservices.ca**..
- Each setting is also responsible to maintain their own visitor log and tracking of all entry and exit in case this information is needed in future.

1.12 Declaring Outbreak Over

Public Health will determine when to declare the confirmed COVID-19 outbreak over and lift any site restrictions. Following a confirmed outbreak, key program leads need to review and evaluate their role in the outbreak management and revise internal protocols for improvement where necessary. Any member of the Outbreak Management Team (OMT) can request a debrief session to address outbreak management issues.

Attachment 1: Data Collection for COVID-19 Outbreak Management

It is important for effective containment to track symptomatic residents/clients and staff for surveillance, monitoring and reporting purposes. Once a probable or confirmed outbreak has been declared, sites must send daily line lists of newly symptomatic persons to Public Health by email (or by fax for sites that do not have access to email) to **CDOutbreak@albertahealthservices.ca**. Accurately completed lists (one for staff and a separate list for residents/clients) must be reported to Public Health **by 1000h daily** (by site Infection Control Professional/designate or as per zone processes where variation in this responsibility exists). Outbreak data (*sample shown below*) must be reported to Public Health daily using the Provincial Tracking Form provided by Public Health.

Outbreak EI number		Click here to enter text.		Outbreak Opened	Click here to enter a date.	Initial Onset	Click here to enter a date.
Facility	Centre Name	Click here to enter text.				Total number of residents on affected unit	Click here to enter text.
	Address (+postal code)	Click here to enter text.				Total number of staff on affected unit	Click here to enter text.
	Contact / Designate	Name	Click here to enter text.			Unit/Floor Affected	Click here to enter text.
		Phone	Click here to enter text.	Fax	Click here to enter text.	Total number of residents who received the influenza vaccine PRIOR to the current outbreak.	Click here to enter text.
ONLY ADD NEWLY SYMPTOMATIC PERSONS TO DAILY LINE LISTS (use separate lists for staff and residents/clients)							

Day => midnight to 2359 hours			Symptoms	Co-morbidities	Any visitors	Travel	Lab Results	Influenza	Outcome	Comments
Resident 1	Onset Date	Click here to enter text.	Click here to enter text.	Click here to enter text.	Yes ☐ No ☐	Yes ☐ No ☐	NP Swab	Vaccine	Hospitalized	Click here to enter text.
	Name	Click here to enter text.			Details	Where	Click here to enter a date.	Click here to enter a date.	Yes ☐ No ☐	
	DOB	Click here to enter text.			Click here to enter text.	Click here to enter text.	Result	Antivirals	Deceased	
	PHN	Click here to enter text.					Click here to enter text.	Yes ☐ No ☐	Yes ☐ No ☐	
	Room	Click here to enter text.								

Day => midnight to 2359 hours			Symptoms	Co-morbidities	Any visitors	Travel	Lab Results	Influenza	Outcome	Comments
Staff 1	Onset Date				Yes ☐ No ☐	Yes ☐ No ☐	NP Swab	Vaccine	Hospitalized	
	Name				Details	Where			Yes ☐ No ☐	
	DOB						Result	Antivirals	Deceased	
	Phone Number							Yes ☐ No ☐	Yes ☐ No ☐	

Line lists must be submitted by email to public health @ **CDOutbreak@albertahealthservices.ca** (or by fax for sites that do not have access to email) by **1000h daily** for all probable and confirmed outbreaks.

Attachment 2: ProvLab Respiratory Specimen Collection Guidelines

Check ProvLab Bulletins for most current information on specimen collection, testing and interpretation of lab Results http:\\provlab.ab.ca or http://www.albertahealthservices.ca/3290.asp

ProvLab Bulletin (May 11, 2011) - New Laboratory Policy, Acceptance of Laboratory Samples and Test Requests.

ProvLab Bulletin (August 22, 2011) – Reminder Laboratory Policy, Acceptance of Laboratory Samples and Test Requests.

The Requisition must be completed to include:

- Resident's/Client's full name (first and last names)
- Resident's/Client's Personal Health Number (PHN) or unique numerical assigned equivalent
- Resident's/Client's demographics including: date of birth (DOB), gender, address, phone number
- Physician name (full name), address/location
- Test orders clearly indicated, including body site and sample type, date and time of collection
- Clinical history and other clinical information
- Facility/site name, and if applicable, unit
- EI# (assigned by the ProvLab and provided to Public Health Lead investigator)
- Fax number of outbreak facility/unit or ICP/ICD office

Note: EI# must be clearly recorded on the requisition.

Specimen Transport:

- Settings must collect specimens as directed by Public Health and arrange for delivery to the laboratory.
- Follow current Provincial Laboratory standards for transporting specimens at http://www.provlab.ab.ca/guide-to-services.pdf.

NASOPHARYNGEAL (NP) AND THROAT SWAB FOR DETECTION OF RESPIRATORY INFECTIONS

General Information:

- NP swabs are the preferred specimens for respiratory virus testing
- Use contact and droplet precautions to collect NP swabs as directed by Public Health
- Results for COVID-19 are *usually* available within 48-96 hrs. or sooner

If the specimens are for outbreak diagnosis, ensure specimen is transported to the lab ASAP. The EI# must be included on each requisition so that specimens receive appropriate testing. Rural facilities to transport lab specimens to the Provincial Lab as directed by Public Health or by the fastest means possible.

Alberta Health Services

Shelter Guidance:

Preventing, Controlling and Managing COVID-19

April 24, 2020

[ECC Approved 04 26 20 @1544 hr]

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 temporary housing for Albertans facing family violence or homelessness and precarious housing. It may 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 19, 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.

Common symptoms can be mild, new or worsening of any of the following symptoms: cough, fever, sore throat, shortness of breath/difficulty breathing and runny nose. 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 including cough, fever, sore throat, shortness of breath/difficulty breathing, or runny nose.

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 infection prevention and control preferred 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.

As of March 25, 2020 (CMOH Order 5-2020) 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 individual becomes sick with cough, fever, sore throat shortness of breath/difficulty breathing, or runny nose during this time, 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.

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.

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, and 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 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.) and surge staff, 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 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.
- Check in daily 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.

The public health order (CMOH Order 7-2020) that states indoor gatherings of more than 15 people is prohibited 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 chemical 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:

- 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 uses (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 to 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

Just like any Albertan, if any staff at shelters have symptoms of COVID-19 (cough, fever, sore throat shortness of breath/difficulty breathing, or runny nose) that are not related to a pre-existing illness or health condition, they must be in Isolation for a minimum of 10 days from the start of their symptoms, or until their symptoms resolve, whichever is longer. 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 online assessment tool.

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 and clientele. If someone is seriously ill and needs immediate medical attention, call 911. Be sure to inform them of any COVID-19 symptoms.

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 COVID symptoms that they may not have been experiencing the day before.

There are two stages of screening- primary and secondary. Primary screening is done by other shelter staff on entry into the shelter. Secondary screening is done by AHS or a trained medical staff (if available at the shelter). Primary screening staff wear surgical masks and eye protection if physical distancing is not possible. Hands should be cleaned between each client encounter.

Screening clients upon entry

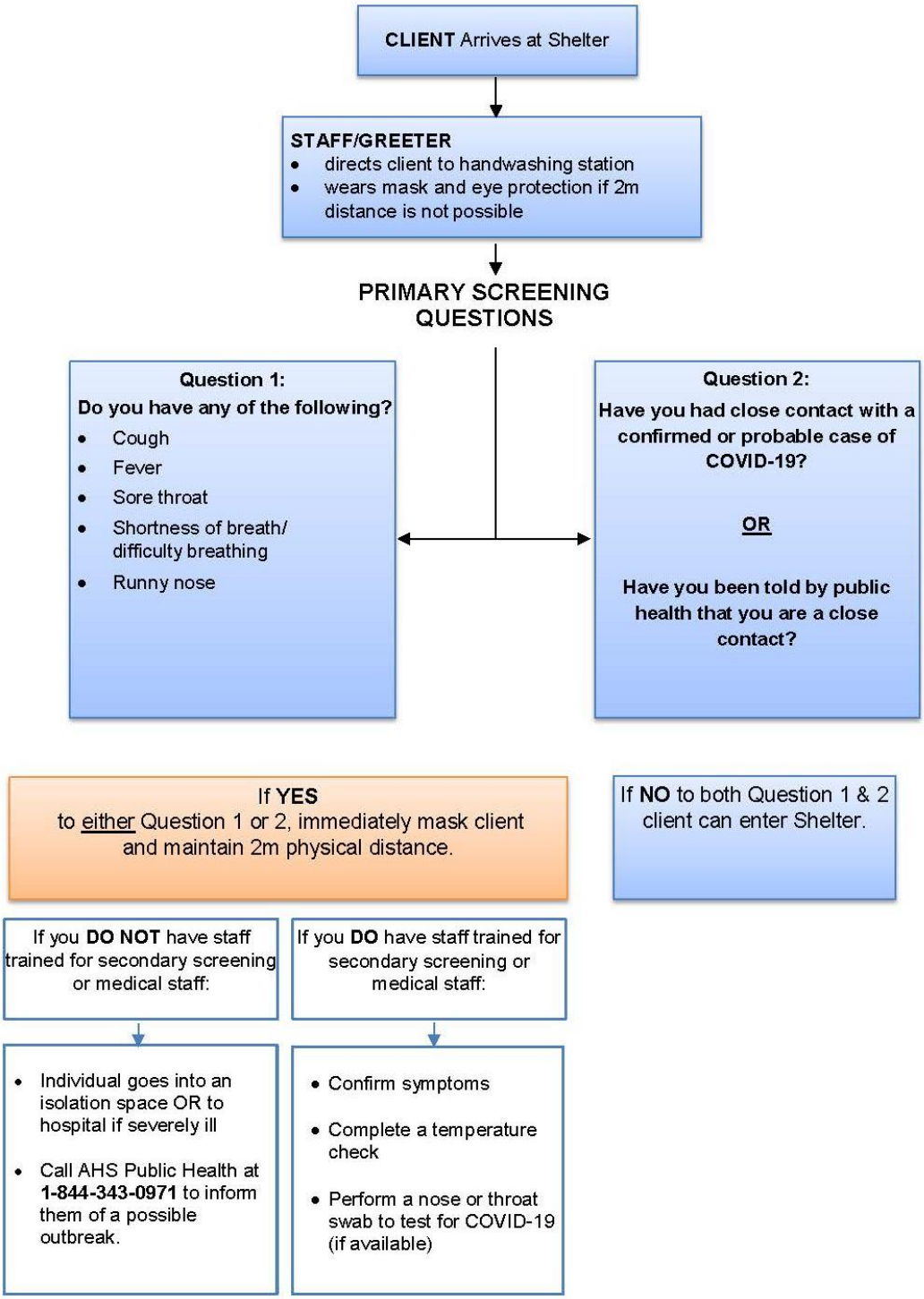
The following processes should be used to screen clients for COVID-19 symptoms. There are two stages of screening- primary and secondary. Primary screening is done by shelter staff on entry into the shelter. Secondary screening is done by AHS or a trained or medical staff (only at some shelters). Primary screening staff wear surgical masks and eye protection if physical distancing is not possible. Hands should be cleaned between each client encounter.

Providing some indication that clients 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.

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 and staff.

Figure 1 shows the actions that should be taken and the flow through primary screening and onto secondary screening.



Primary screening

Staff should direct all clients to a designated screening area while maintaining the 2 metre distance at all times. Two 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 both questions, the client can be admitted to the shelter.

- Encourage hand hygiene, physical distancing and ask the client to inform staff if they begin to feel unwell.

If client indicates YES to either question:

- 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.
- Call AHS Public Health **at 1-844-343-0971** to inform them of a possible outbreak.
- Call Community and Social Services (CSS) to inform them of a possible outbreak.

Trained or medical Staff on-site

If your site has trained medical or shelter staff:

- Confirm 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 9°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, perform a nose or throat swab to test for COVID-19.
- Call AHS Public Health at **1-844-343-0971** to inform them of a possible outbreak.
- Call Community and Social Services (CSS) to inform them of a possible outbreak.

AHS Public Health (1-844-343-0791)

The **1-844-343-0791** 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 8am to 10pm. 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 10pm to 8am will be answered in the morning after 8am.

This is the number to call when there is a suspected or confirmed case or outbreak in a facility. AHS Public Health 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 Medical Officer of Health (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 lab results and will 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 Chief MOH (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. More details about the March 30, 2020 guidance offered by the CMOH can be found in Appendix 1.

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. 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

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.

If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use. If possible, designate specific washrooms for symptomatic clients only.

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).

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.
- 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 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 may be helpful for staff and clients: https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-COVID-19-patient-at-home.pdf

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

For more information on how shelters may alter their harm reduction practices during the pandemic to reduce the spread of COVID-19 see the AHS document: *Harm Reduction and COVID-19: Guidance Document for Community and Service Providers*

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.

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.

Conduct a thorough, enhanced cleaning of all environmental surfaces in 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 confirmed to have 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.

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 Chief Medical Officer of Health 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 case or suspected case by calling the AHS Coordinated COVID Response line 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.

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 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 Command Centre (ECC).

Control measures during COVID-19 outbreaks

Please see the Environmental cleaning/disinfection measures during COVID-19 of 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.

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/activity 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.

For shelter staff who have direct contact with clients (e.g., talking to clients, screening clients for symptoms, or distributing food and supplies) and when it is difficult to maintain/sustain a 2 metre physical distance with clients, staff should wear a surgical mask with a visor or a mask and eye protection.

- 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.
- 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).

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. DEALING WITH AN OUTBREAK IN SHELTERS

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/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-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, 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.

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. 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 and Service Providers)*, activities within isolation spaces, and smoking supports etc.

Only staff can have access to and from the facility during the mass 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 need to isolate at home.

Identify and place more sick or unwell clients to 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. 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 can 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 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-mass 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 8:00 am – 4:30 pm			**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

9. 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 with 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 suicidality, 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.

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: March 30, 2020 direction from the Chief Medical Officer of Health (CMOH) 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 Order 07-2020, 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

AHS online assessment tool

Personal Protective Equipment (PPE)

How to request PPE

Choosing PPE patients suspected or confirmed COVID-19 in clinics, group homes and shelters

Caring for a Patient with COVID-19

How to care for a COVID-19 patient at home

Isolation Spaces in Your Area?

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

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

- Call **1-844-343-0971**. This number is for any 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 8am-10pm. Callers are instructed to leave a message and all attempts will be made to call the shelter back within 2 hours. Messages can be left between 10pm and 8am and calls will be returned in the morning.

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

- You can expect an AHS staff 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.).
- 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, 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.

Do I have to call 1-844-343-0971 if I suspect a case or have a confirmed case?

- Yes. The notification of outbreaks and other infectious disease threats in Alberta is mandated under Section 26 of the provincial Public Health Act.
- Recognizing cases early, especially when they could contribute to a cluster of illness helps to provide quick action to effectively manage the outbreak.

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.
- A **mass outbreak** means an event where a shelter site is dealing with multiple individuals who are positive within different groups/cohorts in the shelter, requiring complete shelter isolation. As in an outbreak situation, AHS outbreak management staff, under the direction of the Medical Officer of Health (MOH) will facilitate and collaborate with partners to determine next steps.

What does isolation or quarantine mean for a person who lives in a congregate living setting?

Isolation or 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 to their typical congregate living space. A person needs to isolate if they have symptoms for 10 days, from symptom onset and until symptoms have resolved, whichever is later. A person needs to be quarantined if they are a contact of a case or have a high exposure to COVID-19. They must stay in quarantine for 14 days from the date of the exposure.

COVID-19 Practice Guidance for Placement Providers: COVID impacted children and youth

RESPONSE AND SUPPORT FOR SERVICE PROVIDERS CARING FOR CHILDREN AND YOUTH IN A SITUATION WHERE THE PLACEMENT IS AT JEOPARDY DUE TO CIRCUMSTANCES RELATED TO COVID-19

Children's Services (CS) and its contracted service providers are committed to meeting the needs of all children and youth in care. At this time, that care is to be delivered, balancing the requirement to comply with Alberta's Chief Medical Officer of Health's (CMOH) recommendations on managing COVID-19 in order to keep children, youth, staff and agency staff safe.

The needs and behaviours displayed by a small number of youth in care are challenging and complex. Those needs and behaviours are not new, and we have processes in place to guide us through the management of those behaviours in a supportive and trauma informed way.

The environmental circumstance presented by the COVID-19 pandemic is new. COVID-19 has increased social anxiety and this in turn may intensify the behaviours demonstrated by children and youth, as well as amplify our perception of these behaviours. We must rely on our practice principles as the foundation for how we approach this new reality.

Our Commitment – During the pandemic and CS' focus on essential services, one of our priorities is supporting care providers. Below is the process for supporting group, therapeutic campus based and congregate care settings. For care providers delivering services during this time, in addition to the child's case team, your contract specialist is also available to support and assist you.

Objective

Provide a scaled approach to support children and youth receiving services under the *Child Youth and Family Enhancement Act* who are unable or unwilling, or those who are willing; however, cannot be isolated in their current location and need alternative accommodations. These actions are developed with a view to adhering to the CMOH's directives on isolation and slowing the spread of COVID-19 while protecting the health and safety of Albertans.

Laddered approach to supporting care providers with children or youth unable to comply with COVID-19 guidelines.

Each facility is <u>required</u> to have a pandemic plan as per their Business Continuity Plan, which encompasses the safe provision of care to a child or youth who is required to isolate, is symptomatic or has tested positive for COVID-19. Once a child or youth presents with symptoms,

the facility must immediately follow isolation guidelines and contact Alberta Health Services' (AHS) COVID-19 Coordinated Response Line at 1-844-343-0971 for direction and follow-up, even if the child or youth continues to be absent without permission. More information can be found in the Practice Guidance for Service Providers in Supported Independent Living, Group and Congregate Care in Alberta.

CS and agency staff should ensure all children and youth in congregate care settings understand the COVID-19 guidelines, including the risks and consequences of not following the guidelines.

- **First option of choice:** Maintain the child or youth in the current placement and employ all efforts to support the facility. Such efforts would include but are not limited to: one to one support, increased staffing, or additional facility cleaning.
- **Second option of choice:** If a child or youth repeatedly leaves without permission, the case team, which includes the caseworker and agency staff, will assess whom they are running to, considering the viability of safely maintaining them with their extended family/kinship, cultural kinship or community connections. In such cases, using a harm reduction lens, the case team can assess if a safety plan to support them elsewhere is reasonable, safe and appropriate.
- **Third option of choice:** If, after all reasonable precautions and attempts to support a youth safely in their placement, no other options have been identified and the child or youth poses a risk to other children, youth and staff, **OR** the facility is nearing critical failure, meaning it is unable to continue to operate under current circumstances, the case team will work with the facility and escalate the matter to the Category 4/Associate Director, as required. Once escalated to a Category 4/Associate Director, ***ensure the agency is informed the matter has been escalated, provide an approximate timeline for follow up and develop a plan for ongoing communication.***
    - Following the Category 4 consultation, if it is concluded that all reasonable measures have been exhausted and the child or youth is creating a risk to public health, to self or others in the community, a member of the case team will be assigned to contact the Zone Public Health contact to advise there is a child or youth who is non-compliant with COVID-19 guidelines.
    - AHS will provide advice which will assist in determining next steps and **may** include:
        i. A Medical Officer of Health making an order under the *Public Health Act* to apprehend, convey and detain people who are not following CMOH orders.

        ii. The police may detain the child or youth under a health order and transport them to a facility for isolation.

        iii. If formal detention is not deemed necessary, but the child or youth is unable to return to their placement, the case team will re-connect with their Category 4/

COVID-19 Practice Guidance for Placement Providers: COVID impacted children and youth

Associate Director to assist in making an alternate plan for placement. Further direction and possible placement assistance will occur via regionally developed processes to access placements.

Any child or youth detained would not return to the placement until it is safe for them to do so (no symptoms) or the period of confinement has ended as directed by AHS.

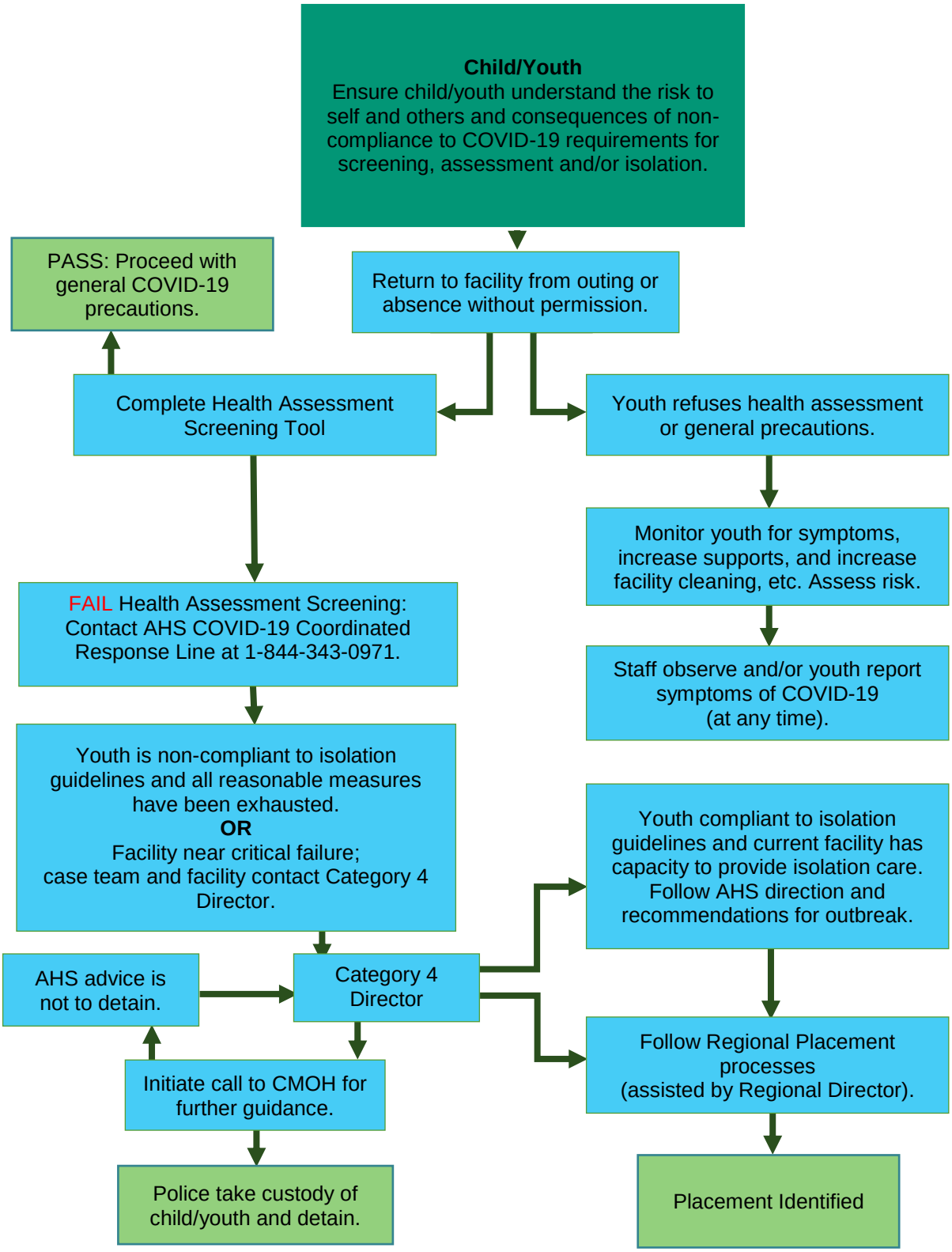
Attachments

Practice Guidance for Service Providers in Supported Independent Living, Group and Congregate Care in Alberta

Practice Guide for Contracted Service Providers

Alberta Health Services COVID-19 Self-Assessment

COVID-19 Practice Guidance for Placement Providers: COVID impacted children and youth



Information for Contract Service Providers:

Coronavirus (COVID-19) CI Practice Response

UPDATED AS OF 9:00AM APRIL 15, 2020

UPDATES HIGHLIGHTED

As a legislative service, the Ministry is required to continue to fulfill its obligations under the Child, Youth and Family Enhancement Act, in particular assessing harm and danger and ensuring the well-being of children.

Contract service providers are a critical partner and the safety and wellness of all of our staff and children we serve is paramount. As you are aware, the situation in Alberta is evolving rapidly and we are continuing to assess what it means for Child Intervention delivery.

Following are some information about shifts that we are making in our approach and some potential implications for contract agencies to consider.

Please note that these instructions will be adapted as Alberta Health's guidance to Albertans evolves.

We commit to providing regular updates to contract service providers.

QUICK LINKS

For quick access to a particular topic, please click on the heading below.

SUPPORT AND FINANCIAL ASSISTANCE

The courts recently placed an injunction on the Regulation change that was to come into force on April 1, 2020, reducing the age of eligibility. The proposed change to the SFAA program to decrease the maximum age of recipients from age 24 to 22 **IS NOT PROCEEDING** at this time.

Many young people had negotiated transition plans with their caseworkers prior to the injunction being placed. These plans included transitional funding to support their transition for a period of 3 months. The ministry will maintain its commitment to the temporary transition funding and support arrangements that have already been negotiated. However, If any young person age 22-24 who meets the criteria for SFAA as per existing policy under CYFEA, wishes to enter into a SFAA, they may contact their (or any) worker to make those arrangements. Existing policy should be applied in determining what services and supports will be negotiated.

If your agency is providing services to young people age 22-24, continue to provide services to those young people according to their current agreement.

COURT MATTERS

To protect the health and safety of all court users, the courts are limiting all regular operations until further notice.

All levels of court continue to hear urgent matters. At this time, child protection matters will continue to be heard in the Provincial Court of Alberta.

The courts will determine how Child Intervention matters will be handled on a case by case basis. The Child Intervention worker will consult with the assigned lawyer through Family and Surrogate Court Litigation (FASCL) to discuss the legal status of any particular case. If a court date has been postponed, the FASCL lawyer will direct next steps and notification to interested parties. The terms and condition of each order will remain in effect.

The **Alberta Courts website** will be updated daily with new information regarding court processes. Please check this **site** for the most up-to date information. Announcements from the **Alberta Court of Queen's Bench** and the **Provincial Court of Alberta** are linked for your reference.

HOME VISITS

Effective immediately, home visits should no longer occur for regular ongoing case management activities. Home visits should continue for urgent matters that require immediate attention at intake, assessment or that arise during ongoing case management.

For unannounced visits such as urgent matters, the initial contact and screening will take place at the door where the worker will ask pertinent questions in regards to risk of illness in the home.

If Child Intervention staff have been asked to respond to a home on an urgent matter and have determined someone has symptoms or has been exposed to COVID-19, **THEY ARE NOT TO ENTER INTO THE HOME.** If immediate action appears to be required, the appropriate emergency service will be called to assist before attending to the matter.

Child Intervention Practitioners will continue to need to maintain contact with families; however, alternate options in place of home visits and face-to-face meetings **should be used**, such as FaceTime, Skype or via phone or text. There may be circumstances where face-to-face contact is required. All staff must follow Alberta Health and Alberta Health Services (AHS) guidelines to mitigate the risk. Before conducting any face-to-face or in person contact, consultation with a supervisor is required.

Screening Questions

When required to attend a pre-arranged face-to-face meeting for urgent matters outlined above, contact the client, agency or community partner and ask the following questions as per the screening criteria that Alberta Health Services uses.

- **Screening questions:**
  - Within the last 14 days have you travelled outside of Canada?
  - Have you had close contact with a confirmed or probable case of COVID-19?
  - Have you had close contact with a person with acute respiratory illness who has travelled anywhere outside of Canada within the last 14 days before their illness?
  - Have you had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19 virus?
  - Is there anyone in their home with a fever and/or a cough or shortness of breath?

A close contact is defined as a person who:

- Provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact with the person without consistent and appropriate use of personal protective equipment

OR

- Lived with or otherwise had close prolonged contact (within 2 metres) with the person while the person was infectious

OR

- Had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.

- If the client or any member of the home does not present with any of the criteria proceed with the visit.
- If the client or any member of the home states they meet some of the criteria, try to rearrange the meeting for another time and reschedule when they are symptom free. Or you can request to use telecommunications and virtual skyping if available.
- If the client or any member of the home indicates that they are sick and have a confirmed case of COVID-19 do not attend the home and cancel all non-essential home visits or meetings.

COURT ORDERED ACCESS

Questions have been raised concerning court ordered access. Our primary concern is ensuring the safety and well being of staff and children, youth and their parents. Maintaining a child's connections continues to be important, probably more so in challenging times. All staff must follow Alberta Health and Alberta Health Services (AHS) guidelines to mitigate the risk of COVID-19. We are required to comply with court orders that issue direction regarding access. At this point in time, workers who are required to comply with court ordered access are directed to case conference with the casework supervisor, manager and family regarding how to ensure access occurs in accordance with the court order Alberta Health and AHS guidelines. The case conference should include a discussion of potential use of telephone conference, video conference or other approaches to comply with court ordered access. If face-to-face contact is planned for a visit, then all staff, including agency staff, must ensure they are following AHS guidelines to mitigate the risk of COVID-19.

FAMILY/SIBLING VISITS

Child Intervention Practitioners will continue to need to maintain contact with families; however, alternate options in place of home visits and face-to-face meetings **should be used**, such as FaceTime, Skype or via phone or text. There may be circumstances where face to face contact is required. All staff must follow Alberta Health and Alberta Health Services (AHS) guidelines to mitigate the risk. Before conducting any face-to-face or in person contact, consultation with a supervisor is required. If you, as a contract service provider have been a part of facilitating access, you will be involved in those discussions.

Attending Funerals and Wakes

If a child in care has a family member die, they need to be supported to connect and receive comfort. If a family member passes away and a wake or funeral is being held, support the child in attending the funeral in person if the funeral/wake is following Alberta Health guidelines, including:

- The funeral/wake has no more than 15 individuals;
- Social distancing (2m) can be maintained; and

- The child will not be participating in activities that promote disease transmission (e.g. singing, cheering, close contact, sharing food or beverages, buffet-style meals).

If the child cannot attend the funeral/wake in person, explore other options to have the child attend the funeral/wake virtually, such as Skype or FaceTime.

ONGOING CONTACT WITH CHILDREN, FAMILIES & PARTNERS

Effective immediately, the Child Intervention standards such as face-to-face contact every three months and monthly contact with children, families and caregivers is suspended. While ongoing contact is required in order to support children and families with open files, consider alternative approaches to maintaining contact through email, telephone, skype etc. There may be circumstances where face-to-face contact is required. All staff must follow Alberta Health and Alberta Health Services (AHS) guidelines to mitigate the risk. Before conducting any face-to-face or in person contact, consultation with a supervisor is required.

If case conferences have been scheduled, consider whether or not they need to proceed or whether or not they can be done via teleconference, skype etc. If in person is necessary, please use all precautions advised by Alberta Health, including social distancing, cleansing of spaces etc.

As of April 7, 2020, a CMOH Order (**09-2020**) limits visitors to congregate care facilities to essential visitors only. Essential visitors are defined as:

- Individuals over the age of 18 who are designated by the resident to provide care to meet the needs of the resident that would otherwise be unmet.

All visits by an essential visitor must be pre-arranged with the staff of the facility in advance. In addition the visitor must:

- be escorted at all times, and
- wear a face covering or mask that covers their mouth and nose while in attendance in the facility.

All visits must be recorded, including the individual's name, date and time.

Using Social Media

In order to stay connected and facilitate virtual meetings with our children, youth and families, the use of social media apps such as WhatsApp, Facebook and Messenger are approved for staff to download and use.

When creating social media accounts at this time, please ensure that your supervisor or manager is aware that an account has been made. Personal accounts **SHOULD NOT BE USED** to connect with children and families. Please ensure that the privacy settings are set to the most secure. Any social media accounts should be identified as professional accounts by the use of "CS" in the account name.

FIRST NATION AND BAND CONSULTS

In-person band consultations are currently on hold, however maintaining connections of a child to their community continues to be important, so please consider alternative approaches through telephone or skype.

DOCUMENTATION

Child Intervention Practitioners are being asked to record and track situations of suspected and/or confirmed COVID. Please report any information related to suspected or confirmed COVID of a child or a family that you are providing services to.

NOTIFICATION TO PARENTS

For any child that has been directed to self-isolate, is being tested for COVID-19 or has tested positive for COVID-19, notification to the child's parent(s) is required for all children in temporary care. If a child is in permanent care, but maintains contact with their parent(s), notification is also required. Any updates on a child's status should also be communicated to the parent(s). **THIS IS THE RESPONSIBILITY OF THE CASEWORKER.**

SUPPORTS TO CAREGIVERS OF CHILDREN IN CARE

Supporting caregivers of children in care to ensure that they are able to meet their ongoing needs is critical. Several provisions of existing Enhancement Act policy enable the provision of additional supports that may be required in exceptional circumstances.

As of March 15, 2020, the Chief Medical Officer of Alberta cancelled classes for K-12 schools and childcare facilities. This may cause an impact to caregivers and create need for additional childcare supports.

Caregivers have been informed that they can make alternate child care arrangements and that they will be reimbursed for those costs with NO PREAPPROVAL REQUIRED. Caregivers have been informed of this directly through an email and an automatic call that took place on March 16, 2020.

Contract agencies may also need increased supports as a result of classes being cancelled. If that is the case, please put the supports in place and advise your contract manager.

Special Rates

Special rates that are currently in place for foster parents that continue to be supported by the foster care support workers and where there are no changes, may be extended for a period of two months.

For special rates that require changes, coordinate a teleconference between the foster caregiver(s), foster care support worker, and caseworker to determine what the changes need to be made and to ensure all parties are in agreement. Once in agreement, the new special rates may be extended for 2 months.

All extensions and new agreements must be document in CICIO.

Recreation Allowance

We understand that we are fast approaching the time in which a child's recreation allowance for the year must be spent or caregivers may have already spent the recreation allowance on activities that are no longer occurring and have not or may not be reimbursed for those funds. We are currently exploring options to extend this date for 2019/20 and support caregivers with alternatives.

During this pandemic, it is important that we are flexible when we are approving recreation funds for children. We encourage you to be creative about how we can support the recreation needs of children and youth.

In some circumstances, approval of recreation funds above the yearly allotment will be required. These requests should be approved and tracked.

Child Maintenance Invoice

NEW To support caregivers and young adults in being reimbursed for funds in a timely manner, the Child Maintenance Invoice has been converted to an electronic form. The Child Maintenance Invoice can be requested from a child's caseworker or foster care support worker.

The following is the process for completing and submitting the form for payment:

1. The caregiver/young person completes the form, ensuring all relevant fields are filled in.
2. The caregiver/young person emails the completed, electronically signed form and all related receipts and/or approval letters to the caseworker/administrative assistant.
    a. Pictures or scanned copies of receipts/approval letters are acceptable. The caregiver/young person should retain copies of all original receipts.
3. The caseworker/administrative assistant reviews the form and attached receipts/approval letters (pictures/scanned copies) to ensure accuracy. The administrative assistant completes shaded fields, including generating an invoice number.
4. The caseworker/administrative assistant forwards the electronically signed form and all receipts/approval letters to the casework supervisor/expenditure officer.
5. Casework supervisor/expenditure officer reviews and electronically signs the completed form, then forwards to Administrative Assistant for payment process.

TRAVEL

International travel of children in care was suspended as of March 12**. All prior approved out of province travel is now also suspended**. If there are exceptional circumstances to be considered, please elevate those requests to Office of the Statutory Director through your Regional Director.

EXPIRING RESIDENTIAL FACILITIES LICENSES

Licenses that are expiring can be extended for a period of up to three months. If you believe that your agency falls into that category, please contact your licensing officer.

TRAINING EVENTS

A decision has been made to **cancel ALL CI staff training events** currently scheduled until further notice.

GROUP-CONGREGATE CARE

As the situation unfolds, more information will be forthcoming as it relates to support group and congregate care.

All group care and residential facilities are being asked to limit onsite guests to ***essential visitors only***.

All group care providers are to be practicing social distancing and limit participation in social events or clubs.

If a child has been absent without permission, screen them upon their arrival.

If you suspect that a child or staff person is ill, has or has been exposed to COVID-19:

- Please go immediately to the AHS website for the most current instructions.

- You will be asked to complete a self-assessment and follow the instructions once completed.
- If required to isolate a child or self- isolate, follow the directions from AHS. These might be tailored to your specific situation.
- Document all direction received.
- Communicate these directions and instructions to your staff.
- Identify what, if any, additional supports are required.
- Implement instructions received.
- Call and report the situation to the caseworker and/or contract manager and inform them of any next steps directed or recommended by AHS.

If a child who requires isolation refuses to stay at a facility. Please contact the worker immediately.

As of March 16, 2020, all worksites as well as group care and residential facilities are being asked to limit onsite guests to ***essential visitors only***. We are also asking all offices and facilities to post signage at entrances and reception. Signage can be accessed on the **Alberta Health Services** website.

All staff, children and essential visitors must be screened before allowing them entry into the facility, including youth returning from AWOL by using the Health Assessment Screening Questionnaire.

Ask questions about recent travel, close contact with anybody ill and any symptoms they may be experiencing. Please note any underlying/chronic health conditions that may make them more susceptible to severe COVID-19 symptoms.

INTERVENTION RECORD CHECKS (IRCs)

As of March 19, all IRCs can be sent to the centralized IRC mailbox for processing – **CS-IRCrequest@gov.ab.ca**.

NEW

The IRC has been converted to a digital form and can be requested by contacting Children's Services or emailing the centralized mailbox. This should be completed electronically and emailed to the centralized IRC mailbox for processing. This form is intended for use with agencies, caregivers and members of the public required to have an IRC completed.

If the IRC request is received at an office site – staff are to scan all of the documents required (form and identification) and email them to **CS-IRCrequest@gov.ab.ca** (this is because there may be some significant mail interruptions so we would like to keep everything electronic).

If the office gets a call from the public, as there is not an office open to receive the documents, staff are to ask the requester to scan all documents needed for the request (form and identification) and send to email box **CS-IRCrequest@gov.ab.ca**.

The completed IRCs will then be sent back the Region or the individual who requested it

If the requester has any questions, if they receive a positive check that they were not expecting, they can send the questions to the email box it will be monitored and answered by email or telephone call, if requested.

For group or congregate care homes, IRCs may be completed at this time without scanning and sending a copy of the completed IRC form and identification to the centralized email. This is in order to expedite the onboarding of new staff quickly in group and congregate care homes.

In order to complete an expedited or informal IRC, please have the agency email the following to the individual completing the check:

- Name
- DOB
- Scanned copy or photograph of individual's ID (if possible)
- Driver's License #
- Personal email address
- Names and dates of birth for all of their children and children they have acted as a parent for
- Agency they will be working with

If the IRC is negative, the information will be provided back to the Agency via email. If the IRC is positive, the information will be provided to the individual requestor's personal email.

Once completed, please forward the above information, along with the outcome of the IRC to **CS-IRCrequest@gov.ab.ca** so that we are able to track these informal IRCs.

CRIMINAL RECORD CHECKS

Due to the current COVID-19 crisis, the Statutory Director is authorizing all Category 4 Directors the ability to authorize Agencies on an as need basis to use Statutory Declarations as an interim measure for criminal record checks for staff who are urgently required to support children and youth under CYFEA. This must be tracked and confirmation recorded once the formal criminal record check has occurred.