COVID-19 INFORMATION

GUIDANCE FOR MANAGERS AND OPERATORS OF INDUSTRIAL WORK CAMPS

Overview

Chief Medical Officer of Health (CMOH) Order 07-2020 (see order for complete details) requires that any place of business that is allowed to operate during the COVID-19 pandemic must:

- prevent the risk of transmission of infection to co-workers and members of the public by a worker or member of the public,
- provide for rapid response if a worker or member of the public develops symptoms of illness while at the place of business, and
- maintain high levels of workplace and worker hygiene.

This document has been developed to support managers and operators of industrial work camps with guidance on risk assessment and management as it relates to COVID-19. Work camp managers and operators must implement measures to provide for the protection of all individuals at the camp, including staff, clients and visitors (i.e., anyone coming on site that does not register as an overnight client, such as social visitors, delivery persons, repair persons, etc). It is important that information in this document be shared with staff and clients, and visitors to the work camp, as necessary.

Topics covered in this document include:

1) Information about COVID-19
2) Symptom monitoring, notification and isolation
3) Requirement to maintain contact information for all staff, clients and visitors
4) Transportation and coordination with work sites
5) Quarantine requirements
   a. Post international travel quarantine requirements
6) Rapid response plan development
7) General prevention measures
   a. Physical distancing
   b. Hand hygiene and respiratory etiquette
   c. General cleaning and sanitizing
   d. Screening visitors
8) Managing gatherings
   a. Work camp food facilities
9) Food handling

For any questions about the implementation of these guidelines or COVID-19 related health care concerns, please contact Alberta Health Services (AHS) at: workcamps@ahs.ca.

This information is not intended to address occupational health and safety (OHS) requirements. OHS questions and concerns can be directed to the OHS Contact Centre by telephone at 1-866-415-8690 (in Alberta) or 780-415-8690 (in Edmonton) or online.

As the COVID-19 outbreak is an evolving situation, this document and the guidance within is subject to change and will be updated as appropriate. The most up-to-date information related to COVID-19 can be found on Alberta Health’s dedicated COVID-19 website.
What is COVID-19?

- COVID-19 is an infectious disease. It is a member of the coronavirus family of viruses.
- Symptoms of COVID-19 are similar to cold and flu, such as:
  - cough
  - fever
  - shortness of breath/difficulty breathing
  - runny nose or
  - sore throat
- COVID-19 is spread from person to person mostly through tiny droplets of liquid produced by people who have the virus.
  - These droplets can be spread by activities such as talking, coughing, sneezing, laughing or singing and can land on people who are within 2 metres (6 feet) of the infected person.
  - COVID-19 may also be spread when a person touches an object or surface the virus has landed on and then touches their eyes, nose or mouth.
  - COVID-19 is not an airborne disease. It cannot spread through the air over long distances, nor does it linger in the air for a long time.
- If you are infected with COVID-19, it can take up to 14 days for you to start to experience symptoms.
  - Most people report experiencing symptoms within about 5 days of being exposed to COVID-19.
  - There is emerging evidence of transmission occurring up to 48 hours before symptom onset or even from people who are asymptomatic or whose symptoms went unnoticed, however, people that have COVID-19 and are asymptomatic (e.g., cough, fever, shortness of breath/difficulty breathing, runny nose or sore throat) cause the majority of transmissions.

Symptom monitoring, notification and isolation

- Work camp operators are responsible for ensuring that staff conduct a daily self-check for signs of COVID-19 before reporting for work. Operators should encourage clients to conduct daily self-checks as well.
- Any person experiencing any of these symptoms (cough, fever, shortness of breath, runny nose or sore throat) which are not related to a pre-existing illness or health condition must immediately inform camp management and operators must instruct staff not to come to the camp for the start of their shift or rotation cycle if they meet the criteria for isolation.
- Staff and clients should use the AHS Self-Assessment.
- Any person experiencing any of these symptoms (cough, fever, shortness of breath/difficulty breathing, runny nose or sore throat) which are not related to a pre-existing illness or health condition must be in isolation (CMOH Order 05-2020). See Appendix A for measures that must be taken immediately.
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Requirement to maintain contact information for all staff, clients and visitors

When individuals in a work camp exhibit COVID-19 symptoms they must be immediately isolated. Shortly after isolation, individuals may be tested. When a case of COVID-19 is confirmed, those who were exposed to the case must be quarantined to prevent further spread (see Appendix A).

In order to facilitate public health follow-up with symptomatic individuals and those exposed, work camp operators must maintain a running list of all staff, clients and visitors that have been to the camp. Visitors include anyone coming on site that does not register as an overnight client, such as social visitors, delivery persons, repair persons, etc. This inventory list must be maintained for at least six weeks and must contain:

- The full name and contact information (telephone number, email and physical address) of the individual
- The name and contact information (telephone number, email and physical address) of the individual’s employer

Public health officials will rely heavily on this information for their investigation, and it is imperative that the information is accurate and provided immediately upon request.

Transportation and coordination with work sites

- Where it is under the control of the work camp operator, physical distancing and mass gathering restrictions are to be applied to areas where workers/clients gather to board vehicles transporting them to the work site.
- The work camp must ensure that all employers using the camp services work together to prevent the risk of contact and droplet transmission amongst workers while in transport to and from the worksite.
- Workers with relevant symptoms are expected to leave a worksite immediately. The work camp must work with the work site to implement a strategy to safely transport sick workers from the worksite for the purpose of placing them directly into isolation at the camp.

Quarantine

CMOH Order 05-2020 (see order for complete details) states that the following persons must be in quarantine:

- Any person identified as a close contact of a confirmed case of COVID-19. See Appendix A for measures that must be taken immediately.
- Any person returning to Alberta after having travelled internationally. See also Post-International Travel Isolation Requirements below.

Post-international travel quarantine requirements

- Individuals returning from travel outside of Canada are legally required to quarantine for 14-days and monitor for symptoms. If symptoms develop in that time, they must isolate for at least 10 additional days from the onset of symptoms or until symptoms resolve, whichever is longer.
- Individuals returning from outside Canada must complete their quarantine and/or isolation, as necessary, before returning to the work camp.
- The latest information on Alberta’s travel restrictions and related precautionary requirements can be found online.
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Rapid response plan development

- Work camps must develop Rapid Response Plans to support the management of symptomatic individuals and confirmed cases of COVID-19, and to facilitate outbreak preparation and response.

- As set out at the beginning of this document, work camp operators have a responsibility to prevent the risk of transmission of infection to staff, clients and visitors at work camps and to provide for rapid response if a person develops relevant symptoms.

- Appendix A (COVID-19 Rapid Response Plan – Responding to an Elevated Risk of COVID-19) further details the steps that operators must take in order to develop a rapid response plan to manage symptomatic individuals, confirmed cases of COVID-19 and to prepare for an outbreak, should one occur.

- While the Government of Alberta and Alberta Health Services can provide some direction and support, there is much that operators must do to prepare. It is important that Appendix A be reviewed and fully complied with.

General prevention measures

- Restrict visitors to only those necessary for the safe and effective operation of the work camp/worksites (e.g., prohibit social visiting).

- Maintain a list of all visitors and their contact information in case contact tracing is required.

- Provide tissues and lined garbage bins for use by staff and clients. No-touch garbage cans are preferred.

- Post signage throughout your facility:
  - COVID-19 information [posters](#)
  - AHS Infection Prevention and Control [posters](#)

Physical distancing

- Physical distancing involves taking steps to limit the number of people you come into close contact with. It is a critical step in slowing down the spread of COVID-19.

- Staff should practice physical distancing, including minimizing close contact with others and limiting the number of clients in given areas at any one time to enable physical distancing by everyone.

- Advise clients to also practice physical distancing. Include information on control measures when this is not feasible (e.g., when two or more individuals are required to turn valves or lift heavy objects).

- All reasonable steps should be taken to maintain a distance of at least 2 metres (6 feet) between individuals at all times.

- Encourage clients to limit widespread social interaction and to develop routines that reduce potential spread and enable easier contact tracing if a confirmed case of COVID-19 appears.

- More information on physical distancing can be found [online](#).
Hand hygiene and respiratory etiquette

- Hand hygiene is one of the most effective ways to prevent the spread of communicable diseases and infections.
- Promote and facilitate frequent, proper hand hygiene for staff and clients.
  - Ensure common areas have adequate supplies to facilitate proper hand hygiene:
    - Provide a sink with soap, running water and paper towels/hot air dryers, and instruct staff to wash their hands often with soap and water for at least 20 seconds, or
    - Provide alcohol-based hand sanitizer (greater than 60% alcohol content) for staff, clients and visitors. A list of hand sanitizers authorized by Health Canada can be found online.
    - Include educational posters and information at hand cleaning/sanitizing locations.
- Remind staff and clients of the importance of hand hygiene and respiratory etiquette (e.g., cover coughs and sneezes with sleeve or disposable tissues) and the importance of not touching eyes, nose and mouth. Encourage them to also remind one another.
  - The AHS hand hygiene education webpage has more information, posters and videos to help employers and workers learn about hand hygiene
- Staff must wash their hands 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 client belongings, after cleaning activities, and after using the washroom. Refer to hand-washing guidance online.
- If using disposable gloves for any tasks, handwashing is still important and must be done before putting on and after removing the gloves. If using gloves, they must be changed frequently, especially if they become dirty or torn.
- Cover your cough and sneezes and then wash your hands. Respiratory etiquette guidance can be found online.

General cleaning and sanitizing

- Increase daily cleaning and disinfection of common areas and surfaces to at least three times per day. Pay particular attention to door knobs, light switches, staff rooms, desktops, stair railings, washrooms and other high touch surfaces.
- Cleaning refers to the removal of visible dirt, grime and impurities. Cleaning does not kill germs but helps remove them from the surface.
- Disinfecting refers to using chemicals to kill germs on surfaces. This is most effective after surfaces are cleaned. Both steps are important to reduce the spread of infection.
- Use a disinfectant that has a Drug Identification Number (DIN) and a virucidal claim. Alternatively, use a bleach-water solution with 100 ml of unscented bleach in 900 ml of water.
  - There should be a DIN on any disinfectant purchased in Canada. To confirm, look for an 8-digit number (normally found near the bottom of a disinfectant's label).
  - A list of Health Canada approved disinfectants can be found online. Alternatively, you can prepare a bleach water solution with 100 ml of unscented household bleach per 900 ml of water.
- Be sure to follow the instructions on the label to disinfect effectively.
- Clean and disinfect all accommodation rooms before a change in occupants. Since individuals can be infectious 2 days before symptoms, there is a chance that an apparently healthy individual could contaminate the room just before rotating out.
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Screen visitors for COVID-19 upon arrival:

- Work camp operators should limit the number of external visitors to sites as much as possible. When a site visit is essential, the operator or managers must screen visitors before they enter the site, using the following tool:

<table>
<thead>
<tr>
<th>1.</th>
<th>Do you have any of the below symptoms:</th>
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<tbody>
<tr>
<td></td>
<td>• Fever (greater than 38.0 C)</td>
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<tr>
<td></td>
<td>• Cough</td>
</tr>
<tr>
<td></td>
<td>• Shortness of Breath / Difficulty Breathing</td>
</tr>
<tr>
<td></td>
<td>• Sore throat</td>
</tr>
<tr>
<td></td>
<td>• Runny nose</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>2.</th>
<th>Have you, or anyone in your household travelled outside of Canada in the last 14 days?</th>
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</table>

<table>
<thead>
<tr>
<th>3.</th>
<th>Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?</th>
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</table>

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<tr>
<th>4.</th>
<th>Are you currently being investigated as a suspect case of COVID-19?</th>
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<table>
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<tr>
<th>5.</th>
<th>Have you tested positive for COVID-19 within the last 10 days?</th>
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</thead>
</table>

If a visitor answers YES to any of the questions, the individual MUST NOT be admitted to the work camp. You are encouraged to observe visitors for any of the symptoms listed above.

Managing gatherings

- **CMOH Order 07-2020** prohibits both indoor and outdoor gatherings of more than 15 people, to protect Albertans’ health by limiting the spread of COVID-19. A gathering is any event or assembling that brings people together in a single space at the same time. Up-to-date information on Alberta’s guidelines for gatherings can be found [online](#).
  - Order 07-2020 does not prohibit the operation of workplaces with more than 15 people; however, such workplaces must apply physical distancing practices.
- All restrictions on gatherings must be implemented in work camps including, but not limited to, the following:
  - Social amenities, gyms and recreational facilities must be closed.
  - All in-person meetings on site, including toolbox meetings, must follow mass gathering restrictions and physical distancing practices.
  - Food facilities, such as dining halls, are exempt from the 15-person maximum, as long as other measures set out in this document are followed.

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Work camp food facilities

- Work camp food facilities must use alternate processes to reduce the numbers of people dining together at one time:
  - Remove/rearrange dining tables to maintain physical distancing.
  - Place tape or other markings on floors to maintain a physical distancing of no less than 2 metres.
  - Stagger meal service times to reduce the numbers of people present at any one time.
  - Adapt other areas to serve as additional dining space to increase spacing among persons in the same room.
  - Provide take-out meals or having workers/clients take meals to their rooms or other areas for consumption.
  - Do not use buffets. Instead, switch to pre-packaged meals or meals served by staff.

Food handling

- Germs from ill clients/staff (or from contaminated surfaces) can be transferred to food or serving utensils.
- There is no evidence at this time to suggest that COVID-19 is foodborne. However, work camps need to reinforce routine food safety and sanitation practices. Where possible, implement measures to minimize client handling of shared food and items that may touch another client's food. Steps to achieve this include:
  - Dispensing food onto plates for clients.
  - Dispensing cutlery, napkins and other items to clients, rather than allowing them to pick up their own items.
  - Removing shared food containers from dining areas (e.g., water pitchers, coffee cream dispensers, salt & pepper shakers).
  - Using pre-packaged condiments.
  - Dispensing snacks directly to clients and using pre-packaged snacks only.

- Remember to **clean first and then sanitize food contact surfaces**. Follow regular sanitizing practices: bleach solution at 100 ppm (approximately 1 teaspoon of unscented 5.25% household bleach mixed with 1 litre of water), or 200 ppm QUATS sanitizer, or 12.5-25 ppm iodine solution.

- 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 use.
- Staff assigned to housekeeping duties should not be involved in food preparation or food service, if possible.
- Provide information on physical distancing for staff working in the kitchen and including when on breaks (e.g., smoke break).
- Continue to follow all minimum requirements set out in the Food Regulation and any conditions placed on the food handling permits issued by Alberta Health Services. The use of gloves or other personal protective equipment may be considered if necessary. Consult with Alberta Health Services before implementing such changes in food handling procedures.
APPENDIX A: COVID-19 RAPID RESPONSE PLAN – RESPONDING TO AN ELEVATED RISK OF COVID-19

Work camp operators have a responsibility to prevent the risk of COVID-19 transmission to staff, clients and visitors at work camps and to provide for rapid response when a person develops relevant symptoms and is required to be in isolation or is required to be in quarantine.

This Appendix details the minimum criteria that operators must incorporate into their written rapid response plans to ensure their readiness to manage symptomatic individuals, confirmed cases of COVID-19 and to respond to an outbreak, should one occur.

Completed rapid response plans will be reviewed and assessed by Alberta Health Services for completeness.

Quarantine vs Isolation

One of the first critical steps to preventing further transmission of disease is the implementation of quarantine and isolation procedures. It is important to understand the difference and the mandatory requirements for each.

When someone is exposed to a contagious disease, they may not always get sick. If they do become sick, there will be a period of time between being exposed and becoming sick. It can take up to 14 days for people to start experiencing COVID-19 symptoms (e.g., fever, cough, shortness of breath/difficulty breathing, sore throat or runny nose).

Quarantine and isolation refer to separating and restricting people from contact with all others to prevent transmission.

<table>
<thead>
<tr>
<th>Quarantine</th>
<th>Isolation</th>
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<tbody>
<tr>
<td>Done when people are not yet sick, but have been exposed</td>
<td>Done when people are sick, to keep them from infecting others</td>
</tr>
<tr>
<td>The quarantine period for COVID-19 is 14 days</td>
<td>The isolation period for COVID-19 is 10 days or until symptoms resolve, whichever is longer</td>
</tr>
<tr>
<td>• This is because it can take up to 14 days for an individual to develop symptoms</td>
<td></td>
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</tbody>
</table>

Chief Medical Officer of Health Order 05-2020 (see order for full details and exemptions) states the situations where Albertans are legally obligated to quarantine or isolate:

- Albertans are legally required to be in **quarantine for 14 days** either:
  - Immediately upon return from travel outside of Canada, or
  - If they are a close contact of a person who tested positive for COVID-19.
- Albertans are legally required to be in **isolation for 10 days, or until symptoms resolve, whichever takes longer**, if they:
  - Are diagnosed with COVID-19.
  - Develop a cough, fever, shortness of breath/difficulty breathing, runny nose, or sore throat not related to a pre-existing illness or health condition.
- Order 05-2020 includes the following restrictions and requirements for isolation:
  - Remaining at home, and 2 metres distant from others at all times;
  - Not attending work, school, social events or any other public gatherings;
  - Not taking public transportation.
- Note: In work camp settings, this means the individual must stay in his/her room unless absolutely necessary to leave (e.g., go to bathroom)
- People are not required to remain in isolation if they test negative for COVID-19 and have no known exposure to COVID-19. However, they must not return to work or to the general population of the camp, until symptoms have resolved. Returning while still ill may result in others being infected with their illness (e.g., cold or flu) and forcing those persons to isolate.
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- Order 05-2020 includes the following restrictions and requirements for quarantine:
  o Remaining at home
  o Not attending work, school, social events or any other public gatherings
  o Not taking public transportation
  o Watching for relevant symptoms
- Note: In work camp settings, this means the individual must stay in his/her room unless absolutely necessary to leave (e.g., go to bathroom)

If persons in quarantine begin to experience symptoms (cough, fever, shortness of breath/difficulty breathing, runny nose, or sore throat) not related to a pre-existing illness or health condition or to a known exposure to COVID-19, they must enter isolation for a period of 10 additional days from the start of their symptoms, or until symptom resolve, whichever is longer. However, in no case shall the total stay in quarantine/isolation be less than 14 days.

Work Camp operators must incorporate, at a minimum, the following criteria into their written rapid response plans:

1. Site map
   a. Configuration and drawing of work camp site that identifies all areas of the work camp site, including:
      i. Residences
      ii. Dining areas
      iii. Recreational activity areas (e.g., fitness facilities, games rooms, etc.)
      iv. Washrooms and showers
      v. Areas intended for isolation and quarantine
      vi. Medical and first aid offices and resources
      vii. Site entry and exit points
      viii. Client lodging check in and check out (i.e. front desk)

2. Staff, client and visitor inventory
   a. Strategy for maintaining a rolling 6-week inventory of all individuals working in, residing in and visiting the work camp, including duration of stay. (Visitors include anyone coming on site that does not register as an overnight client, such as social visitors, delivery persons, repair persons, etc.)
      i. Consider shift schedules for clients
      ii. Consider check in and check out procedures
   b. Means to collect full name, address, phone number and employer name & contact information.
   c. Full name and contact information of all work camp medical personnel and qualifications, including
      i. OH&S representatives
      ii. Nurses
      iii. First aid trained staff
      iv. Other responsible persons
   d. If possible, it will be beneficial for the work camp to maintain the same information for the employers (i.e. work site) it serves, if different from the work camp operator.

3. Enhanced screening of work camp staff, clients and visitors
   a. Enhanced screening for any individual entering the work camp site
      i. Screening of clients and camp staff returning to the work camp from leave, vacation or days off.
      ii. Screening of clients returning from a work shift
      iii. Screening of any visitor to the work camp
      iv. Use of asymptomatic testing
   b. Enhanced self-reporting of illness
      i. Frequency must be enhanced from passive reporting of illness to mandatory reporting daily or more frequently (i.e. before and after shifts)
   c. Procedures used by onsite health and safety staff to screen individuals
      i. Questionnaire
      ii. Temperature checks
iii. Visual observation
iv. Other
d. Work camp and work site communication protocols
   i. Protocol for notification between employers on work sites and the work camp when workers become symptomatic "at work"
   ii. Protocol for work camp to notify work site(s) when symptomatic clients are identified, when clients are isolating and when clients are quarantined.
   iii. Protocol for notification to the work camp by the work site(s) of any workers who left a work site with symptoms - for the purposes of identifying close contact with work camp staff and/or clients.
e. Rapid response procedures when issues are identified through screening, self-reporting or through communication from the work site
   i. Dedicated transport of symptomatic workers from work site to work camp
   ii. Immediate isolation procedures for symptomatic individuals
   iii. When to notify AHS
   iv. Identification of close contacts of symptomatic individual

4. Site-specific isolation and quarantine response plans
   a. Protocol to immediately notify AHS (e.g., one or two individuals symptomatic)
   b. Describe how and where individuals will be isolated / quarantined
      i. Within the work camp, if chosen
      ii. Procedures for safe transport of individuals to allow isolation/quarantine at an offsite location (e.g., individual’s home, off-site facility). If no capacity to quarantine/isolate onsite, describe alternatives:
         1. Identify off-site facilities (e.g., sister work camps with capacity)
         2. Notification of, and arrangements made with, off-site facilities
         3. Safe transportation to homes or offsite facilities without exposing others
         4. How will transporting vehicles be cleaned/disinfected
      iii. Informing individual of legal obligations to prevent exposure to others during transport and isolation / quarantine periods at home or in off-site facilities
      iv. Protocol for consultation with AHS before allowing any individual to leave the work camp or work site for isolation / quarantine
c. Describe physical and staffing capacity to isolate/quarantine individuals on site
   i. Policy for when clients can stay in their own existing room to observe isolation or quarantine period
   ii. Policy for when to relocate individuals to a designated separate group of rooms (e.g. dedicated wing)
      1. Consider the safe handling of movement of client belongings, where necessary
   iii. Number of rooms available for quarantine/isolation (e.g. one person per room)
   iv. Consider access to washrooms and showers
      1. Describe how common bathrooms used by quarantined/isolated individuals will be cleaned/disinfected after each use
   v. Describe protective measures for staff that interact with and support clients in isolation/quarantine
   vi. Describe capacity to care for symptomatic individuals
      1. Describe capacity to serve meals to quarantined/isolated individuals in their rooms
   vii. Describe how quarantine/isolation rooms will be safely cleaned/disinfected during the individual’s stay and after isolation period ends (i.e. before others can occupy the room)
      1. If an individual in quarantine does not develop symptoms during the quarantine period, no special cleaning is required at the end of the period.
   viii. Describe how clothing/bedding/linens will be laundered for individuals in quarantine/isolation
d. Describe how isolating/quarantining individuals will be monitored for deteriorating health
   i. Describe capacity for emergency transportation – i.e. transport before the need for 911.
   ii. Describe capacity to have emergency vehicles respond in short time frame?
   iii. Call 911 for individuals requiring emergency medical assistance. Let the operator know that they could have COVID-19, so they can make appropriate arrangements to care for them safely.