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ALIGN

COVID-19 Group and Campus-Based Facilities Practice Guidance

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. Initially, Alberta Health Services developed the information in this guidance in March 2020 and intended it for emergency homeless shelters. It is, however, also applicable to other types of facilities as well as to agencies providing services to marginalized and vulnerable populations. This document has been adapted by ALIGN and Children's Services to meet the needs of Children's Services at this time. This document consolidates and outlines general recommendations to prevent the spread of COVID-19 in these types of settings.

Please be advised that Children's Services group and campus-based care homes are licensed under the *Child, Youth and Family Enhancement Act* and the *Residential Facilities Licensing Regulation*. Children's Services licensed group and campus-based homes are therefore NOT subject to the same restrictions as apply to a "health care facility" as defined in the Chief Medical Officer of Health (CMOH) Orders for health care, addictions services, or supportive living congregate and long-term care settings.*

The guidance contained in the *Group and Campus Based Care Practice Guidance* is aligned with the requirements under the *Public Health Act* and those set out by Alberta's Chief Medical Officer of Health (CMOH). Where operationally applicable, Children's Services group and campus-based care facilities have followed the requirements set out in the CMOH Orders as closely as their particular circumstances allow.

The information provided in the guidance document has been reviewed by the Alberta Health Public Health Guidance Team.

*The facilities subject to the CMOH Orders including 29-2020 (visitors), 32-2020 (health care facility), and 27-2020 (residential addiction treatment) are governed by the *Hospitals Act*, *Nursing Home Act*, *Supportive Living Accommodation Licensing Act*, *Alberta Housing Act* and the *Mental Health Services Protection Act* (for licensed residential addiction treatment service providers). None of these Acts relate to Children's Services' licensed residential facilities.

"[a] health care facility" is defined in CMOH 32-2020 as: an auxiliary hospital, a nursing home, a designated or licensed supportive living accommodation, a lodge accommodation, and any facility in which AHS offers or provides residential hospice services as defined under these Acts.

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

The situation continues to change 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 complement 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.

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.

Symptoms

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

- Fever (over 38 degrees C) or chills
- Cough
- Shortness of breath/Difficulty breathing
- Sore throat/Painful swallowing
- Stuffy/Runny nose

Additional Symptoms can include:

- Headache
- Muscle or joint aches
- Feeling unwell in general, or new fatigue or severe exhaustion
- Gastrointestinal symptoms (nausea, vomiting, diarrhea or unexplained loss of appetite)
- Loss of sense of smell or taste
- Conjunctivitis, commonly known as pink eye

For the most current information, including descriptions of “core” and “other” symptoms for those over and under 18 years of age, please check the AHS symptoms list.

AHS Coordinated COVID-19 Response Line – 1-844-343-0971

As soon as a staff or child shows symptoms of COVID-19, operators of group homes with four or more beds **MUST CONTACT** the AHS Coordinated COVID-19 Response Line for Congregate Living Setting Operators for additional guidance and decision-making. Seek testing for COVID-19 for anyone (staff or child) who is symptomatic. To access testing complete the COVID-19 self-assessment tool or call 811.

Note: Facilities with fewer than 4 beds (which are outside the AHS definition of “congregate care”) also call the AHS Coordinated COVID-19 Response Line for guidance and support.

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.

The health system is committed to working 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.

Prevention

It is 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 frequently and ensure hands are washed after touching the face, coughing, sneezing or handling tissues;
- appropriately cover coughs and sneezes with a disposable tissue or your elbow; and
- avoid touching face with hands.

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 physical distancing. Ensure there are enough supplies on hand for proper hand hygiene, including soap, warm running water and/or alcohol based hand sanitizer (ABHS) containing at least 60% alcohol and paper towels or hot air dryers. Ensure regular environmental cleaning (see: General Environmental Cleaning below).

Staff must ensure hands are washed frequently 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, after touching the face, coughing or sneezing and after using the washroom. Refer to hand-washing guidance **here**.

Cover coughs and sneezes and then wash hands. Refer to respiratory etiquette guidance here:
Cover Your Cough
Routine Practices

*******As of December 1, 2020 Continuous masking for group and campus-based care staff is now required. The exception is when a staff is alone in a workspace or where an appropriate barrier is in place.******

Staff working multiple sites must ensure they wash their hands prior to entering a new facility.

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, especially if the child is non-verbal. Ensure that children are aware that they are to immediately notify staff if they are feeling unwell. If a child exhibits symptoms, they must be isolated immediately, taken to their room, or to an available isolation room, while following proper procedure and having the child or youth wear a mask.

Immediately contact the **COVID-19 Coordinated Response Line for Congregate Living Setting Operators 1-844-343-0971.**

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 Posters**
- **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.

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

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

Deployment of Staff and Resources

Staff will be encouraged and supported by employers to limit movement and working between facilities where and when possible.

Staff working in a site with a confirmed case of COVID-19 may **only** work in that site until AHS deems there is no longer an outbreak. Once AHS deems the outbreak ended, staff may resume working at multiple sites. Staff may continue to work at more than one site when a site is **"under investigation"** or a **"site under COVID-19 investigation.**" If an outbreak is confirmed, however, staff are limited to working at that site until the outbreak is over.

In the case of a **confirmed** COVID-19 outbreak, operators must:

- Identify essential care and services and postpone non-urgent care and services depending on the scope of the potential or confirmed outbreak. AHS Coordinated COVID-19 Response personal or other responding public health staff will provide guidance as necessary.
- Authorize and deploy additional resources to manage a confirmed outbreak, as needed, to provide safe client care and services as well as a safe workplace for staff.
- Assign staff in cohort groups to the greatest extent possible.
    - Staff cohort groups should either:
        - Exclusively provide care/service for children that are asymptomatic (no illness or symptoms of illness), or
        - Exclusively provide care/services for children who are symptomatic (have suspected or confirmed COVID-19).
- When cohorting of staff is not possible:
    - Minimize movement of staff between children who are asymptomatic and those who are symptomatic, and
    - Have staff complete work with asymptomatic children (or tasks done in their rooms) first before moving to those children who are symptomatic
- Require staff members work exclusively at one site.

- Deploy other resources, which may include staff who do not normally work in the newly assigned area (ex. Assisting with meals and personal support/care), to assist.
    - An operator must ensure that deployed staff are provided with appropriate training before the task is delegated to them and that appropriate supervision is provided, if needed.
- Unless otherwise directed by AHS Coordinated COVID-19 Response Line personnel or other responding public health staff, **continue to provide care and support for the symptomatic child within the facility** when possible.
- All staff are required to work to their full scope of practice to support the children.
- Follow COVID-19 reporting expectations. See "Reporting COVID-19" section below.

Screening for Symptoms in Staff

All staff (including administrators, health care personnel, cleaning staff, food handlers and volunteers) must complete a health assessment screening (COVID-19 Alberta Health Daily Checklist) each time they enter/re-enter the facility. If staff have a fever OR answer YES to any screening question, they may not enter the facility. Operators may not require staff who are asymptomatic to be tested. Please check **here** for updated information on testing.

If illness onset occurs at work, staff must immediately inform their supervisor, leave the facility and isolate. If the staff member takes public transit to work, the operator will send staff home via taxi with PPE.

Isolation - individual has symptoms of COVID-19 or has been diagnosed with COVID-19

AHS Coordinated COVID-19 Response Line for Congregate Living Setting Operators MUST BE contacted as soon as a staff or child shows symptoms of COVID-19 for additional guidance and decision-making. Group homes with fewer than four beds, although they fall outside the AHS definition for "congregate care", may also access this resource. Staff are to identify themselves as "group care staff" when speaking to AHS.

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. (See note on testing below).

To access testing complete the COVID-19 self-assessment tool or call 811. Staff who have been tested for COVID-19 and have received a negative result may return to work once symptoms are no longer present or as directed by AHS.

Staff Just Returning from Travelling From Outside of Canada

All Albertans currently outside Canada are required to quarantine for 14 days when they return. Quarantine guidance can be found **here**.

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**

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.

Staff and Operator Disclosure

Staff must immediately tell their supervisor, at any site where that staff member works, if any of the following applies:

- If they have worked at or are working at a site where there is a confirmed COVID-19 outbreak
- If they have symptoms, been exposed to any individual with probable (individuals with symptoms who are a close contact of a confirmed case) or confirmed COVID-19, or
- If they have tested positive for COVID-19.

Staff may be subject to work restrictions, depending on exposure and a risk assessment.

For more information on “close contacts” see AHS Information for Close Contacts of a COVID-19 Case.

Non medical masks are not a consideration for determining “close contacts”. The intent of mask wearing is to reduce the risk of acquiring COVID-19.

Anybody who is determined to be a close contact of a confirmed COVID-19 case legally has to quarantine for 14 days. (CMOH Order 05-2020)

- Quarantine: No symptoms but have potentially been exposed to COVID-19.
    - Quarantine "separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it or they may have the disease and do not show symptoms" (Centers for Disease Control and Prevention, 2020).
- Isolation: Symptoms of COVID-19 or have been diagnosed with COVID-19.

REPORTING COVID-19

Group and Campus-Based Care Confirmed COVID-19 Reporting

Agencies are being asked to report situations of **confirmed** COVID-19 cases of children/youth and staff in group and campus-based care. Report as soon as a child/youth or staff member has received a **positive** test for COVID-19.

Reporting is initiated by the agency through their contract manager/specialist who informs the Regionally Appointed Contact for group and campus-based care reporting. Please note:

- DO NOT include the staff person's name. Please include the facility name.
- If a child, youth or staff tests positive for COVID-19 or meets the criteria for mandatory isolation, the caseworker, or delegated worker afterhours through NACIS or SACIS, is to be contacted directly and informed through a critical incident report.
- Report on cases of isolation or testing is no longer required. Only positive confirmed cases are to be reported.

If the facility is licensed by a DFNA the reporting CI Practitioner contacts the appropriate DFNA Director. The DFNA Director is asked to have the *Group Care Confirmed COVID-19 Case Reporting Form* completed and sent to **CS-CI-COVID-19@gov.ab.ca**.

The Regionally Appointed Contact for Group and Campus-Based Care or DFNA Director have been asked to ensure the *Group Care Confirmed COVID-19 Case Reporting Form* is completed with the support of agency and frontline staff and forwarded to **CS-CI-COVID-19@gov.ab.ca**. **Positive** child/youth and staff cases in facilities will be monitored and tracked. Once the child or youth is recovered please forward the information to CS-CI-COVID-19@gov.ab.ca.

The Regionally Appointed Contact or DFNA Director provide ***updates*** regarding outcomes for any reports submitted once the individual is no longer symptomatic or receives confirmation of recovered status. Phone or email follow up on the report may occur if there are questions.

Forms:
Group Care Confirmed COVID-19 Case Reporting Form

GUIDANCE FOR SERVICE PROVIDERS

*******A Public Health Emergency was declared on November 24th 2020 to protect the health system from COVID-19. Enhanced measures are in effect, particularly in Edmonton and Calgary Metropolitan Areas.**

CMOH Order 38-2020 allows Children's Services to continue to provide social and protective services.

Visits between a child and a parent or guardian who does not normally reside with that child are allowed.*****

On November 24th, 2020 the Chief Medical Officer of Health (CMOH) declared a Public Health Emergency to protect the health care system from COVID-19. She also issued CMOH Order 38-2020 .

The important work of child intervention will continue during this public health emergency period. Child Intervention practitioners will continue their legal responsibility of contacting and connecting with children, youth, families and caregivers to keep them safe and support their well-being. This guidance, as well as the CI Practice Guidance, continues to support decisions on whether contact is done in-person or by alternative means.

Face-to-face contacts may be critical and require in-person meetings. Child Intervention Practitioners may wish to conduct some face-to-face contacts using media support.

The work of child intervention does not fall into the category of "private social gathering" as described in the Order (Section 11). "Visits" between a child and a parent or guardian who does not normally live with that child will continue as an exemption under the Order.

Family Time is essential to the children and youth in our care and for those children who are in the midst of reuniting with their families. Where possible, collaboration with their supervisor, case team (including caregivers in kinship and foster home) and family network, the Child Intervention Practitioner/agency partners will need to coordinate and make arrangements for in-person visits with children and their families while following the AHS and CI Practice Guidelines.

In person visits may be supervised or unsupervised in accordance with the case plan. For children in care the reference to parent may be replaced with a sibling or another significant person. Child Intervention Practitioners and agency partners will prioritize visits with children and families who, prior

to COVID 19, were in the process of reunifying and where technology has not been able to support ongoing contact (infants and toddlers). The focus will be on connecting children with families and being creative with families' visits, caregiver(s) and support networks involvement, while ensuring that physical distancing is maintained. Alternating in person visits with Skype/FaceTime etc. is acceptable during this time.

Child Intervention Practitioners, agency partners and caregivers will need to utilize information gathered through collaboration to make the most reasonable case planning decisions possible. While there are multiple considerations to balance, the outcome remains to be keeping children and families connected in a safe and healthy manner.

Visitors

Limit visitors to group care facilities to essential visitors only. As Children's Services phased approach to resuming legislative responsibilities takes place the definition of "essential visitors" has expanded to include caseworkers, those involved in family visits and individuals with whom the child or youth has a significant connection.

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. Staff may also be asked to wear a mask while essential visitors attend a facility.

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

All children, staff and essential visitors must be screened prior to being allowed entry into a facility using the health assessment screening tool (COVID-19 Alberta health Daily Checklist).

The location and activities should allow for physical distancing of 2 meters (6 feet), for example, an outdoors location or a government or agency office (e.g. interview room). If a government or other office is used, hard surfaces will be cleaned appropriately (sanitized) both before and after the visit. This will include phone and electronics, if present.

Please advise visitors that currently, only commercially prepared and pre-packaged food items are allowed to be brought into the site or shared with residents or staff.

Facilities can continue to have essential visitors while the facility is under investigation for COVID-19. Discretion to be used and the following to be considered:

1. Should the "under investigation" status be in relation to a resident isolating in the home consider deferring essential visitors until the results of testing are received.
2. Should the "under investigation" status be in relation to a symptomatic staff the impact on essential visitors may be less.
3. Also consider:

a. The space available and options for the location of the visit.
b. The ease of isolation and precautions regarding an isolating resident.

Practicum Students and Volunteers

Agencies are to independently utilize discretion in considering of the feasibility of hosting practicum students and volunteers during the pandemic. Considerations could include:

- Reducing the number of practicum students or support placements with a blend of direct (in-person) and remote (on-line) learning and supervision.
- Practicum students should be required to meet staff COVID-19 standards and expectations.
- Volunteers should be required to meet visitor COVID-19 standards and expectations.

New Residents

New residents are not required to use a mask unless they answer "yes" to any of the screening questions. If the answer is "yes" the new resident should be tested with consent. To access testing complete the COVID-19 self-assessment tool or call 811.

When completing an intake consultation with the caseworker and previous placement should occur to determine health and any information that would assist while assessing the youth during screening.

Facilities may use discretion in implementing additional precautions based on the circumstances surrounding the placement, including information from previous placement or resident of the youth.

Additional precautions, at the facilities discretion, may include: requiring the youth to wear a mask for a period of 48 hours, assigning the youth their own room, their own bathroom (where available) or increased physical space (where able).

No new intakes (placements) to be accepted when a facility has a *confirmed* case.

However, consideration of new intakes (placements) can occur with a site under COVID-19 investigation for outbreak.

If a youth is waiting for testing results a receiving facility would also use discretion not to admit until results of testing received.

Consideration can be given to the availability and use of COVID-19 beds (previously known as COVID-19 Redundancy Beds) should other solutions not be found.

Residents on Home Visits

*******CMOH Order 38-2020 allows for visits between a child and a parent or guardian who does not normally reside with that child (Section 4 (b)).*******

Follow all precautions and expectations in place for individuals entering or re-entering the facility. The COVID-19 screening questions can be used when planning with the case team and those with whom the child or youth is visiting.

Physical 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. Physical 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

Physical Restraints

Physical Restraints are interventions that may only be used as a last resort. Close physical proximity is required for physical restraints, therefore it is important to:

1. Revisit with staff the policy and the threshold at which physical restraints would be considered.
2. Have PPE readily available, and where possible, staff to don PPE prior to a physical restraint.
3. If it is not possible to don PPE prior to a restraint have another staff assist with the donning of PPE. Note: Continuous masking is now to be practiced by staff.
4. Once a physical restraint is no longer required have the child or youth and staff complete hygiene including the washing of hands.
5. Consider cleaning the environment a physical restraint took place in to help eliminate any droplets.

Food Handling

Germs from symptomatic 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.
- Increase frequency of cleaning and disinfecting on "high touch" surfaces to a minimum of three times daily. "High touch" surfaces include door knobs, light switches, railing, tables, chairs etc.
- Cleaning and disinfecting on "low touch" surfaces completed at least once per day. 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 (6 tbsp.) of unscented household bleach per 900 ml (3 cups) of water. Ensure the surface remains wet with the bleach water solution for 1 minute."
- 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.
- Remove or discard communal products (ex. shampoo, creams); children must have their own personal products.

TRAVEL

*******Albertans are requested to avoid all non-essential travel during the Public Health Emergency.*******

Travel within Alberta

- Travel within Alberta to destinations such as summer homes, cabins and cottages is now permitted.
- Those choosing to travel within the province are reminded to follow Alberta Health Services safety guidelines. Consideration should also be given to local community guidelines as well as the health and safety of small communities.
- If planning a trip of this kind, consider what additional safety measures are necessary including masks for when physical distancing is not possible and hand sanitizer when hand washing is not available. Also, prepare for minimal stops by packing food and stopping only if necessary.

Travel between Provinces

- Alberta Health Services is recommending only essential travel outside the province at this time.
    - See COVID-19 travel restrictions for further information.
- Currently, children in care **may not travel outside of Alberta** without prior **manager** approval.
- If the director is not the sole guardian of the child or youth, travel **cannot** proceed without approval from the guardian. See policy 7.4.2 Approving Travel.
- Some considerations for **manager** approval are:
    - Purpose of travel
        - To maintain Cultural Connections
        - To attend a funeral
        - For the purpose of Permanency Planning
        - To access respite care
        - To attend family visits
        - To promote well-being
    - Caregiver's plan to mitigate any safety concerns
      Note: The 'caregiver's plan' is a summary based on discussion with caregiver outlined below.

In addition to what is currently outlined in policy 7.4.2 Approving Travel, consider:

- what additional safety measures will be taken to mitigate risk of exposure to COVID-19 to ensure child or youth safety and well-being,
- any special needs including increased health risks the child or youth may have with potential exposure to COVID-19 and planning to address these needs (other professionals may need to be consulted), and
- travellers may be subject to additional restrictions and health measures during their travels and at their final destination. Check with local authorities and identify how this will be managed.

As guidance from Alberta Health Services regarding out of province travel changes, we will update this direction as it relates to potential travel plans caregivers may have.

Travel outside of Canada

- All prior approved international travel is suspended.

PLANNING FOR A POTENTIAL OUTBREAK

Under Investigation and Confirmed COVID-19 Outbreak Standards

CMOH Orders use the term "under investigation" to refer to assessing to confirm or negate a COVID-19 outbreak; it is not to be confused with a "facility investigation" under CYFEA.

The standards set expectations for any facility that is under investigation or confirmed for a COVID-19 outbreak.

1. A site "***under investigation"*** by AHS for COVID-19 has:
    - At least one resident *or* staff member who exhibit **any** of the symptoms of COVID-19.

2. A site **confirmed** by AHS as having a COVID-19 ***outbreak*** has:
    - One (or more) confirmed COVID-19 cases in residents or staff.

Planning continues to be paramount 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, your municipality, and AHS Zone Public Health and make a list of key contacts (see Appendix 1 for AHS Zone Public Health Contacts).
- Analyze the capabilities of your facility. Do you have separate spaces for symptomatic children or those who need to isolate? If not, are you aware of alternate locations? Make a list of nearby healthcare and housing facilities that may need to be used for 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 (COVID-19 Alberta Health Daily Checklist).
- 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 2.

RESPONDING TO A SICK CHILD OR YOUTH

Staff Responsibilities

AHS Coordinated COVID-19 Response (1-844-343-0971) is available to all congregate settings. They **must be contacted as soon as there is a person showing symptoms of COVID-19** for additional guidance and decision-making support. **This applies to a site either under investigation for COVID-19 or with a confirmed COVID-19 outbreak**.

With a COVID-19 outbreak, the individual(s) with symptoms must be promptly isolated. The AHS Coordinated COVID-19 Response personnel, as indicated by their protocols, will arrange testing of the child or youth for COVID-19.

Operators must review and implement the *AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites.*

Ensure to notify the child's case team, or the after-hours office when a child presents with symptoms.

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 tested with consent and isolated to their individual bedroom and follow recommendations from the COVID-19 Coordinated Response Line for Congregate Living Setting Operators – 1-844-343-0971.

- 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.
- 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.
- 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.

- PPE will be needed for those staff providing care to all isolated children (symptomatic or asymptomatic; whether the infection is under investigation or confirmed) and as advised by public health.
- Staff who are following handwashing guidelines, using appropriate PPE (**contact and droplet precautions)** and applying it correctly while caring for children with probable or confirmed COVID-19, are not considered "exposed" and may safely enter public spaces or other rooms within the facility.
- Any individual (child or staff) who has had direct contact with a person who is confirmed for COVID-19, without wearing recommended PPE, is required to quarantine as per the CMOH direction.
- 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.
- Operators will notify all staff if there is a suspected outbreak at the site. Operators will identify the best way to communicate (ex. letters, email, posters, website, etc.). If the outbreak is "under investigation" or "confirmed", operators will also notify all children in the facility.

- Note that if test results for the symptomatic child or staff are negative for COVID-19, usual influenza-like-illness or gastrointestinal illness outbreak protocols should be followed, as appropriate to the identified organism causing the outbreak.
- The operator may need to put special measures in place, working with public health, to help enable the isolation for children who are not able to understand their own restrictions (ex. If the person has cognitive impairment).

INFORMATION ON ISOLATION

Isolation is very important in preventing COVID-19 from spreading to others. An **Isolation Information Sheet** has been developed by Alberta Health and may be helpful to staff in providing children and youth answers to their questions.

- Isolate child immediately, following proper procedure and having child wear a mask.
- 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.
- 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 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 Isolation can be 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).
- 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 a mask for any encounter, within two metres, with a child who has or is suspected of having COVID-19. This includes a child displaying or reporting symptoms of illness.

Workers providing direct resident care are not required to continuously mask. The use of physical distancing, responsible use of masking and other precautions as necessary should continue.

Gown

Gowns are utilized when caring for an individual who is COVID-19 positive. Otherwise, gowns are optional. Always utilize good hand hygiene.

Access to PPE

This is the Provincial Emergency Social Services Emergency Coordination Center's NEW PPE procurement process.

For more information on the appropriate PPE required for your organization's environment, please review the **Alberta Health Services best practices** on PPE use.

1. Each Agency must review their existing PPE inventory and continue to source PPE materials through local sources as best as possible. If you have a URGENT need now and you have exhausted all other resources please contact ALIGN at **nicolem@alignab.ca**.
2. When an Agency is running low on PPE supplies, they can submit their PPE requests using the following website: **https://ppe.sp.alberta.ca/Lists/Requests/New.aspx?IsDlg=1**

To assist triaging the requests, please ensure to indicate the following:

- In the "Agency Type" drop-down choose "Group Home/Residential (Child Intervention)"
- In the "Other/Comment" section add:
- Your PPE is at critical or urgent level (see below for definition)
- Staff to client ratio
- A request for N95 masks would requires confirmation from Infection/Protection as per the' Integrated guidelines for the distribution of PPE, sanitization and hygiene products during Covid-19'.
- Any other important information
- Ensure that your order is for no more than 14 days

Note: Not all requested PPE materials may be supplied

There is an attempt to process and fill orders as quickly as possible and organizations may receive partial shipments, as supplies are sent out as soon as they come in. Organizations should keep track of their various packing slips to ensure all requested items are received.

Definitions:

- Critical – You only have enough PPE to last 24 hrs
- Urgent – You only have enough PPE to last 48 hrs.
- Vital – You only have enough PPE to last 72 hrs.

Consolidated information regarding PPE's in one document can be found here as well as the ALIGN Communication page.

FURTHER INFORMATION

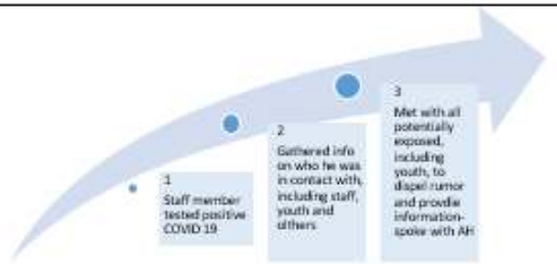
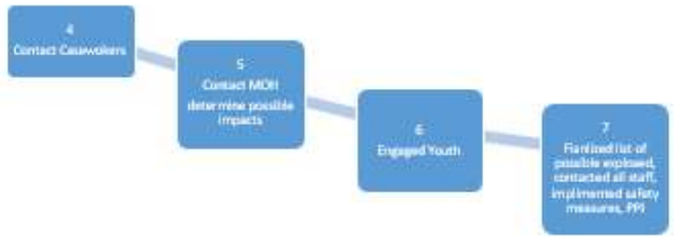
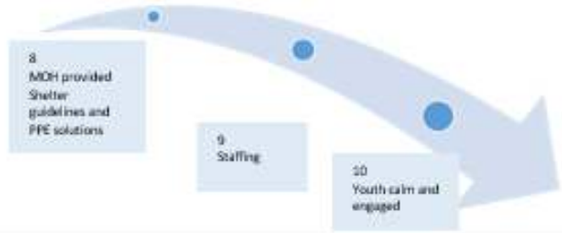
Up-to-date information on the evolving situation of COVID-19 in Alberta and Canada is available on the following websites:

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

APPENDIX 2: GROUP CARE CASE SCENARIO

		
#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) **#2** Gathered information regarding youth and staff who were potentially exposed. **#3** Met with the youth and staff to keep them informed and de-escalated. We provided them daily updates thereafter. 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.	**#4 March 17** Contacted all caseworkers, provided info and asked that they begin looking at options for access. Began staffing contingency planning. Regional zoom session to update all staff, and alleviate gossip. **#5** Call with Medical Officer of Health, and discussed the challenges of isolating all staff and youth. MOH will consult and return call. Personal Protective Equipment audit and procurement. **#6** Youth engaged in sanitizing their rooms / living area. Discussed importance of avoiding exposure. Provided alternatives for smokers, and arranged for activities. **#7** Ongoing calls to and from dedicated MOH. All exposed employees and youth contacted and directed to isolate. This affected all but three employees. Implemented contingency staffing measures	**#8 March 19** MOH provided guidelines/measures for Shelters and sent a Heath Inspector to attend the facility. PPE (gowns, masks, gloves) to be supplied and provided posters/information etc. Chief MOH – Calgary called to ask the facility continue to monitor for symptoms and exercise universal precautions. Keep kids in but not "isolated" until the period identified for exposed staff. Facility contacted local hospital, who agreed to provide PPE for emergency situations. Health Inspector provided in-service on how to safety put on and remove PPE. **#9** Staffing schedule complete, and management are relieved of redeployment duties **#10** Youth were engaged throughout the process. This allowed them to be active participants, be solution focused, and they were treated with transparency and respect.