



COVID-19: INTERIM GUIDELINES FOR WOMEN'S SHELTERS

INTERIM GUIDELINES |
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Reviewed by Alberta Health but
not yet endorsed

Alberta Council of Women's Shelters

COVID-19: Interim Guidelines for Women's Shelters in Alberta

As women's shelters across our province respond to the novel coronavirus disease (COVID-19), we will be sharing resources to help programs stay informed and connected. This will involve a holistic response which takes into consideration individual, facility, network and community measures.

Humanitarian emergencies disrupt the physical and social environments that shape health and health problems, including violence.¹ Survivors of violence are already more vulnerable to economic and health insecurity and may experience increased isolation and danger due to the current COVID-19 pandemic. Survivors may have specific needs around safety and health, and it is crucial to take those needs into consideration.

We will update this document as new information becomes available. The latest information is also available at alberta.ca/COVID19.

Last Updated: March 27, 2020

What Women's Shelters Can Do Right Now

1. **Stay informed about local COVID-19 information and updates.** The latest information for the province is available at alberta.ca/COVID19 and Alberta's Chief Medical Officer of Health has been providing live updates on a daily basis, usually at 3:30pm MST.
2. It is important to **stay updated on the latest public health orders**. To protect the health and safety of Albertans, law enforcement agencies now have full authority to enforce public health orders and issue fines for violations. A full list of public health orders is available on alberta.ca/COVID19. Recent public health orders that may impact your shelter include:
 - Mandatory 10-day self-isolation for people with symptoms that are not related to a pre-existing illness or health condition: cough, fever, shortness of breath, runny nose or sore throat.
 - Mandatory 14-day self-isolation for returning international travellers or close contacts of people with confirmed COVID-19.
3. **Identify key Alberta Health Services (AHS) public health contacts** for your specific AHS Zone and/or COVID-19 emergency unit. If you are not sure which Zone you are in, visit: <https://www.albertahealthservices.ca/zones/zones.aspx>
4. Open discussion with employees and residents about [everyday preventive actions](#) they can take. Download [COVID-19 posters and fact sheets](#), [videos](#), and keep your clients and guests informed about changes to services that might be related to the pandemic. Messaging may include:
 - Encouraging ill staff and volunteers to stay home (or be sent home if they develop symptoms while at the facility), to prevent transmitting the infection to others.
 - Washing hands often and practicing respiratory hygiene.
 - Limiting close contact with others (2 metres or 6 feet).

¹ World Health Organization (2005). Violence and Disasters. *World Health Organization*. Retrieved from: https://www.who.int/violence_injury_prevention/publications/violence/violence_disasters.pdf

- Practicing social distancing. This involves taking steps to limit the number of people you come into close contact with. It can help you reduce the risk of getting sick. This is not the same as self-isolation. You do not need to remain indoors, but you do need to avoid being in close contact with people. A social distancing fact sheet is available here: <https://www.alberta.ca/assets/documents/covid-19-social-distancing-fact-sheet.pdf>
 - Posting signs at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette. A set of 10 posters to support awareness and actions that can be taken to help prevent the spread of COVID-19 is available here: <https://open.alberta.ca/publications/covid-19-information-help-prevent-the-spread-poster>.
 - Announcements about the importance of preventive measures.
 - Providing educational materials about COVID-19 for non-English speakers, as needed.
5. **Provide COVID-19 prevention supplies** at your shelter. Have supplies on hand for staff, volunteers, and those you serve, such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, disposable [facemasks](#), and gloves. Provide alcohol-based hand sanitizers that contain at least 60% alcohol at key points within the facility, including registration desks, entrances/exits, and eating areas. Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Plan to have extra supplies on hand during a COVID-19 outbreak.
 - Disposable facemasks should be kept on-site and used only on someone who is sick at your organization. Those who are sick should be immediately isolated from those who are not sick and given a clean disposable facemask to wear while staying at the shelter.
 - People who have a cough or respiratory symptoms should wear masks. If you are sick, wearing a mask helps prevent spreading the illness to other people. If you are healthy, medical masks are **not** recommended as they do not provide full protection and can create a false sense of security.
 6. Enhance your **cleaning and disinfection** practices, especially for common areas, and encourage residents to do the same. Information to support owners and operators of public facilities with general cleaning and disinfection considerations as it relates to COVID-19 is found in Appendix One of this document: <https://www.alberta.ca/assets/documents/covid-19-guidance-for-shelters.pdf>
 7. If possible, **identify space that can be used to accommodate clients with mild respiratory symptoms and separate them from others**. Most persons with COVID-19 infections will likely have mild symptoms and not require hospital care. Designate a room and bathroom (if available) for clients with mild illness who remain at the shelter and develop a plan for cleaning the room daily, using proper protective equipment.
 - Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash. Gloves are single-use. Use only once, then dispose of immediately after use. Gloves and gowns should be removed carefully after cleaning a room or area occupied by ill persons to avoid contamination of the wearer and the surrounding area. Clean hands immediately after gloves are removed.
 8. **Identify clients, staff and volunteers who could be at [high risk](#) for complications** from COVID-19 (e.g., those who are older or have underlying health conditions) to ensure their needs are taken into consideration.
 - Staff and volunteers at high risk of severe COVID-19 should not be designated as caregivers for sick clients who are staying in the shelter. They should be encouraged to stay home to avoid contact and must stay home if they have symptoms consistent with COVID-19.

9. **Be prepared to transport persons with severe illness to alternative isolation spaces that may be available in your AHS Zone or municipality.** Only people requiring acute care for COVID-19 symptoms should go to a health facility and this should be via 911.
10. Plan with program staff and community partners for how you will continue to **provide essential services** and meet the needs of vulnerable populations. Consult with community leaders, local public health departments, and faith-based organizations about places to refer clients if your shelter space is full. Identify short-term volunteers to staff shelter with more usage or alternate sites. Consider the need for extra supplies (e.g., food, toiletries, etc.) and surge staff, ensuring they have personal protective equipment.
11. Perform a **risk analysis**: What risks will your clients, employees, and volunteers have? How do you protect them from the risks? How will you minimize the spread of the virus in the workplace?
12. Include **contingency plans** for increased absenteeism caused by employee illness or by illness in employees' family members that requires employees to stay home. These plans might include **extending hours, cross-training current employees, or hiring temporary employees**. Identify **critical job functions and positions, and plan for alternative coverage** (Use a process similar to the one you use when you cover for staff workers during the holidays). Inform employees who must self-isolate that there is financial support for working Albertans who are experiencing a loss of income resulting from self-isolation due to COVID-19: <https://www.alberta.ca/emergency-isolation-support.aspx>.
13. For large common areas, such as eating halls, **seat people at least 2 meters apart (this may require eating in shifts)** and check at the door to see if anyone coming in has symptoms of cough, fever or mild cold-like symptoms and asking them to eat in a different space.
14. **Food handling**: Germs from ill clients/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 client/resident handling of shared food and items that may touch another client's/resident's food, such as:
 - Dispense food onto plates for clients/residents
 - Minimize client/resident handling of multiple sets of cutleries
 - Remove shared food containers from dining areas (e.g. shared pitchers of water, shared coffee cream dispensers, salt & pepper shakers, etc.)
 - Dispense snacks directly to clients/residents 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

Operational Measures

- Organizations **should not use health status to discriminate in access to services**.
- Staff or residents who have tested positive for COVID-19 or who have been identified as a close contact to someone who has tested positive for COVID-19 will be **contacted by AHS Zone-specific public health and will receive follow-up advice** from them. Self-isolation is necessary.
 - <https://www.alberta.ca/assets/documents/health-self-isolation-information-sheet.pdf>
- As of March 25, 2020, Albertans are legally required under public health order to self-isolate for:
 - 14 days if they recently returned from international travel or are a close contact of someone with COVID-19
 - 10 days if they have a COVID-19 symptom (cough, fever, shortness of breath, runny nose, or sore throat) that is not related to a pre-existing illness or health condition.

- If a resident discloses that they were asked to isolate by public health or have mild respiratory symptoms consistent with COVID-19 infection, programs should consider using **off-site hotel rooms or a designated isolation space** from the shelter network, AHS Zone public health or municipality. Different solutions to providing isolation spaces for people who cannot self-isolate in their regular residential setting are being identified in various AHS Zones and municipalities.
 - If possible, designate a separate bathroom for sick clients with COVID-19 symptoms.
 - Increase cleaning and disinfection in areas accessed by people with symptoms.
 - If individual rooms for sick clients are not available, consider using a large, well-ventilated room.
 - In areas where clients with respiratory illness are staying, keep beds at least 6 feet apart and use temporary barriers between beds, such as curtains, and request that all clients sleep head-to-toe.
 - Follow [recommendations](#) for how to prevent further spread in your facility.
 - These AHS documents specific to congregate living settings may be helpful:
 - <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-outbreak-congregate-quick-reference.pdf>
 - <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-outbreak-management-congregate-guidelines.pdf>
- **If staff or clients have COVID-19 symptoms and are concerned about their health:**
 - Ask them to [take the online COVID-19 self-assessment](#)
 - [Call Health Link 811](#) for further instructions **if** directed by the self-assessment tool
 - Do not go to an ER or clinic – if you need immediate medical attention, call 911 and inform them you may have COVID-19
- Organizations can offer to assist staff and clients to access Alberta’s online self-assessment tool and to call Health Link 811 if the assessment tool directs them to do so. The organization should make reasonable efforts to have the clients follow public health instructions.
- If an organization has reason to believe that someone who has been in shelter has been exposed to the virus, without disclosing any identifying information about the individual (e.g., name, gender, age, whether staff or resident, etc.), the organization could make an announcement, such as, “We have reason to believe that there may have been exposure to [name infectious disease] in our facility. Here are the measures we are taking.”
- Aside from normal daily operations, shelters should consider **cancelling all social events that are non-essential.**
- **Minimize the number of staff members who have face-to-face interactions with clients** with respiratory symptoms. Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g., check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to **increase the distance between them.**
- **Limit visitors to the facility.** Non-essential visitors should be encouraged to cancel or postpone visits. Non-essential visitors with symptoms that are not related to a pre-existing illness or health condition: cough, fever, shortness of breath, runny nose or sore throat, should not be permitted to enter.
- **Create a communication plan for distributing timely and accurate information during an outbreak.** Identify everyone in your chain of communication (for example, staff, volunteers, key community partners and stakeholders, and clients) and establish systems for sharing information. Maintain up-to-date contact information for everyone in the chain of communication. Identify

platforms, such as a hotline, automated text messaging, and a website to help disseminate information to those inside and outside your organization. You also can learn more about [communicating to workers in a crisis](#).

Provision of Alternative Services

- **Shelters should consider moving as many of their services and programming as possible to mobile, remote or technology-based services.**
- When survivors are forced to stay in the home or in close proximity to their abuser more frequently, an abuser can use any tool to exert control over their victim, including a national health concern such as COVID-19. In a time where companies may be encouraging that their employees work remotely, and officials are encouraging social distancing, an abuser may take advantage of an already stressful situation to gain more control. **As experts in domestic violence, organizations should analyze and prioritize services and programming that are most needed at this time, taking into consideration the impacts that this emergency and its response will have on physical, social and mental health.** Services could include safety planning, outreach, advocacy and awareness campaigns, and crisis phone lines. Consider these [suggestions](#) to support survivors of domestic violence.
- **Programs and activities should be executed in a safe manner.** Programs need to balance the needs of their residents and clients with their capacity to adequately staff the shelter or program and make decisions accordingly.

Additional Things to Keep in Mind

- This may be a frightening and isolating time for survivors and their children. It is a good time to activate friends, family and community support. It is also important to **share accurate information and resources** with your community to make sure that friends, family, survivors and service providers have the tools they need to respond in ways that are safe and supportive for survivors of violence.
- Reporting could trigger invasive inquiries that require identifying information on all of the people who interacted with the reported person. It may result in breaching the confidentiality of multiple clients and exposing many of them to various harm.
- **The people we serve may be at increased risk of adverse mental health outcomes**, particularly during outbreaks of infectious diseases. Learn more about [mental health and coping](#) during COVID-19.
- Social distancing may not always be safe for people who are surviving violence in their relationships or in their families. Our response to this virus should include taking care of each other and reaching out to make sure that loved ones, friends, and colleagues have the care and support they need and if they feel safe at home.

Government of Alberta Recommendations

See alberta.ca/COVID19 for more information

Resources

Information is developing quickly. Follow these websites for reliable and frequent updates:

- [Alberta Health](#) (Government of Alberta)
- [Public Health Agency of Canada](#) (Government of Canada)

- [World Health Organization](#)

General information and guidance:

- [Guidance for Providers of Services to Albertans Experiencing \(or at-risk of\) Homelessness \(Government of Alberta\)](#)
- [Printable handouts and posters](#)
- Cleaning and Disinfection Recommendations: Appendix One of this [document](#)
- [Mental Health and Coping](#)
 - [Help in Tough Times \(AHS\)](#)
 - [Coping with stress during the COVID-19 Outbreak](#)
 - [Helping children cope with stress during the COVID-19 Outbreak](#)
- [Using Technology to Communicate with Survivors during a Public Health Crisis](#)
- [Government of Alberta Employer Guidelines](#)
- [Violence and Disasters, World Health Organization](#)