

CURRENT AS OF MARCH 31, 2020

UPDATES ARE HIGHLIGHTED

COVID-19 Practice Guidance for Service Providers in Supported Independent Living, Group and Residential Care in Alberta

ALBERTA CHILDREN'S SERVICES
ALIGN ASSOCIATION OF COMMUNITY SERVICES
ALBERTA HEALTH

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INTRODUCTION

This document is a Covid-19 Practice Guideline intended to inform service providers for children and youth in the care and custody of Alberta Children’s Services. The information in this guideline (developed by Alberta Health Services March 2020) was initially intended for emergency homeless shelters; but is also applicable to other types of facilities as well as agencies providing services to marginalized and vulnerable populations. This document, which has been adapted by ALIGN to meet the needs of Children's Services at this time, consolidates and outlines general recommendations to prevent the spread of COVID-19 in these settings.

It is acknowledged that limited staffing, physical lay-out, shared accommodation, communal areas and programming may pose challenges for implementing the recommendations outlined in this document. Facilities are encouraged to customize and prioritize as necessary.

Service providers will likely have many unanswered questions. Please know that logistics such as where to get masks and other personal protective equipment (PPE) are being worked out and processes for supporting vulnerable populations needing to self-isolate or be tested for COVID-19 are being developed.

PLEASE NOTE: This guidance is only current as of the date of the time stamp on the front page.

The situation is changing rapidly. To stay current on the most recent public health recommendations related to COVID-19 in Alberta, please visit [Alberta Health](#) or [Alberta Health Services \(AHS\)](#)

Organizations dedicated to housing and homelessness issues may also be good sources of information. Recent examples from Canada include:

- [Canadian Alliance to End Homelessness \(CAEH\)](#)
- [Homeless Hub](#)

These Guidelines are to compliment your Business Continuity and Essential Service Response Plans and may provide new information/resources regarding the unique challenges the COVID-19 pandemic presents for all of us.

GENERAL INFORMATION ABOUT COVID-19

Coronaviruses are a large family of viruses. Some coronaviruses cause respiratory illness in people, ranging from common colds to severe pneumonias. Others cause illness in animals only. COVID-19 is a novel coronavirus that had not been detected previously in humans. It is the cause of the respiratory outbreak in China that has now been spreading in most countries around the world, including Canada.

Symptoms

Symptoms are similar to influenza and other respiratory illnesses. Common symptoms include:

- Fever (over 38 degrees C)
- Cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Runny nose
- Nasal congestion
- Extreme tiredness

Most people recover from this disease without needing special treatment. However, it can cause serious illness in some, and there is a risk of death in severe cases. Those who are older and those with other medical problems (such as high blood pressure, heart disease, lung disease, cancer or diabetes) are more likely to develop serious illness, which can include difficulty breathing and pneumonia. There is currently no specific vaccine or **treatment** for COVID-19.

Transmission

COVID-19 is spread mainly by coughing, sneezing or direct contact with a person who has the infection or with surfaces they have recently touched. COVID-19 can also be spread when droplets (like from a cough or a sneeze) land on a surface and then someone touches that surface. If that person puts their hands near their mouth, nose or eyes, the person may get the infected with the virus.

Risks

We anticipate this risk to Albertans will increase in the coming weeks. There is a higher risk for people who develop fever and/or cough or shortness of breath AND have travelled anywhere outside of Canada in the 14 days before illness onset or had close contact with a confirmed or probable case of COVID-19 or laboratory exposure known to contain COVID-19 virus.

The health system is committed to work with service providers to ensure the safety of clients, staff and volunteers. They are carefully monitoring the situation and have taken the necessary steps to identify cases and help prevent the ongoing spread of the virus.

This guidance is based on what is currently known about COVID-19 and includes public health recommendations made for Albertans as of March 18, 2020. The situation is changing rapidly so please check www.alberta.ca/COVID19 for the most recent recommendations.

Prevention

Agencies and service providers are likely reviewing, updating and implementing their emergency operating plans and deliberating critical operational decisions. However, it is also important to remember that effective strategies to reduce the spread of COVID-19 by children, staff and volunteers build on everyday infectious disease prevention practices and strategies:

- wash hands every 30 minutes;
- appropriately cover coughs and sneezes with a disposable tissue or your elbow; and
- avoid touching face with hands.

General Prevention

There are many things you can do to prevent the spread of COVID-19 in your facility, particularly by facilitating hand hygiene, respiratory etiquette (covering your cough or sneeze) and social distancing. Ensure there are enough supplies on hand for proper hand hygiene, including soap, warm running water and paper towels or hot air dryers. Ensure regular environmental cleaning (see general environmental cleaning below).

If possible, consider adding hand sanitizer stations to supplement hand-washing. Use alcohol-based hand rub or ABHR with greater than 60% alcohol. It is recognized that staff may have concerns with providing free access to ABHR; to address this concern, staff may choose to apply the ABHR directly to children's hands.

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Provide tissues and garbage bins for use by staff and children. No-touch garbage cans are preferred for disposal of items.

Remind children, staff and volunteers of the importance of hand hygiene and respiratory etiquette and encourage them to avoid touching eyes, nose and mouth.

Post signage throughout your facility. Examples of posters that can be posted:

- [Help Prevent the Spread](#)
- [How to Hand wash](#)
- [Cover Your Cough](#)
- [Alcohol-Based Hand Rub](#)

Keep at a minimum, of about 2 metres (6 feet) between beds with “head to foot” placement. If possible, in your space, increase the distance between beds even further.

Any group activities that cannot be done within social distancing guidelines should be cancelled immediately. If you continue to hold activities for children, strictly monitor for physical distance, personal hygiene, and conduct frequent environmental cleaning and disinfection of the areas used. If cancelling group activities, consider other options for children’s psychosocial benefit.

Encourage all staff and volunteers to get the seasonal flu shot. While this will not prevent COVID- 19, reducing cases of influenza will lessen the burden of illness and the overall concern of symptomatic individuals in the facility.

HUMAN RESOURCES

All workplaces should develop alternate human resource policies for a pandemic emergency to address the following issues:

Attendance Management

During a pandemic, AHS will advise ill people to stay home. Current policies that may pose a barrier to effective disease control and prevention should be suspended or revised as appropriate.

Emergency Scheduling

During a pandemic, work schedules may have to be changed. In planning for these changes, agencies must consider the implications of:

- shift changes
- staff ratio
- changes to hours of work
- compensation and scheduling of overtime
- the need to assign the most qualified employees to specific tasks
- training employees for newly assigned work
- provision of food to employees
- parking requirements or reimbursement for transportation expenses
- scheduling of breaks

The current collective agreement, if applicable, may not adequately address these issues. Agencies should negotiate solutions to these issues with each relevant union so that emergency response plans can be implemented effectively and efficiently.

Surveillance for Symptoms in Staff

All staff (including administrators, health care personnel, cleaning staff, food handlers and volunteers) must complete a health assessment screening (Appendix 1) each time they enter/re-enter the facility. If staff have a fever AND/OR answer YES to any screening question, they may not enter the facility, and must immediately go home to self-isolate, and contact their manager/supervisor/Workplace Health and Safety.

If illness onset occurs at work, immediately inform the supervisor, leave the facility and self-isolate.

Staff and volunteers with symptoms should use the self-assessment tool to determine whether they should be tested for COVID-19 or whether they need to call Health Link at 811. The assessment can be completed by the individual or on behalf of them if they are unable. The COVID-19 Self-Assessment Tool can be found at [COVID-19 Self-Assessment](#).

Effective March 12, all Albertans with symptoms, even if they have not travelled, are asked to stay home until 10 days have passed from the start of their symptoms. This may impact staffing levels, but is a precaution to prevent spread of illness in the community.

Staff Just Returning from Travelling From Outside of Canada

Effective March 12, all Albertans currently outside Canada are required to self-isolate for 14 days when they return. Self-isolation guidance can be found [here](#).

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Staff can stay up to date on current recommendations for travelers [here](#).

Please visit the following websites if you have further general questions about what COVID-19 is, how it is spread, or how many cases there are in the world at present.

- [Alberta Health](#)
- [Alberta Health Services \(AHS\)](#)
- [Public Health Agency of Canada](#)
- [World Health Organization](#)

This guidance is based on what is currently known about COVID-19 and includes public health recommendations made for Albertans as of March 16, 2020. The situation is changing rapidly. Please check [Alberta Health](#) for the most recent recommendations.

Occupational Health and Safety

A pandemic will likely cause a high level of fear and anxiety among the general population. Employees will be concerned about their own health and the health of their families. They may be concerned about potential exposure to COVID-19 in the workplace and, as a result of these concerns, some may refuse to work. Employees will have questions relating to occupational health and safety. Informing employees of their rights, providing training and equipment as appropriate, and communicating openly about emergency planning processes will help to alleviate anxiety. Click [here](#) to see more Information Regarding Right to Refuse Dangerous Work.

Psychosocial Support

People affected by a disaster, such as a pandemic, must adjust to major changes in their lives. People may be grieving for friends or family members and may have to deal with personal or family crises. Many people will need to talk about their feelings and experiences and learn how to face the challenges of an unknown future.

All agencies should develop strategies to increase psychosocial support for both employees and children and youth during a pandemic.

GUIDANCE FOR SERVICE PROVIDERS

Service providers must limit entry to the facility to essential visitors only. All children, staff and essential visitors must be screened prior to being allowed entry into a facility using the Health Assessment Screening tool (Appendix 1).

Staff must wash their hands every 30 minutes with soap and warm water. This includes when they first arrive at the facility, before preparing food, after any contact with saliva or nasal secretions (e.g., used tissues), after handling children's belongings, after cleaning activities, and after using the washroom. Refer to hand-washing guidance [here](#).

Staff should avoid touching eyes, nose, mouth and face, and should remind each other if they see co-workers touching their own faces.

Cover coughs and sneezes and then wash hands. Refer to respiratory etiquette guidance here:

[Routine Practices](#)

[Point of care Risk Assessment](#)

If using disposable gloves for any tasks, hand-washing is still important and should be done before putting on and after removing the gloves. If using gloves, change often, especially if soiled, ripped or become dirty.

Perform daily symptom checks for children and look for changes in usual behavior. If a child exhibits symptoms, they must be isolated immediately. Ensure that children are aware that they are to immediately notify staff if they are feeling unwell.

Social Distancing in the Workplace

During a pandemic, the more people you are in contact with, the more you are at risk of coming in contact with someone who is infected. Social distancing means reducing or avoiding contact with other people as much as possible. Some workplace strategies to achieve this may include:

- Minimizing contact with others by using stairs instead of crowded elevators;
- Canceling non-essential face to-face meetings and using teleconferencing, e-mails, and face-time instead; staying two metres (six feet) away from others when a meeting is necessary
- Avoiding shaking hands, hugging, or kissing people
- Bringing lunch and eating at your desk or away from others

Food Handling

Germs from ill children/staff (or from contaminated surfaces) can be transferred to food or serving utensils. Facilities should reinforce routine food safety and sanitation practices. Where possible, implement measures to minimize child handling of shared food and items that may touch another child's food, such as:

- Dispense food onto plates for children
- Minimize child 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 children 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

General Environmental Cleaning

- Have additional cleaning supplies on hand.
- CAVI Wipes are good disinfectant wipes.
- Conduct frequent cleaning and disinfection of the facility, especially high-touch surfaces like door knobs, light switches, railings, tables, chairs, etc.
- Use a disinfectant that has a Drug Identification Number (DIN) and a virucidal claim. Be sure to follow the instructions on the label to disinfect effectively. Alternatively, you can prepare a bleach water solution with 100 ml of unscented household bleach per 900 ml of water.
- Be sure to use take the appropriate precautions when using chemicals for cleaning and disinfecting. Consult the products' Safety Data Sheets.
- Consider all surfaces in the child's environment as contaminated. Start at the cleanest part of the equipment or surface and move towards the dirtiest.
- Ensure manufacturer recommended wet-contact time is achieved. Wet contact time is the minimum time required for items to be in contact with the disinfectant to ensure germs are killed.
- Place equipment on a clean surface to air dry. Do not actively dry with a towel or other device.
- Store all disinfectants out of the reach of children, pets and confused individuals.
- Clean child care areas on a regularly scheduled and frequent basis.
- Clean and disinfect all non-critical equipment and environmental surfaces between child use (e.g. shared equipment, treatment surfaces such as mats, platforms and tables)
- Clean and disinfect sleeping mats after every use.
- Wash children's bedding frequently.
- Use care when handling laundry: have a system to keep dirty laundry separate from clean laundry.

- Staff or volunteers doing cleaning, including handling laundry, should wear gloves and gowns. The labels of the cleaning and disinfecting products you are using will likely identify what protective equipment staff or volunteers should use.

PLANNING FOR FUTURE CASES/POTENTIAL OUTBREAK

A single child or staff member with COVID-19 symptoms* must be investigated promptly.

Outbreak definition: One case of COVID-19 in a resident or staff is an outbreak and requires full outbreak response (see [guidelines](#)).

*Case Definition of COVID-19

Onset of new respiratory illness with cough OR fever (38 degrees C or higher) OR shortness of breath OR difficulty breathing OR sore throat OR runny nose OR nasal congestion.

Start planning now to reduce the impact of a potential outbreak in your facility. Here are some steps to take in advance:

- Consider connecting with other providers of similar services, municipalities, and AHS Zone Public Health and make a list of key contacts (see Appendix 2 for AHS Zone Public Health Contacts).
- Analyze the capabilities of your facility. Do you have separate spaces for children who are ill, or who need to self-isolate? If not, are you aware of alternate locations? Make a list of nearby healthcare and housing facilities that may need to be used by the children.
- Screen staff and children and any essential visitors prior to allowing entry into the facility, including youth returning from AWOL by using the Health Assessment Screening tool (Appendix 1).
 - Ask questions about recent travel, close contact with anybody ill and any symptoms they may be experiencing. Note if they have any underlying/chronic health conditions that may make them more susceptible to severe COVID-19 symptoms.
- Identify contingency plans for increased staff and volunteer absenteeism. You might consider cross-training current staff, or hiring temporary staff. More information on business continuity can be found [here](#).
- If you have a healthcare facility onsite, ensure the facility and staff are prepared. Information for health care providers can be found [here](#).

- Be aware that you may need to order additional operational supplies like food, toiletries, and arrange for additional staffing.
- Have a communication plan. How will you get information to staff, children, volunteers, community partners, and other key stakeholders in a timely manner? Consider internal websites, email strings, automated text messaging, etc.
- Be aware that everyone may be at risk for adverse mental health outcomes during a stressful event like a disease outbreak. How can your organization support both staff and children?
- Stay informed about the local COVID-19 situation, using trusted resources such the links to Alberta Health and Alberta Health Services included in this document.
- A Group Care Case Scenario has been attached to this guide as a reference, see Appendix 3.

RESPONDING TO SICK CHILD/YOUTH

Staff Responsibilities

Children's Services will work with AHS to determine how best to treat children with suspected or confirmed COVID-19 so they can be isolated, treated and supported. Ensure to notify the child's case team, or the after-hours office when a child presents with symptoms and call 811.

The following information will act as a guide for staff supporting children who have developed symptoms. It is essential that each child who has these symptoms be isolated to their individual bedroom and follow recommendations from AHS once self-assessment has been completed and 811 contacted. All movement within common areas should be closely monitored and structured in a manner that will minimize risk to other youth or staff.

- Notification: In order to initiate an outbreak investigation promptly, immediately report a single suspected case of COVID-19 to your IPC/ICD and notify Zone Public Health (Appendix 2) using established protocols to collect and report data. For facilities where there is no one assigned the role of infection prevention and control (IPC), contact Zone Public Health (see Appendix 2).
- Symptomatic children should be isolated using [contact and droplet precautions](#).
- Symptomatic children should be confined to their rooms with their meals served to them in their room. If this is not practical, restrict to their own unit. Avoid contact with other children in common areas as much as possible.
- Everyone in the facility, including the symptomatic child should perform hand hygiene regularly.
- Practice good respiratory etiquette followed by hand hygiene.
- Limit the number of caregivers. Caregiving within 2 meters of the symptomatic child should be limited to one person.

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- Asymptomatic staff working in multiple facilities must change clothes between shifts. Staff movement between facilities may be restricted.
- Place signage inside the symptomatic child's room, near the door, alerting other staff and children that child is symptomatic and precautions are required.
- Prevent exposure to contaminated items and surfaces. Do not use personal items that belong to the child such as toothbrushes, towels, washcloths, bed linen, unwashed eating utensils, drinks, phones, computers, or other electronic devices. The lid of the toilet should be down before flushing to prevent contamination of the environment.
- Frequent cleaning and disinfecting. High-touch areas such as toilets, bedside tables and door handles should be disinfected daily using a store bought disinfectant, or if not available, a diluted bleach solution (0.5% sodium hypochlorite).
- Disposing of waste. All used disposable contaminated items should be placed in a lined container before disposing of them with other household waste.
- Use precautions when doing laundry. Contaminated laundry should be placed into a laundry bag or basket with a plastic liner and should not be shaken. Gloves and a medical or procedural mask should be worn when in direct contact with contaminated laundry.
- Clothing and linens belonging to the symptomatic child can be washed together with other laundry, using regular laundry soap and hot water (60-90°C). Laundry should be thoroughly dried.
- Hand hygiene should be performed after handling contaminated laundry.
- If the laundry container comes in contact with contaminated laundry, it can be disinfected using a store bought disinfectant, or if not available, a diluted bleach solution (0.5% sodium hypochlorite).
- If household members have direct contact with the symptomatic child, they should wear a medical or procedural mask and eye protection when within two meters and should perform hand hygiene after contact.
- Caregivers should wear disposable gloves when in direct contact with the symptomatic child, or when in direct contact with the child's environment as well as soiled materials and surfaces.
- Hand hygiene should be performed before putting gloves on and after removing them.
- Ensure children and staff remain well informed so that proper precautions, planning and actions can be taken.

Symptoms:

- High Fever over 39/100
- Full body aches/joints/muscles
- Extreme fatigue (not related to loss of sleep)
- Chills/can't get warm despite fever
- Loss of appetite
- Thirst/dehydration
- Nausea/diarrhea

- Productive cough
- Chest discomfort from cough

Severe Symptoms:

If the child is experiencing the following conditions, then staff need to call 911 immediately.

- Shortness of breath
- Increase in chest pain with breathing
- High Fever over 39/100 that does not respond to medication
- Laboured breathing
- No fluid intake in 24 hours
- Decrease in consciousness/responsiveness
- Any discoloring of lips, face, finger tips
- Extreme vomiting/diarrhea
- Any signs of confusion/disorientation

If available, provide a face mask right away to any child exhibiting respiratory symptoms such as fever, cough, sore throat, shortness of breath, additional respiratory symptoms, muscle aches or extreme tiredness.

If symptoms are mild, and consistent with COVID-19 use the self-assessment tool to determine whether they should be tested for COVID-19 or whether they need to call Health Link at 811. The assessment can be completed by the child or on behalf of them if they are unable. The COVID-19 Self-Assessment Tool can be found [here](#).

If children develop SEVERE symptoms, contact 911 immediately; advise dispatcher and any medical teams who arrive that symptoms are consistent with COVID-19. Update the case team.

INFORMATION ON SELF-ISOLATION

Self-isolation is very important in preventing COVID-19 from spreading to others. A [Self-Isolation Information Sheet](#) has been developed by Alberta Health and may be helpful to staff in providing children and youth answers to their questions.

- Place child away from other children.
- Place child in an individual room with four walls and a door, if possible.
- If individual rooms are not available, consider using a large, well-ventilated room.

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- Space beds apart as much as possible (2 metres or greater), have children sleep head-to-toe, and put up temporary barriers between beds, such as plastic sheeting.
- If possible, designate specific washrooms for symptomatic children only.

If a child is refusing to self-isolate when they are presenting with symptoms or have a confirmed case of COVID-19, contact the caseworker or the after-hours office for further direction.

More information on Self-Isolation can be found at [here](#).

Supplies Needed For Isolating

- Medical or procedural masks for child and others in the home
- Disposable Gloves
- Eye protection
- Thermometer
- Fever-reducing medications
- Running water
- Hand soap
- Alcohol based hand sanitizer (ABHS) containing at least 60% alcohol
- Tissues
- Waste container with plastic liner
- Regular household cleaning products
- Store bought disinfectant, or if not available, bleach and a separate container for dilution.
- Alcohol (70%) prep wipes
- Regular laundry soap
- Dish soap
- Disposable paper towels

Given the high demand for supplies, specifically Personal Protective Equipment, ensure to use them as required and/or directed by AHS to avoid unnecessary use and waste.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal Protective Equipment (PPE) is a key element in preventing the transmission of disease.

To ensure an ongoing supply of PPE, they should only be used when necessary. Also, if not used properly, not only will PPE fail to prevent transmission, it may in fact contribute to the spread of disease. For more information on when and how to use PPE, click [here](#).

Putting on and Removing PPE

Alberta Health Services has provided the following video demonstrating how to safely put on and remove PPE when required.

[Video: Donning and Doffing of PPE](#)

Gloves

Disposable single use gloves should be worn when in direct contact with the ill person, cleaning contaminated surfaces, and handling items soiled with body fluids, including dishes, cutlery, clothing, laundry, and waste for disposal. Gloves are not a substitute for hand hygiene; caregivers must perform hand hygiene before and after putting on and taking off gloves.

Gloves should be removed, hand hygiene performed, and new gloves applied when they become soiled during care.

- To remove gloves safely, with one of your gloved hands pull off your glove for the opposite hand from the fingertips, as you are pulling, form your glove into a ball within the palm of your gloved hand. To remove your other glove, slide your ungloved hand in under the glove at the wrist and gently roll inside out, and away from your body. Avoid touching the outside of the gloves with your bare hands.
- Gloves must be changed and hand hygiene performed when they are torn.
- Discard the gloves in a plastic-lined waste container.
- Perform hand hygiene.
- Double-gloving is not necessary.
- Reusable utility gloves may be used; however, they must be cleaned with soap and water and decontaminated after each use with a store bought disinfectant, or if not available, a diluted bleach solution (0.5% sodium hypochlorite).

Eye Protection

Eye protection is recommended to protect the mucous membranes of the eyes when caring for an ill child or a suspected case throughout any activities likely to generate splashes or sprays of body fluids including respiratory secretions.

- Eye protection should be worn over prescription eyeglasses. Prescription eyeglasses alone are not adequate protection against respiratory droplets.
- Protective eye wear should be put on after putting on a mask.
- After applying eye protection, gloves should be donned (see above).

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- To remove eye protection, first remove gloves and perform hand hygiene. Then remove the eye protection by handling the arms of goggles or sides or back of face shield. The front of the goggles or face shield is considered contaminated.
- Discard the eye protection into a plastic lined waste container. If the eye protection is not intended for single use, clean it with soap and water and then disinfect it with a store bought disinfectant , or if not available, a diluted bleach solution (0.5% sodium hypochlorite), being mindful not to contaminate the environment with the eye protection.
- Perform hand hygiene.

Mask

Wear procedure/surgical mask for any encounter, within two metres, with a child who has or is suspected of having COVID-19.

Gown

Use for any direct contact of clothing or forearms with child or child's environment.

FURTHER INFORMATION

Up-to-date information on the evolving situation of COVID-19 in Alberta and Canada is available on the following websites:

- [Alberta Health \(COVID-19 Info for Albertans\)](#)
- [Alberta Health Services \(Novel Coronavirus COVID-19\)](#)
- [Public Health Agency of Canada \(COVID-19: Being Prepared\)](#)

APPENDIX 1: HEALTH ASSESSMENT SCREENING TOOL

All persons entering the facility must be screened every time they enter the facility.

COVID-19 Questionnaire

1.	Do you have any of the below symptoms:		
	Fever	YES	NO
	Cough	YES	NO
	Shortness of Breath/Difficulty Breathing	YES	NO
	Sore Throat	YES	NO
	Runny Nose	YES	NO
	Feeling Unwell/Fatigued	YES	NO
	Nausea/Vomiting/Diarrhea	YES	NO
2.	Have you, or anyone in your household travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever?	YES	NO
4.	Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

If a designated visitor answers YES to any of the questions, the individual **MUST NOT** be admitted to the facility and should be advised to leave the building in order to protect the health of the residents.

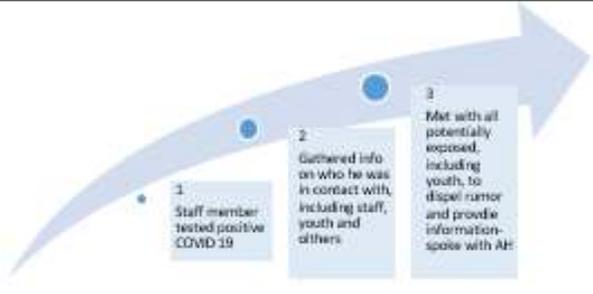
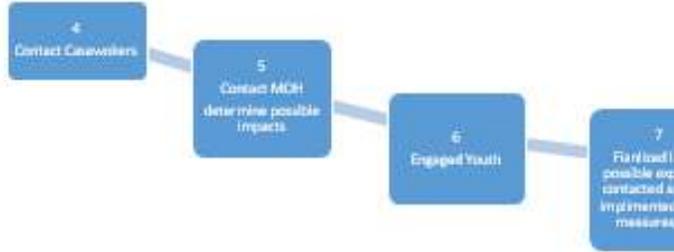
If a youth in residence answers YES to any of the above questions, have the youth self-isolate, take proper precautions AHS.

APPENDIX 2: AHS ZONE PUBLIC HEALTH CONTACTS

AHS ZONE (Link to Zone MOH)	REGULAR HOURS Business hours may vary slightly from Zone to Zone, but are typically 8:30 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		

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Zone 5 North	Communicable Disease Control	CDC Intake	1-855-513-7530	1-800-732-8981
	Environmental Public Health	EPH		Public Health On-Call

	
<p>#1 March 16- evening Facility (ABC facility) employee tests positive for COVID-19. Regional Director (RD) contacts Statutory Director (SD) and facility calls 811 / Alberta Health (AH)</p> <p>#2 Gathered information regarding youth and staff who were potentially exposed.</p> <p>#3 Met with the youth and staff to keep them informed and de-escalated. We provided them daily updates thereafter.</p> <p>Provided list of staff / youth who were potentially exposed during timeframe agreed upon with AH. Anyone with symptoms was to isolate. Locked facility to public. Contacted Agency.</p>	<p>#4 March 17 Contacted all caseworkers, provided info a that they begin looking at options for access. Began staffing contingency planning. Regional zoom session to update all staff, and alleviate p</p> <p>#5 Call with Medical Officer of Health, and discussed the challenges of isolating all staff and youth. MOH will con return call. Personal Protective Equipment audit and procurement.</p> <p>#6 Youth engaged in sanitizing their rooms / living area. Discussed importance of avoiding exposure. Provided alternatives for smokers, and arranged for activities.</p> <p>#7 Ongoing calls to and from dedicated MOH. All expos employees and youth contacted and directed to isolate. affected all but three employees. Implemented contingency staffing measures</p>

APPENDIX 3: GROUP CARE CASE SCENARIO