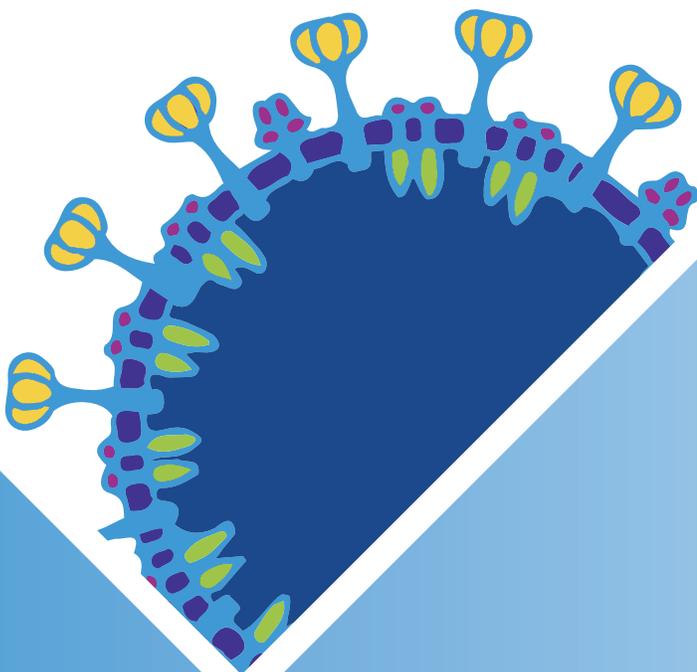


BEST PRACTICE GUIDELINE FOR EVACUATION PLANNING DURING A PANDEMIC

MANAGING EMERGENCY SOCIAL SERVICES DURING
COVID-19 PANDEMIC

MAY 2020



CENTRE FOR APPLIED DISASTER AND EMERGENCY MANAGEMENT (CADEM)

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OVERVIEW

Experienced Emergency Managers and Emergency Social Services workers around the world have seen the number of disasters trend upwards in recent years, however nothing has shone a light on the intersection between risk and vulnerability as this most recent COVID-19 pandemic. Physical, social, economic, and attitudinal vulnerabilities have all been brought to the forefront of this disaster. Traditionally an all-hazards plan covered the majority of issues associated with disasters with an annex for business continuity planning that made a passing mention of pandemics, however all of that began to change in late 2019. The virus responsible for COVID-19, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has swept across the globe impacting every nation and to some degree almost every person on our planet. Countless times over the past few months it has brought out the good in humanity and united many in the fight against it. While fight is only in its infancy, we will continue to require the utmost cooperation from individuals and governments alike in order to be successful.

Purpose

In only a few short months the tried, tested and true all-hazards emergency plan has taken a back seat to the very specific needs of dealing with COVID-19. The breadth, depth and speed at which this novel virus has impacted the world has led many organizations world-wide to come up empty handed during a time when coordinated and decisive efforts are evermore required. In the absence of detailed formal guidance on managing an evacuation within a pandemic, the Centre for Applied Disaster and Emergency Management (CADEM) at NAIT developed this guidance document in consultation with Emergency Social Services subject matter experts across Alberta. The focus of these efforts was clear: to identify current and projected challenges to implementing traditional community emergency and social services plans while adhering to health protocols for mitigating the spread of COVID-19. The collective education, multi-disciplinary focus and jurisdictional perspectives provided excellent guidance to inform a set of collective best practices from this already very active 2020 hazard season. It is important to note that information on this disease is constantly evolving, and as such, best practices herein should be framed within the timeline within which it was developed. For example, some recommendations for personal protective equipment have been framed within the context of short supply. As the world comes together to create new manufacturing lines and supply chains, we anticipate the shortage to abate where personal protective equipment recommendations may evolve.

Intended Audience

This guide is designed for you, the helper, to arm you with the most up to date information and assist you in identifying and implementing appropriate risk mitigation strategies prior to a disaster impacting your community. Disaster and emergency managers, and emergency social services specialists as well as emergency response partners who support the agency during disasters will benefit from this guide's focus on identifying key challenges within this unique context, and consider best practices, all in an effort to assist in keeping communities safe.

Intended Use

This guideline outlines the essential elements of emergency social services pandemic planning and response activities, in addition to those that are considered desirable. Users may also:

- Identify issues associated with response capabilities and resource availability of community emergency management to support disaster and emergency social services preparedness in response to COVID-19
- Consider strategies to address these issues

It is recommended that community authorities who are in the process of planning consider the specific aspects of each checklist for which they are responsible. Communities that already have a pandemic preparedness plan may also use this guide to augment their current plans. Communities that have not yet started pandemic planning are encouraged to use this guide in conjunction with other guidelines as they become available. Planning requires the commitment and input of the communities themselves. As a result, this guideline should not substitute the community's emergency social services plan.

Living Document

This is a living document. It must evolve with our collective experience, input from the Emergency Management community, research, and users. Suggestions and comments to improve this Guide should be directed to the Centre for Applied Disaster and Emergency Management at the Northern Alberta Institute of Technology at CADEM@nait.ca.

ADVANCE PANDEMIC PLANNING ACTIVITIES

	
	Discuss ESS planning considerations within a pandemic context with your DEM/DDEM.
	Consider COVID-19 related risks associated within your context using the Online Risk-Informed decision-making guidelines for workplaces and businesses during the COVID-19 pandemic.
	Ensure that the OH&S and infection prevention and control practices within your context align with local public health recommendations.
	Review staff and volunteer projected tasks to determine PPE requirements. Consider referencing COVID-19 Assessment Tool for the Health Care Workers and Those Involved in Public Health Enforcement to help guide this decision.
	<p>Consider requesting PPE in advance of an evacuation.</p> <ul style="list-style-type: none"> Local authority requests for PPE should be submitted to the Provincial Operations Centre (POC) using the online form established for this purpose: https://xnet.gov.ab.ca/ppe <p>In the event PPE is urgently required and POC is not able to fulfill the request, AHS support may be requested via the Health Duty Desk at the POC or via the AHS Zone Emergency Operations Centre.</p>
	Explore availability of hand washing stations, hand sanitizer, tissues, cleaning supplies, etc. Create plan for how you will ensure evacuees and staff/volunteers have access to appropriate hygiene/cleaning supplies.
	Consider appointing a Safety Officer for your ESS sites/ECC/ICP to ensure compliance with OH&S standards as well as health authority guidance.
	Develop processes to allow evacuees to access virtual wellness supports wherever possible.
	Think about any resource shortages you may encounter as you consider social distancing protocols and how you would address these in an evacuation (i.e. mass transportation).
	Consider staffing demographics and vulnerabilities to COVID as you assign work. While COVID-19 can make anyone sick, some Canadians with specific health circumstances are at an increased risk of more severe outcomes, including individuals aged 65 and over, those with compromised immune systems and those with underlying medical conditions.
	Check your risk management policy now to ensure requirements to continue valid coverage for staff and volunteers.
	Review your public messaging strategy for evacuations. How you will encourage people to evacuate into an environment that already feels unsafe?
	Contact your lodging facilities to understand what options exist in your community and lead time required to open. Neighbouring facilities that are experiencing an outbreak may not be able to accept evacuated residents/clients. This may limit options for some local authorities.
	<p>Have a housing backup plan. It has been reported that some previously arranged sites have changed their minds about accepting people due to COVID.</p> <ul style="list-style-type: none"> Consider consulting your DEM/DDEM for options within the <i>Bits & Pieces</i> program
	Contact list of potential hotels and provide link to Public Health Recommendations for Hotels, Hostels, and Inns .

	Communicate with neighbouring communities to discuss opportunities for mutual aid.
	Plan for how you will triage evacuees (see below for guidance and consult with Alberta Health Services [AHS]).
	Contact your catering/food contacts for availability and ability to individually wrap meals.
	Connect with your animal shelters/boarding facilities and veterinary hospitals to determine capacity for evacuated pets.
	Build your staff/volunteer safety messages (see Appendix A for suggestions).
	Build your evacuee registration package to include messaging relevant to COVID-19 transmission prevention (see Appendix C for suggestions).

STAFFING

Selecting, preparing and supporting staff during the execution of all ESS functions has been highlighted as a key challenge amidst the COVID-19 pandemic.

Some ESS managers have been advised to screen staff for vulnerabilities to the coronavirus as people who are classified as vulnerable have been advised to reconsider attending gatherings. Those considered vulnerable are those who are aged 65 and over, those with compromised immune systems, and those with underlying medical conditions as there is an increased risk of more severe outcomes for Canadians. For this reason, best practices would consider your staff and volunteer team composition and tasks so as not to place anyone at undue risk.

Another key challenge has been ensuring behavioural compliance with the Ministry of Health guidelines of all staff and volunteers. Education, monitoring and frequent (and gentle) reminders to practice these behaviours has been identified as best practices thus far.

	
	Consider having additional staff/volunteers available so that staffing can be maintained in the event that some staff are feeling unwell or become ill.
	If you will not be using volunteers, release messaging that clearly states this and encourage other ways of helping. This may be by staying home and allowing only essential workers out in the affected areas for example.
	Consider encouraging staff to take Mental Health Crisis Training specifically for essential workers during the COVID-19 pandemic. They can be accessed Online: https://theworkingmind.ca/ courses. Offerings include: <ul style="list-style-type: none"> • Caring for Yourself • Caring for Your Team • Caring for Others
	Provide Staff/Volunteers with safety messaging prior to work. See Appendix A for suggestions which includes: <ul style="list-style-type: none"> • How to monitor for symptoms of COVID & what to do if they become ill • How to practice physical distancing • How to wash your hands and cough into your elbow • Cleaning practices such as wiping off cell phones and devices with disinfectant wipe every 4 hours • How to use the “set it down and step back” • Understand PPE requirements if working in isolation area. • How to put on and safely remove personal protective equipment (PPE)
	All staff and volunteers working in emergency sheltering and service delivery should be instructed to self-monitor for COVID-19 at home and be aware of early signs and symptoms.
	A sick staff member or volunteer should complete the COVID-19 Self-Assessment tool or call Health Link at 811 to determine whether they need to get tested.

	Workers should be screened daily to ensure they do not have COVID-19 symptoms and are fit to work. Daily screening may include temperature checks or questions about symptoms.
	Document employee/volunteer screening. This should be part of a broader employee illness policy.
	Any ill staff member or volunteer, even with mild symptoms should be sent home and is not able to work for 10 days from the onset of symptoms.
	Be prepared to work with Alberta Health Services (AHS) on contact tracing. Keep track of staff working, people on site at certain times so you can identify who was at the location at specific times for contact notification.
	Consider using check in/check out Mental Health Screening tool (See Appendix B for a sample) to gauge wellness and when to access supports.
	Request AHS support to monitor compliance with health guidelines and provide gentle reminders to staff and volunteers.
	Encourage staff/volunteers and remind them they are doing a great job!

REGISTRATION AND RECEPTION CENTRES

Workplaces are required to implement measures that ensure physical distancing and/or barriers between individuals (e.g., employees, customers, clients) are maintained consistently. Communities are encouraged to use a model that allows evacuees and registration staff to maintain physical distancing throughout the registration process such as phone/Online registration or a drive-thru model explained below. When this is not possible, consider using physical barriers like a Plexiglas window or high walled cubicle, ensuring 2 metre separation between workstations, signage or markings on the floor, and/or dedicated staff providing directions.

To protect staff, volunteers and evacuees from COVID-19, also encourage the use of proper hygiene measures, clean and disinfect surfaces regularly and discourage touching of their eyes, nose and mouth. This information can be prepared so that it may be provided to people prior to beginning their first shift (see Appendix A for suggestions). Best practices at this point indicate that Alberta Health Services (AHS) support, for the entire duration of the response is crucial to ensure understanding and continuous compliance with health measures.

While it is uncertain how long COVID-19 survives on surfaces, preliminary information suggests that the virus may persist on surfaces for a few hours or up to several days depending on different conditions, such as temperature, type of surface, and humidity of the environment. Surfaces that should be cleaned frequently as they are most likely to be contaminated, include:

- Tables
- Handrails
- Doorknobs
- Electronics i.e. iPads or laptops used by evacuees or staff
- Counter tops
- Light switches
- Faucet handles
- Cabinet handles
- Elevator buttons

	
	<p>When an evacuation is occurring or expected to occur, notify Alberta Health Services (AHS) after following your Community Emergency Plan guidelines and notifying the Alberta Emergency Management Agency:</p> <ul style="list-style-type: none"> • By contacting AHS Emergency/Disaster Management via the Single Point of Contact at 1-844-755-1788 or edp@ahs.ca, or; • Through the Health Duty Desk at the Provincial Operations Centre, or;

	Through existing local communication channels/processes established in advance of the evacuation (e.g. municipal EOC connection to AHS zone EOC).
	Where required, AHS may provide evacuee health screening guidance or support, including assessment for COVID-19 risk and public health follow-up with individuals who have tested positive for COVID19 and have been evacuated.
	Screen all evacuees prior to lodging using the Daily Fit for Work or Essential Visitor Screening Questionnaire .
	Consider displaying posters to remind people of physical distancing and proper hygiene protocols. See Appendix E for available options for Online posters.
	Have access to hand-washing stations with soap and water and/or hand sanitizer including at building entrance and common areas (e.g. laundry facilities).
	If evacuees are considering lodging with family or friends, encourage only using Cohort Families. See Appendix D for more information.
	Best practices from a recent disaster suggest demobilization should be tasked to a trained cleaning crew to do take down and disposal.

Phone/Online Registration considerations:

	
	Decide if you will use 311, municipal telephone number, or something else?
	Have a communication plan ready to direct citizens to call or go online to register.
	Decide which registration platform will you use. Access to the RRCP can be sought through Provincial Emergency Social Services (PESS). Once access is given, communities will receive user manuals.
	Consider having your registration platform already loaded on devices; have staff/volunteer set up with login information and have instructions readily accessible.
	Consider how you will ensure people are from the evacuation zone (checking ID, address) or whether you will accept the risk that some are not.

Drive-Thru Model considerations:

In this model, the staff/volunteer would visit each vehicle while maintaining physical distancing, to register each individual or group.

	
	Request AHS support on site for the entire duration of registration.
	Use a location that is large enough to consider volume of evacuees' vehicles, ideally close to an open fast food drive thru facility for access to food/drinks while waiting.
	Messaging is key: Provide location and ask evacuees to stay in their vehicle until a staff/volunteer member comes and to turn off their vehicle when registering with staff/volunteer so conversation can be heard and social distancing maintained.

	Note: There may be direction for spacing of vehicles so people aren't talking to each other through their open windows with less than 2m distance. This is based on direction received for a group wanting to plan a 'drive in' movie (currently not permitted).
	Provide social media link to access updates.
	Ensure bathrooms and washing stations (in parking lots) or hand sanitizer are available as most places are closed to the public. If bathrooms are provided, they will need additional cleaning.
	Consider having staff ensure social distancing at washrooms/cleaning stations/entrance of facility.
	Consider using multiple structures (trailers/tents) to operate as office space for staff & store elements, depending on the size of the event.
	Have a WIFI hub to enable internet access to registration platforms to work on laptops/iPad.
	If using pen/paper, have enough pens so the citizen keeps the pen (to prevent virus transfer).
	Inquire whether verbal consent (and documenting appropriately) from evacuee is considered enough to avoid unnecessarily touching surfaces/pens.

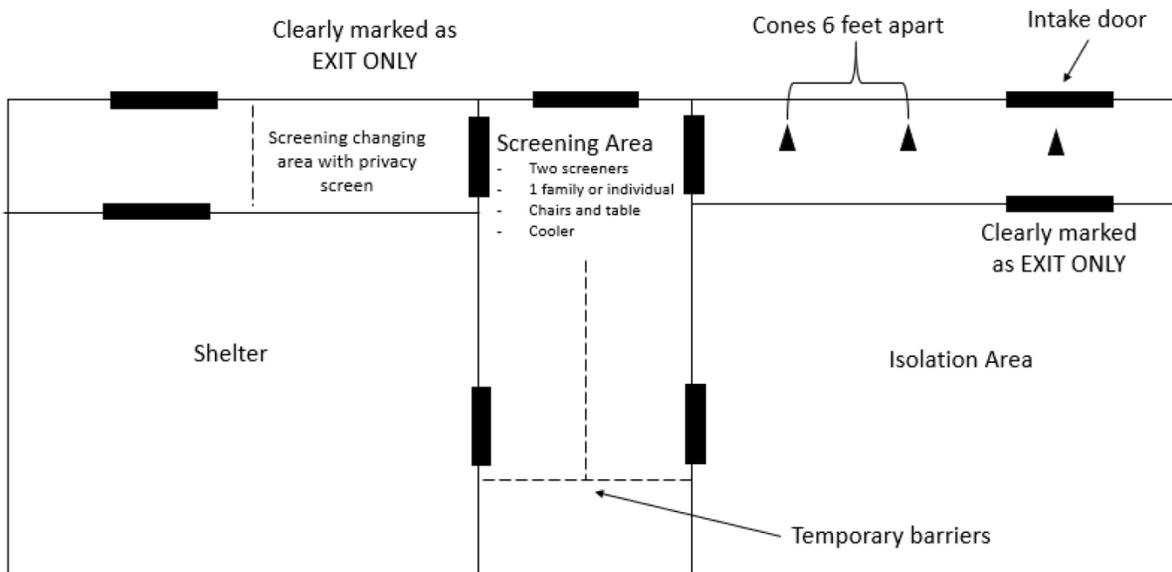
Traditional Registration Model considerations:

Ensure physical distancing protocols remain in place, in all locations within the registration facility. Consider implementing registration in the following fashion:

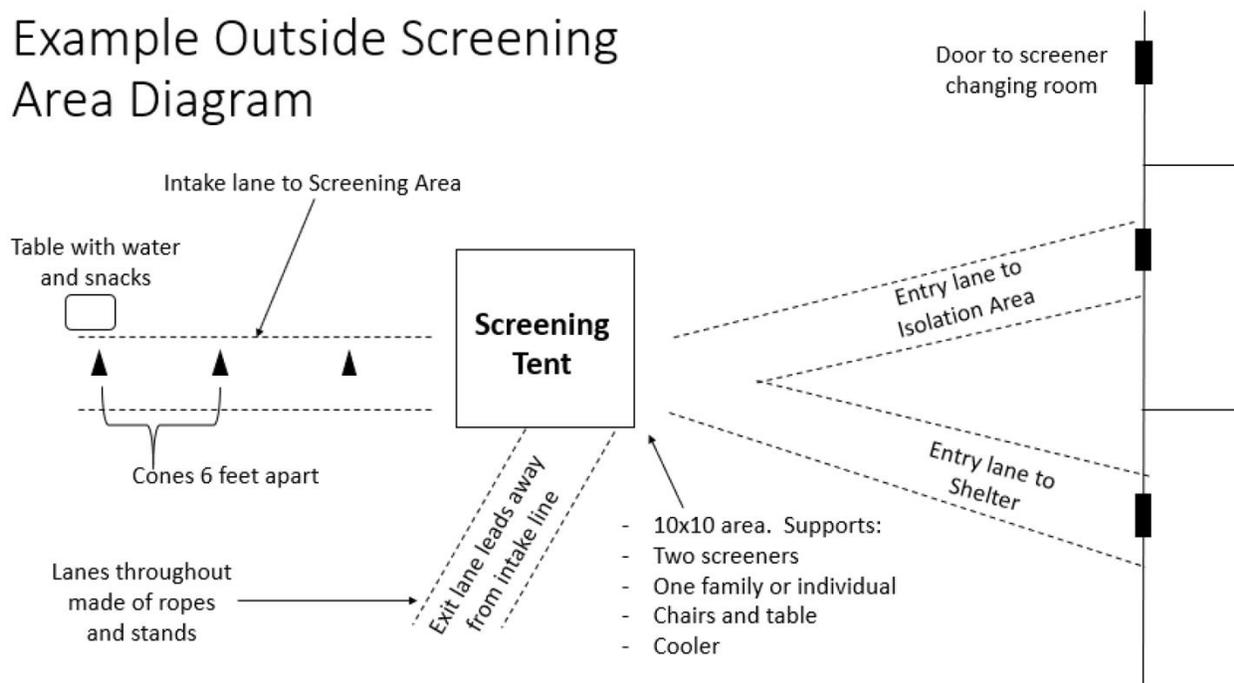
- **One way in and one way out**
- **6 feet of distancing between each person/family unit**
- **Staff/volunteers to monitor traffic flow in and out of building**

	
	Request AHS support on site for entire duration of registration.
	Ensure COVID screening occurs in a separate area from reception centre. Consider screening as vehicles come into parking lot, before they get out of vehicle.
	Post signage before entry to screening area that says: "ALL individuals entering facility MUST be health screened. Family units or individuals MUST maintain 6-foot distance from others."
	Use a form of identification to restrict movement into reception centre without it (i.e. bracelets).
	For those who present with symptoms or are COVID-19 positive, registration should occur somewhere separate.
	Consider having staff/volunteers fill in the form and have paper and pen for citizen to write information on and that is not returned to worker.
	Ensure cleaning of registration stations and documentation (tables, pens, chairs & computers) after every individual/family.

Example Inside Screening Area Diagram



Example Outside Screening Area Diagram



Figures: COVID-19 Shelter Health Screening
American Red Cross

ACCOMMODATIONS

Careful consideration of the location and layout of lodging accommodations is recommended. The Ministry of Health (MOH) has advised communities to, where possible and appropriate:

- Select lodging options that promote physical distancing between evacuees. This includes hotels/motels, dormitories with separate floors/wings, worker camps, and RV parks for example.
- Select lodging options to separate evacuees based on both COVID-19 risk and levels of health/social service’s needs.

Group lodging (e.g. cots in a large open space) is strongly cautioned and should be considered only as a last resort. Where local authority planning indicates that group lodging will be required to accommodate evacuees, Alberta Health Services (AHS) should be engaged early in the planning process to provide specific guidance.

	
	<p>All accommodations and common living spaces must be cleaned prior to evacuee arrival and following departure according to AHS disinfection guidance:</p> <ul style="list-style-type: none"> • Ensure common touch surfaces such as doorknobs, counters and railings are cleaned and disinfected • Post information on preventing the spread of COVID-19 within facility (see Appendix E) • Ensure publicly accessed phones, computers/iPad and chargers are cleaned between uses
	<p>Ensure all individuals have been screened for COVID prior to entering lodging facility and on an ongoing basis (i.e. if they leave the facility and return). Consult with AHS regarding details for frequency.</p>
	<p>Consider how you will manage high volumes of personal information (especially in congregate housing).</p>
	<p>Triage, prioritize and isolate individuals and families who are required to self-isolate as per the direction of health authorities. A separate living unit such as a trailer or hotel room is considered ideal.</p> <ul style="list-style-type: none"> • Asymptomatic immediate family members should be kept together
	<p>The additional considerations are also required for individuals who are self-isolating:</p> <ul style="list-style-type: none"> • Identify how the sick person will be cared for while in isolation. This includes meal service, daily health and welfare checks, daily cleaning and disinfection of the living area and laundering of clothes and bedding • Determine how the sick person will be transported for medical follow-up if required • Plan for how medication and other necessities will be obtained for the sick person
	<p>Best practice would be to prioritize and isolate (separate wing, floor) vulnerable populations as per the definition of the MOH: Those who are aged 65 and over, those with compromised immune systems, and those with underlying medical conditions as there is an increased risk of more severe outcomes.</p>
	<p>Physical distancing should be promoted within common areas (e.g. elevators, hallways, laundry facilities, etc.)</p> <ul style="list-style-type: none"> • Ensure physical distancing and monitor/prevent large gatherings of more than 15 people

	<ul style="list-style-type: none"> • Provide evacuees with supplies to allow for daily upkeep of private sheltering space (to ensure physical distancing) • Incorporate principles of physical distancing during all essential activities • Best practices may also involve put green tape every 6 feet apart down the hallways, behind registration counters, and anywhere else where people may tend to congregate
	<p>Provide access to hand-washing stations with soap and water and/or hand sanitizer including at building entrance and common areas (e.g. elevators, hallways, laundry facilities, etc.). The following options may be considered:</p> <ul style="list-style-type: none"> • Using motion-activated hand sanitizer stations when possible • Giving everyone their own small bottle of hand sanitizer (preferably non-alcoholic) when available <p>When providing individually wrapped hand sanitizing wipes (like Wet Naps) lay them out in a single layer. Do not place them in a box or other container where people must reach in and get them. Correct disposal (in the garbage, not flushed) must be emphasized.</p>
	<p>Provide lodging code of conduct to evacuees and staff/volunteers to ensure mutual common understanding including following public health orders.</p>
	<p>Consider contracting security services at the offset of housing to manage social distancing protocols and mitigate threats to staff/volunteers or others (spitting, coughing, etc.).</p>

RV/Trailer Considerations:

	
	Consider how access to water, soap, hand sanitizer and cleaning facilities can be ensured.
	Consider how social distancing of staff/evacuees can be ensured during electrical hook-up.
	If providing food service, consider requesting contactless delivery.

Group/Congregate Lodging Considerations:

	
	Call and consult with AHS to ensure spaces meet environmental health and infection, prevention and control standards.
	Ensure risk mitigation strategies such as physical distancing are in place during normal operations of essential services that include more than 15.
	Non-essential indoor and outdoor gatherings that include more than 15 people, such as informal social gatherings must not proceed.
	Best practice is to space cots 2 meters apart. Work with AHS Public health Inspector and fire marshal for establishing cot layout.
	Operators must facilitate 2 metres of physical distance between clients during normal daytime operations.

PET MANAGEMENT

The current spread of COVID-19 is a result of human-to-human transmission. Pets can contribute to our overall happiness and well-being, especially in times of stress and there is currently no evidence to suggest that pets or other animals play a role in transmitting the disease to humans. Scientists are still trying to understand if and how it affects animals.

Overall, the Ministry of Health (MOH) has provided some triage guidance that is relevant to emergency social services in relation to triage and accommodations which are outlined below. Some additional best practices follow as a result of lessons identified from Alberta’s subject matter experts during recent evacuations.

	
	If people are feeling well (no symptoms of COVID-19) and are NOT self-isolating because of COVID-19 illness, they can continue to spend time with their pet. This can contribute to keeping both the person and pet healthy.
	<p>If a person has COVID-19 OR COVID-19 symptoms OR is self-isolating due to contact with a COVID-19 case, they should follow similar recommendations around animals, as they would around people in these circumstances. This includes:</p> <ul style="list-style-type: none"> • Avoiding close contact with animals during the illness. If possible, have another person care for the pet • If this is not possible, always wash your hands before and after touching animals, their food and supplies and practice good cough and sneezing etiquette • Limiting the pet’s contact with other people and animals outside the household until the illness is resolved
	Review Memorandums of Understanding (MOUs) with local SPCA, boarding facilities and veterinary clinics if pets cannot be kept with the owner.
	Seek professional advice from local veterinarian or a public health professional who can answer additional questions and guide best practices.

FEEDING AND EATING

There is currently no evidence to suggest that food is a likely source or route of transmission of COVID-19 and there are currently no reported cases of virus transmission through properly prepared food. People are unlikely to be infected with the virus through food. Scientists and food safety authorities across the world are closely monitoring the spread of COVID-19. If concerns are raised of a potential food safety risk, appropriate actions will be taken to ensure the safety of Canada's food supply.

The health guidance below offers guidelines and best practices for feeding considerations. Overall, these relate to:

- Maintaining physical distancing while receiving and consuming foods.
- Minimizing multiple contacts with food
- Maintaining frequent and comprehensive cleaning schedule

Individual delivery/consumption:

	
	Consider whether your community can set up a delivery account such as Grub Hub or Skip-the-Dishes account and have evacuees order using this account to ensure dietary, cultural, and other observations are maintained.
	Maintain social distancing when serving snacks, beverages and meals by following these steps for the “set it down and step back” method outlined in employee information package in Appendix A.
	Encourage physical distancing with the delivery person.
	Wash your hands after handling the delivery, food and food packaging.

Mass delivery/consumption:

	
	<p>If having food individually delivered ask for contactless payment whenever possible:</p> <ul style="list-style-type: none"> • Key fob • Pay online • Tap and go • Mobile payments
	Have your food dropped off at the doorstep.
	Clean all high touch surfaces regularly with sanitizing spray, wipes, or bleach solution after each use.
	Place portable handwashing stations near snack area, meal serving area, and eating areas, when applicable. This could include providing access to soap and water or hand sanitizer.

	<p>If requesting catering/making meals, use individually packaged meals. Examples include:</p> <ul style="list-style-type: none"> • Boxed meals (as with sandwich, fruit, and chips) completely contained in a box or bag; • Complete meals from a caterer, vendor, or restaurant that are delivered already sealed in containers and labeled with the contents;
	<p>Discourage sharing items such as dishes, drinking glasses, cups and eating utensils. After using these items, they should be washed thoroughly with soap and water, placed in the dishwasher for cleaning, or washed in the washing machine.</p>
	<p>Maintain social distancing when serving snacks, beverages and meals by following these steps for the “set it down and step back” method outlined on the following page.</p> <ul style="list-style-type: none"> • Consider putting green tape every 6 feet apart for people to stand as people get their meals as illustrated in figure below “Serving meals to non-isolated clients in shelters”.
	<p>Strive to ensure physical distancing as much as possible in dining areas (i.e., delivering meals to rooms or staggering dining times for evacuees to allow physical distance in spaces).</p>
	<p>If available, use separate rooms for eating. For example, at a group lodging that is a school, use classrooms.</p> <ul style="list-style-type: none"> • Do not have more people in any room than is safe to maintain social distancing • Count the chairs and only allow that number of clients into the room
	<p>If separate eating rooms are not available, clients may retrieve their food to eat at their assigned cot. Ask people to put all trash in garbage cans located away from the immediate vicinity of cots.</p>
	<p>Do not serve common touch food items such as pizza, chips, nuts, candy, fruit bowls.</p>
	<p>Consult with AHS staff to determine how to serve clients in the isolation care area and request their assistance.</p>

Serving Meals to Non-Isolated Clients in Shelters

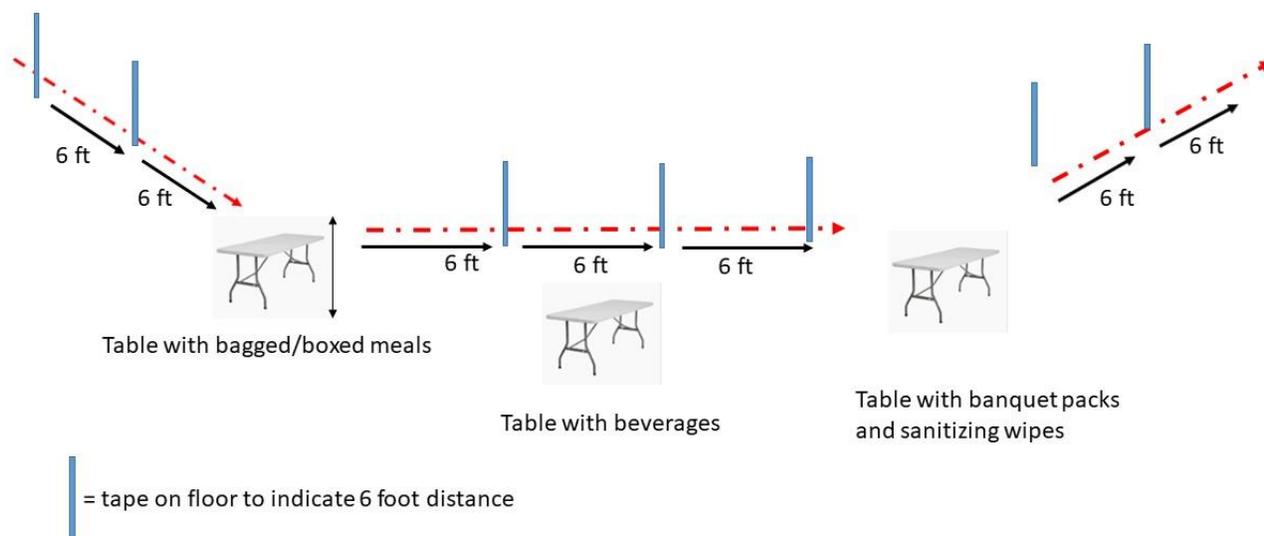


Figure: Ref (14) - Feeding in COVID Congregate Shelters
American Red Cross

CLOTHING

At this time of writing, it is uncertain how long COVID-19 survives on surfaces, but it seems to behave like other coronaviruses. Preliminary information on COVID-19 suggests that the virus may persist on surfaces for a few hours or up to several days depending on different conditions, such as temperature, type of surface, and humidity of the environment. For this reason, it would not be prudent to accept clothing donations for evacuees at this time.

Products shipped within or from outside of Canada could also be contaminated. However, because parcels generally take days or weeks to be delivered, and are shipped at room temperature, the risk of spread is low.

	
	Provide new clothing to evacuees as this appears to be the safest alternative as additional evidence accumulates.
	Certain grocery stores (Walmart, Superstore, Costco) currently provide clothing and some provide timely delivery service.
	Maintain social distancing when distributing clothing.

DONATIONS MANAGEMENT

Due to initial research suggesting that the coronavirus may persist on surfaces for a few hours or up to several days depending on different conditions, such as temperature, type of surface, and humidity of the environment, it would not be advisable to accept donations, other than financial gifts at this time. Options for managing donations in this environment could include:

	
	Best practice is currently not to accept donations and message accordingly.
	If accepting financial gifts, consider gift cards (as these can be wiped off) and messaging accordingly.
	Consider referring the public to donate to the " Bits & Pieces " program.

HEALTH CONSIDERATIONS: NON-URGENT MEDICAL CARE & MENTAL HEALTH

In the COVID-19 environment, many areas of Alberta Health Services (AHS) are operating with reduced staffing availability. This may impact the ability of AHS to provide health services during evacuation. Work with local social service providers to develop processes to allow evacuees to access services virtually or physically distanced, wherever possible.

Where required and appropriate, AHS may provide:

- Evacuee health screening guidance or support, including assessment for COVID-19 risk and public health follow-up with individuals who have tested positive for COVID19 and have been evacuated.
- Referral and general healthcare way finding to connect individuals and families with appropriate health services within the community, and;
- On-site health services including medical assessment and treatment and, if appropriate, COVID testing or referral.

	
	Educate evacuees on how to self-monitor for symptoms of COVID-19 for the duration of the evacuation period.
	In the event that an evacuee or close contact of an evacuee develops symptoms of COVID-19 such as fever, cough, and difficulty breathing (see Ministry of Health (MOH) COVID-19 website for latest case definition), the suspected case and their close contacts should immediately self-isolate and use the self-assessment tool, if possible. They should also immediately inform the evacuation centre coordinator or community liaison (if applicable). The evacuation centre coordinator or community liaison should then contact the local public health unit for guidance on next steps and to initiate case and contact management.
	Call 911 should an evacuee require emergency medical care, and identify to the dispatcher that they are being sheltered in the community.
	Explore options for virtual and telehealth care as an extension of home community arrangements (i.e., nursing stations).
	If care is being provided face-to-face, precautions outlined in COVID-19 Assessment Tool for the Health Care Workers and Those Involved in Public Health Enforcement should be followed by healthcare workers.
	Ensure your facility has a strong WIFI connection to access Online supports.
	Ensure phones, chargers, laptops, iPad and computers are cleaned frequently and appropriately.

Considerations for Non-Urgent Medical Care:

	
	Consider building additional capacity with local groups such as St. John's ambulance.

Considerations specific to Mental Health:

	
	<p>AHS will plan directly with existing clients (e.g. home care, addiction and mental health) to facilitate access to required services during the evacuation.</p>
	<p><i>Wellness Together</i> is a FREE Mental Health and Substance Abuse Support that offers telephone and video counselling. It can be accessed by calling 1-866-585-0445 or visiting http://www.wellnesstogether.ca/</p>

APPENDIX A

Messaging for Staff and Volunteers to Mitigate the Spread of COVID-19

As we continue to see transmission of the virus within different communities, we know that everyone must take precautions. You are asked to stay home if you are feeling unwell. In addition, we ask that you monitor for signs of COVID-19 and stay home if you:

- have been diagnosed with COVID-19
- have symptoms of COVID-19, take the Self-Assessment Tool Online (<https://myhealth.alberta.ca/Journey/COVID-19/Pages/Assessment.aspx>)
- have travelled outside of Canada in the past 14 days
- are in quarantine (self-isolating)
- are isolating

If you start experiencing symptoms while at work, you should isolate yourself from others immediately, notify your supervisor and go home as soon as possible, avoiding public transportation and taking measures to protect others around them.

Together, we can slow the spread of COVID-19 by making a conscious effort. Practicing frequent and thorough hand hygiene, as well as not touching one's face, good respiratory etiquette, and physical distancing are the most effective ways to prevent infection. All staff are required to follow these measures during the entirety of their shifts:

Hygiene

Proper hygiene can help reduce the risk of infection or spreading infection to others:

- Wash your hands often with soap and water for at least 20 seconds, especially after using the washroom and when preparing food
 - Use alcohol-based hand sanitizer if soap and water are not available
- When coughing or sneezing:
 - Cough or sneeze into a tissue or the bend of your arm, not your hand
 - Dispose of any tissues you have used as soon as possible in a lined waste basket and wash your hands afterwards
- Avoid touching your eyes, nose, or mouth with unwashed hands
- Disinfect cell phones and devices with every 4 hours

Physical distancing

One of the most effective ways to reduce the spread of illness during an outbreak is through physical distancing. This means making changes in your everyday routines to minimize close contact with others, including:

- Keeping a distance of at least 2 metres (approximately 1 refrigerator) from others
- Avoiding common greetings, such as handshakes
- Avoiding gathering in groups and crowded places
- Limiting contact with people at higher risk like older adults and those in poor health
- When offering masks, food, or supplies, use the “set it down and step back” method;
 - Place the item down on a table or other surface
 - Step 6 feet away so client can safely pick up the item

Set It Down and Step Back Method for Serving Meals and Snacks

Step	Staff member will:
1	Use tape to mark spots on the floor, 6 feet apart. Ask people to stand on the tape and move to next tape when the client ahead of them has moved forward.
2	Spread out boxed/bagged meals and shelf-stable food on tables.
3	Make sure boxed/bagged meals are labelled with the contents. For example, for boxed sandwich meals, label with the main meat component (like ham, turkey, or vegetable) so people do not open the boxes.
4	Place items with nutrition information visible to the client when possible. For example, place canned items so that labelled nutrition information is visible.
5	Encourage people to take their meals one at a time and 6 feet apart.
6	Ask people to take what they touch or to discard it.

Ref (14): Process for Meals, Feeding in COVID Congregate Shelters, American Red Cross

Cleaning

It is not certain how long COVID-19 survives on surfaces, but it seems to behave like other coronaviruses. Preliminary information on COVID-19 suggests that the virus may persist on surfaces for a few hours or up to several days depending on different conditions, such as temperature, type of surface and humidity of the environment.

Although they do not claim to kill COVID-19, cleaners can play a role in limiting the transfer of microorganisms Health Canada recommends cleaning high-touch hard surfaces often, using either regular household cleaners or diluted bleach according to the label directions. See information and posters on

cleaning and disinfecting public spaces in Appendix E. Surfaces frequently touched with hands are most likely to be contaminated, include:

- Tables
- Handrails
- Doorknobs
- Electronics
- Counter tops
- Light switches
- Faucet handles
- Cabinet handles
- Elevator buttons

Wearing Masks

When sick, wearing a mask helps prevent us from passing illnesses on to other people. Wearing a non-medical mask, such as a homemade cloth mask, has not been proven to protect the person wearing it. However, wearing a non-medical mask may be helpful in protecting others around you . This is because face coverings are another way to cover your mouth and nose to prevent respiratory droplets from contaminating other people or surfaces. Additionally, wearing a mask may stop you from touching your nose and mouth.

If you are asked to wear a non-medical mask or face covering during your shift:

- You must wash your hands before putting it on, as well as before and after taking it off
- Ensure your mask is well-fitted and does not gape at the sides
- Be aware that masks can become contaminated on the outside. Avoid moving or adjusting the mask. Assume the mask has been contaminated and take proper precautions
- Cloth masks should be worn only a short time, as there is some evidence that they can trap virus particles after they become damp, which may put the wearer at greater risk
- For those choosing to wear non-medical masks, it may be prudent to carry a bag with several clean masks in it, as well as a plastic bag that can be used to safely store used masks until they can be washed at home
- It is critical that used masks be carefully handled to avoid spreading infection to others

See handouts in Appendix E for guidance on how to put on and remove personal protective equipment.

APPENDIX B

Staff/Volunteer Mental Health Screening Tool

Courtesy of: Town of Canmore, Lisa Brown

Purpose: This mental health check-in is designed to create space for a conversation. There is no right or wrong answer.

In addition to the conversation, it is important that supervisors/ managers encourage stress mitigation options such as massage therapy, yoga, healthy eating, and meditation. Clear expectations and guidelines on number of hours worked in a day/ week and mandatory time off is also an essential component of maintaining mental well-being in an emergency.

Possible check in questions start of shift:

- How was your sleep last night?
- When did you last eat a whole meal?
- Is there anything you need today to help your day go smoothly?

Possible check out questions to end the shift:

- What went well for you today?
- What was challenging for you today?
- Is there anything that could have been provided to have made your day better?

APPENDIX C

FAQ sheet on COVID-19 for Evacuees

- Provide with information on preventing the spread of coronavirus (see Appendix E)
- Provide information on How to Wash Your Hands and covering their cough (see Appendix E)
- Provide information on How to Practice Physical Distancing (see Appendix E)
- How to communicate concerns (re: health status)
- Protocols for usage of facial coverings (if applicable/available)
- Where social distancing must always be practiced (registration, common areas, dormitories in group lodging setting)
- Outline protocol for screenings when entering lodging facility (if applicable)
- Discourage sharing household items such as dishes, drinking glasses, cups, eating utensils, towels, pillows, or other items with others.
- Sanitation protocols with garbage, room cleanings, etc.
- Feeding protocols (handwashing, distribution method, and eating location)

APPENDIX D

Information on Cohort Families

Families with children who may require additional support can partner with another family to create a cohort family. This is an agreement to maintain physical distancing from everyone else.

All family members in a cohort must:

- Be completely committed to isolating from people outside the cohort family, except when it is necessary, such as to go grocery shopping or pick up prescriptions
- Be healthy and not show any COVID-19 symptoms (cough, fever, shortness of breath, runny nose or sore throat)
- Not have underlying medical conditions
- Not be at high risk (for example, seniors)
- Have not travelled outside Canada in the last 14 days

APPENDIX E

Information Sheets and Posters

Alberta Health Services: <https://www.albertahealthservices.ca/topics/Page17000.aspx>

- Visitor Alert: Public Facilities
- Only Approved Visitors
- Returning Travellers
- Patient Symptoms
- Typical Symptoms of COVID-19
- COVID-19 vs Cold/Flu
- Physical Distancing for AHS Sites
- Cover Your Cough
- How to Hand Wash
- How to Use Alcohol-based Hand Rub
- Patients: When & How to Wear a Mask
- Donning Personal Protective Equipment (PPE)
- Doffing Personal Protective Equipment (PPE)
- Contact & Droplet Precautions
- Healthcare Workers: How to Wear a Mask
- Daily Fit for Work Screening
- Daily Fit for Work Screening Online Tool
- Vulnerable Populations: Modified PPE for COVID-19

Government of Alberta: <https://www.alberta.ca/covid-19-information-posters.aspx>

- COVID-19 information sheets (available in multiple languages)
- FAQ on COVID-19 for People with Disabilities
- Practice physical distancing
- Food-serving facilities
- Public transportation tips
- Elevator etiquette

Public Health Agency of Canada: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/awareness-resources.html>

- Cleaning and Disinfecting Places during COVID-19
- Help reduce the spread of COVID-19: Information for Indigenous communities

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REFERENCES

1. Ministry of Health, Government of Ontario (2020). COVID-19 Guidance: Community Emergency Evacuations. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_community_emergency_evacuations_guidance.pdf
2. Alberta Health Services (2018). Reception Centres: A Guide for Municipalities, Alberta Health Services. Retrieved from <https://www.albertahealthservices.ca/assets/wf/eph/wf-eph-reception-centres-municipalities.pdf>
3. Ministry of Health, Government of Ontario (2020). COVID-19 Patient Screening Guidance. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf
4. Government of Alberta (2020). Exemptions and Clarifications for Operators of Shelters and Temporary or Transitional Housing Facilities. Retrieved from <https://open.alberta.ca/dataset/61b43704-7469-488f-a0a5-b06e6be03ca4/resource/a12974fd-65a5-4eea-ac2b-54f9a4162af8/download/health-cmoh-exemption-operators-of-shelters-2020-03-30.pdf>
5. Ministry of Health, Government of Ontario (2020) Guidance for mask use in long-term care homes and retirement homes. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_guidance_ltc_retirement_homes.pdf
6. Alberta Health Services (2020). AHS Guidance for Local Authority Evacuation in a COVID-19 Environment. Retrieved from <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-guidance-local-authority-evacuation.pdf>
7. Government of Alberta (2020). Information on Cohort Families. Retrieved from <https://www.alberta.ca/prevent-the-spread.aspx-cohort-families>
8. Government of Alberta (2020). Protecting residents at congregate care facilities. Retrieved from <https://www.alberta.ca/protecting-residents-at-congregate-care-facilities.aspx>
9. Alberta Health Services (2020). AHS Guidance for Local Authority Evacuation in a COVID-19 Environment. Retrieved from <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-guidance-local-authority-evacuation.pdf>
10. World Health Organization (2020). Naming the coronavirus disease (COVID-19) and the virus that causes it, Retrieved from [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)
11. Government of Alberta (2020) Self Isolation Information Sheet. Retrieved from <https://rdc.ab.ca/sites/default/files/uploads/documents/98725/self-isolation-information-sheetfeb5-final.pdf>
12. Office of the Privacy Commissioner (2020) A Framework for the Government of Canada to Assess Privacy-Impactful Initiatives in Response to COVID-19. Retrieved from https://www.priv.gc.ca/en/privacy-topics/health-genetic-and-other-body-information/health-emergencies/fw_covid/
13. American Red Cross (2020). COVID-19 Shelter Health Screening
14. American Red Cross (2020). Feeding in COVID-19 Congregate Shelters

15. Alberta Health Services (2020). Recommendations for Environmental Cleaning of Public Facilities Retrieved from <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-environmental-cleaning-public-facilities.pdf>
16. Government of Canada (2020) Coronavirus disease (COVID-19): Summary of assumptions, Government of Canada. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/assumptions.html>
17. Alberta Health Services (2020). COVID-19 Assessment Tool for the Health Care Workers and Those Involved in Public Health Enforcement. Retrieved from <https://www.alberta.ca/assets/documents/COVID-19-assessment-tool-for-health-care-workers-and-public-health-enforcement.pdf>
18. Government of Alberta (2020). Alberta Personal Protective Equipment Guideline for Care of Individuals with Suspect or Confirmed COVID-19 in Health Care Settings. Retrieved from <https://www.alberta.ca/assets/documents/covid-19-healthcare-ppc-guidance.pdf>
19. Government of Canada (2020). Coronavirus Disease (COVID-19) Prevention and Risks. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html>
20. Government of Canada (2020). Risk-informed decision-making guidelines for workplaces and businesses during the COVID-19 pandemic. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/risk-informed-decision-making-workplaces-businesses-covid-19-pandemic.html>
21. Government of Canada (2020). Non-medical Masks and Face Coverings: How to Put on, Remove and Clean. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/how-put-remove-clean-non-medical-masks-face-coverings.html>
22. Government of Canada (2020). Non-medical Masks and Face Coverings. Retrieved from <https://www.canada.ca/en/public-health/news/2020/04/ccmoh-communication-use-of-non-medical-masks-or-facial-coverings-by-the-public.html>
23. Alberta Health Services (2020). Public Health Recommendations for Hotels, Hostels, and Inns, Alberta Health Services. Retrieved from <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-environmental-guidance-for-hotels-kbk.pdf>
24. Ministry of Health, Government of Ontario (2020). COVID-19 Guidance: Primary Care Providers in a Community Setting. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf
25. Government of Canada (2020). People Who Are at Higher Risk for Severe Illness. Retrieved from <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/social-distancing.html>



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