



# Evacuation Shelter and Reception Centre

**INFECTION PREVENTION AND CONTROL PLAN  
GUIDANCE & RECOMMENDATIONS**

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## Introduction

Evacuation shelters or reception centers (also referred to as “facility”) may be activated by the Municipal Emergency Control Group to provide temporary refuge for individuals displaced by emergencies. While these facilities are essential for ensuring safety, they also present increased risks for communicable disease transmission due to overcrowding, decreased sanitation, and prolonged close contact. Documented outbreaks in such settings—following the 2005 Hurricane Katrina (Yee et al., 2007), 2011 Great East Japan Earthquake (Akaishi et al., 2021), 2016 Fort McMurray Wildfire (Mertz, 2016), and the 2017 Hurricane Harvey (Haynie et al., 2018)—underscore the importance of integrating infection prevention and control measures into facility planning and operations to safeguard the health of evacuees and staff.

Effective outbreak management and control is paramount to limiting and preventing the spread of an infectious disease in an evacuation/reception facility. Lakelands Public Health should be notified immediately when there is a suspect or confirmed outbreak occurring at your facility. A list of [reportable diseases of public health significance](#) is located in the resources section.

The Infectious Disease Team and Public Health Inspectors will work with the facility’s operators/staff to assist in controlling the spread of illness to help protect the health of evacuees and staff.

Services that may be provided by the Public Health Unit during an outbreak include:

- Onsite visit to conduct inspection of food preparation and handling, if foodborne illness is suspected.
- Onsite visit to conduct inspection of the facility to evaluate sanitary conditions and infection prevention and control measures and make recommendations for alterations or improvements.
- Regular communication via phone/email to provide support and answer questions related to outbreak management.
- Provision of literature such as guidelines or fact sheets related to outbreak management, specific illnesses, etc.

One critical issue that can arise during an outbreak is the depletion of staff complement due to illness. Lakelands Public Health does not deploy medical staff to evacuation shelters or reception centres to provide direct care of ill evacuees/staff. This situation should be explored in a facility’s contingency plan for outbreaks.

This guide includes key information to support infection prevention and control in evacuation shelters, such as common outbreak terminology, case and contact management for enteric and respiratory illnesses, outbreak definitions and response strategies, and appendices with relevant resources. It is designed to assist shelter staff and emergency planners in identifying, managing, and mitigating communicable disease risks during emergency shelter operations.

This guidance document outlines recommended infection prevention and control measures and actions for evacuation shelters in the event of increased illness or suspected outbreaks within the facility. This guide has been adapted from the HKPR’s (2025) Overnight Recreation Camp: Outbreak management and control guide and the Timiskaming Health Unit’s (2016) Evacuation Centre Guide.

## General Contact Information

	County of Haliburton, City of Kawartha Lakes, and Northumberland County area	City of Peterborough and County of Peterborough area
<b>Monday to Friday from 8:30 a.m. to 4:30 p.m</b>	For diseases of public health significance and outbreaks, ask for Infectious Diseases Team. Phone Line: 1-866-888-4577, ext. 1232 Email: <a href="mailto:outbreaks@lakelandsph.ca">outbreaks@lakelandsph.ca</a> . Confidential Fax: 905-885-9554  For animal bites, rabies vaccine or natural disasters, ask for Environmental Health. Phone Line: 1-866-888-4577, ext. 5006 Email: <a href="mailto:inspections@lakelandsph.ca">inspections@lakelandsph.ca</a>	<a href="#">PPH Outbreak Reporting Form</a>
<b>After Hours Emergency Line</b>	1-888-255-9839	705-760-8127

## Common Outbreak Terminology

**Case Definition:** A ‘case definition’ is a means of classifying persons as ‘cases’ or ‘non-cases’ (i.e. if they meet the criteria outlined in the case definition, then they are cases). A case definition will be created for each outbreak that includes criteria such as symptoms, date, location, etc. A case definition may be altered as the outbreak progresses.

- Example: Any evacuee/staff at facility presenting with two or more episodes of diarrhea and/or vomiting within a 24-hour period, with an onset date of July 10<sup>th</sup> or later, or any lab-confirmed case.

**Cleaning:** Using commercial cleaners that contain soap or detergent will remove germs on surfaces and reduce risk of infection from surfaces in your facility.

**Cohort and cohorting:** A cohort refers to a group of individuals that have something in common. In the case of outbreak management, cohorts are often those with shared living space, who spend significant time together, or are experiencing similar symptoms (e.g. roommates, table mates).

- Example: A common outbreak control measure is to cohort staff into two groups – one group designated to care for ill individuals and another group to provide care only for individuals who are not ill.
- Example: During an outbreak, individuals who are ill or have been exposed to an ill individual are grouped into one cohort. Those without illness or exposure are grouped into another cohort.

**Disinfecting:** Using a Health Canada-approved disinfecting product to kill specific harmful germs (such as viruses and bacteria) that would otherwise remain on surfaces after cleaning.

**Droplet-contact Precautions:** These are precautions taken when caring for an individual who is known or suspected to have an infection that can be transmitted by droplets (e.g. through coughing/sneezing) or by direct or indirect contact (e.g. by touching a surface contaminated with body fluids expelled by the ill individual).

Ideally, individuals under droplet-contact precautions are isolated in a private room, with a dedicated bathroom (separate toilet and sink, not a stall/sink in a common bathroom), whenever possible. Caregivers wear a well-fitted surgical/medical mask, gown, gloves and eye protection (goggles or face shield) when providing direct care.

**Enteric Outbreak:** ‘Enteric’ refers to an illness that affects the human intestines and results in symptoms such as nausea, vomiting and/or diarrhea. Many bacteria, viruses and parasites can cause enteric illness in people. An outbreak is suspected whenever there is a greater than expected number of evacuees and/or staff who have similar symptoms.

**Incubation Period:** The ‘incubation period’ refers to the time between exposure to an infectious agent and the onset of symptoms. Incubation periods can range from hours to days depending on the agent with which an individual is infected.

**Line List:** The ‘line list’ is an important tool for effective outbreak management. It is a means of collecting data that is pertinent to each individual case and the outbreak as a whole. The line list provides essential information needed for decision making throughout the management of the outbreak, including when to declare the outbreak over. The information provided on the line list is confidential client information and attention must be given to privacy when transmitting the information.

It is a spreadsheet of rows and columns. A case is listed on each row and each column represents descriptive factors or clinical details for the case (e.g. symptoms, symptom onset date, etc.). Only persons who meet the criteria detailed in the case definition should be included on the line list. Line lists are reviewed daily by the Health Unit.

**Period of Communicability:** The ‘period of communicability’ refers to the time during which an infectious agent can be transmitted directly or indirectly from an infected person to another person, from an infected animal to person, or from an infected person to animals. Periods of communicability depend on the agent with which an individual is infected.

**Respiratory Outbreak:** ‘Respiratory’ refers to an illness that affects the human respiratory system and results in symptoms such as sore throat, cough, runny nose, nasal congestion, and fever. Many bacteria and viruses and some fungi can cause respiratory illness in people. A respiratory outbreak is suspected when there is a greater number of evacuees and/or staff than expected who have similar symptoms.

**Sanitizing:** Lowers the number of remaining germs on surfaces or objects after cleaning – either by killing them or removing them – to a safe level.

**Surveillance:** This refers to monitoring staff and evacuees for illness and keeping track of the number of individuals who are ill, and what signs and symptoms are being experienced, at any given time. This can be done through self-reporting of symptoms, actively asking individuals if they feel unwell, or observing for overt signs of illness.

## Case and Contact Management

**Important:** In general, facilities should not report all instances of ill individuals in the facility setting to the Health Unit, as these are frequent occurrences and evacuees can have non-specific symptoms. It is also not necessary to report individual cases of COVID-19 to the Health Unit. However, if multiple people start to show similar symptoms, please contact the Health Unit.

### Enteric Illness – Case Management

1. Assess for non-infectious causes of the symptoms (e.g. food intolerances, anxiety, homesickness). If a non-infectious cause is determined, case management is not required.
2. Isolate until symptom-free for 48 hours.
  - Isolation can occur at the facility provided on-site isolation is in line with the facility’s policy and facility staff can provide adequate support to the ill individual.
  - Isolation should occur in the first aid/health room or designated isolation space.
  - Ideally, isolation should occur in a private room with its own bathroom.
  - If a private room is not available, the ill individual should physically distance from others, with barriers between bed/living space. Shared toilet facilities should be cleaned and disinfected between uses.
  - Isolation rooms should be cleaned and disinfected when an individual is released from isolation, in addition to regular cleaning and disinfecting during isolation.
3. Staff providing direct care to ill individuals should use appropriate PPE, avoid caring for well individuals and should not handle or prepare food.

## Respiratory Illness – Case Management

1. Assess for non-infectious causes of the symptoms (e.g., allergies, asthma). If a non-infectious cause is determined, case management is not required.
2. Isolate until fever free and symptoms have been improving for 24 hours (48 hours if individual also has gastrointestinal symptoms).
  - Isolation can occur at the facility provided on-site isolation is in line with the facility's policy and facility staff can provide adequate support to the ill individual.
  - Isolation should occur in the first aid/health room or designated isolation space.
  - Ideally, isolation should occur in a private room with its own bathroom.
  - If a private room is not available, the ill individual should be physically distanced from others, with barriers between bed/living space. Shared toilet facilities should be cleaned and disinfected between use. Masking may be strongly encouraged as a control measure.
  - Improve ventilation when possible (e.g. open windows) and consider using a portable air filtration unit suitable for the space, with a high efficiency particulate (HEPA) air filter.
  - The ill evacuee/staff member can go outdoors during the isolation period for physical exercise but should maintain physical distancing from others and be excluded from group activities until the isolation period ends.
  - Isolation rooms should be cleaned and disinfected when an individual is released from isolation, in addition to regular cleaning and disinfecting during isolation.
3. Staff providing direct support to ill individuals should use droplet-contact precautions and avoid caring for well individuals.
4. The following additional measures should occur after the isolation period ends, and until 10 days have passed since symptom started:
  - Wear a well-fitted mask, when indoors (except when mask removal is needed for essential activities, such as eating, sleeping, personal hygiene) and when outdoors when unable to physically distance.
  - Physical distance when mask must be removed.
  - Avoid non-essential activities that require mask removal (e.g. playing wind instruments)

## Respiratory Illness – Management of Close Contacts

### Definition of a high-risk exposure:

- The exposure to the case occurred at any time in the 48-hour period before symptoms started to when the case started isolation, AND;
- The individual was in close proximity to the case (less than 2 meters) for at least 15 minutes (or multiple short periods of time) without masking; OR
- The individual had direct contact with infectious body fluids of case (e.g., coughed/sneezed upon)
- Examples may include, but are not limited to roommates and table mates

**Definition of a close contact:** An individual who has a high-risk exposure to an individual with respiratory symptoms, regardless of testing.

### Contact Management:

1. Facility operators may assist with identifying close contacts who have had a high-risk exposure.
2. Information should be communicated to close contacts on signs and symptoms of illness and how to report to staff/volunteers at the setting.

## ***ADDITIONAL CONTACT MANAGEMENT MEASURES MAY BE REQUIRED IN THE EVENT OF AN OUTBREAK***

## Outbreak Management

**Outbreak Definition:** Outbreaks may be declared by the Health Unit based on a risk assessment to prevent the transmission of disease in consideration of the severity of symptoms, rate of transmission, and/or type of infection.

### Outbreak Assessments:

When an outbreak situation is suspected, facility operators are asked to call the Health Unit for an outbreak assessment. The following information will be needed for the assessment:

- Case information – names of ill evacuees/staff, symptoms, symptom onset dates, room number/facility area, date of arrival at facility, test results (if applicable).
- Number of staff and evacuees in the affected area and/or total number of staff and evacuees

If an outbreak is not declared, facility staff will be asked to manage cases (as described above), monitor the situation through surveillance, and contact the health unit if additional cases are identified.

If an outbreak is declared, the Infectious Disease Team will ask for additional information about the facility, which may include, but is not limited to, the following:

- Facility layout (e.g., first aid/isolation room, toileting facility, living arrangements)
- Dining facility and eating arrangements
- Beginning and end dates of current facility session and dates of the next session
- Presence of on-site health care professionals; access to testing
- Designated staff contact for the outbreak
- Internet accessibility
- Evacuee demographics (e.g., age ranges, catchment area, special needs)
- Facility's policy regarding isolation on-site
- Access to personal protective equipment (masks, gloves, gowns)

### Enteric Outbreak Guidelines

- Implement appropriate outbreak control measures to interrupt the spread as soon as possible (discuss in detail with the Infectious Disease team); this may include, but is not limited to the following:
  - Symptomatic cases – isolate in the facility designated area under appropriate precautions.
  - Cohort staff – designate staff to care for symptomatic cases. When providing direct support to an infectious person, the proper personal protective equipment should be used. Staff caring for ill individuals should not handle food or care for those who are well.
  - Active surveillance for symptomatic individuals – actively monitor staff and evacuees for symptoms. Also, encourage staff and evacuees to self-report symptoms.
  - Review planned activities including large group activities/gatherings. It may be appropriate to cancel or postpone certain activities; this can be considered in consultation with the Health Unit.
  - Avoid use of shared equipment/supplies or disinfect between use (e.g., sport equipment, toys, craft supplies)
  - Remind evacuees and staff to avoid sharing personal belongings (e.g., water bottles) and the importance of hand hygiene.
  - Hand hygiene - provide staff and evacuees with frequent opportunities for hand-hygiene, especially prior to entering the dining room/eating, and after using the bathroom. Consider strategic placement of alcohol-based hand rub (e.g., hand sanitizer) near entrances/exits, eating areas, and bathrooms. All bathrooms must be regularly supplied with hot and cold running water, liquid hand soap, and paper towels.

- Stopping communal dining and/or buffet style meals – avoid self-serve food stations
- Environmental cleaning – enhance cleaning and disinfecting, especially high touch–surface areas such as railings, door handles, light switches, and shared equipment.
- Notify evacuees and staff of the outbreak control measures.

## Respiratory Outbreak Guidelines

- Implement appropriate outbreak control measures to interrupt the spread as soon as possible (discuss in detail with the Infectious Disease team); this may include, but is not limited to the following:
  - Symptomatic cases – isolate in the facility designated area under droplet- contact precautions.
  - Cohort staff – designate staff to care for symptomatic cases. When providing direct support to an infectious person, the proper personal protective equipment should be used. Staff caring for ill individuals should not handle food or care for those who are well.
  - Active surveillance for symptomatic individuals – actively monitor staff and evacuees for symptoms. Also encourage staff and evacuees to self-report symptoms.
  - Review planned activities including large group activities/gatherings. It may be appropriate to cancel or postpone certain activities; this can be considered in consultation with the Health Unit.
  - Avoid use of shared equipment/supplies or disinfect between use (e.g., sport equipment, toys, craft supplies).
  - Remind evacuees and staff to avoid sharing personal belongings (e.g., water bottles) and the importance of hand hygiene and respiratory etiquette (e.g., sneezing into sleeves).
  - Hand hygiene - provide staff and evacuees with frequent opportunities for hand-hygiene, especially prior to entering the dining room/eating, and after using the bathroom. Consider strategic placement of alcohol-based hand rub (e.g., hand sanitizer) near entrances/exits, eating areas, and bathrooms. All bathrooms must be regularly supplied with hot and cold running water, liquid hand soap, and paper towels.
  - Stopping communal dining and/or buffet style meals – avoid self-serve food stations and encourage physical distancing for lines
  - Environmental cleaning – enhance cleaning and disinfecting, especially high touch–surface areas.
  - Improve ventilation when possible (e.g. open windows) and consider using a portable air filtration unit suitable for the space, with a high efficiency particulate (HEPA) air filter.
- Notify evacuees and staff of the outbreak control measures.



## Cleaning and Disinfection

Effective cleaning practices are essential for reducing the risk of transmitting infectious diseases and minimizing the risk of evacuee or occupational injury - for example, moving from cleanest to dirtiest areas, outer to inner, leaving bathrooms and floors last and increasing frequency during outbreaks. For more guidance refer to [Best Practices for Environmental Cleaning](#) by Public Health Ontario and the Provincial Infectious Disease Advisory Committee (2025). As a note, many resources in this section are based on clinical settings, however, they can be adjusted for evacuation shelter setting.

### General Cleaning Practice

This was adapted from Halton (n.d.) [Policy and Procedure Template for Environmental Cleaning and Disinfection](#).

Personal Protective Equipment (PPE):

- Select PPE for handling chemicals based on the manufacturer's instructions and Safety Data Sheets (SDS).
- Wear gloves before contact with blood and body fluids, excretions or secretions, and when handling dirty or potentially contaminated items.
- Select additional PPE such as gowns, eye protection, and mask if required to protect skin and clothing from splashes or sprays (e.g., cleaning large spills).
- Change PPE (e.g., gloves) if visibly soiled, damaged, or if moving from a dirty task to a clean task to prevent cross contamination.

Before cleaning:

- Gather materials required for cleaning.
- Perform a point of care risk assessment (PCRA) before cleaning the examination/procedure room or space to evaluate the likelihood of exposure to blood and body fluids. [Please refer to the "Cleaning Biological Spills Policy and Procedure"](#).
- Clean hands and put on appropriate PPE.
- Remove items from surfaces prior to cleaning. (e.g., bed coverings, magazines, packages).
- Follow the manufacturer's instructions for proper dilution and contact time for cleaning and disinfecting solutions.

During cleaning:

- If surfaces are visibly soiled, a two-step process is followed. First, clean surfaces to remove soil and then second, use a clean cloth soaked with disinfectant to disinfect the area. If surfaces are not visibly soiled, a one-step process using a cleaner-disinfectant is acceptable.
- Dip the cloth into cleaning solution only once. Do not "double-dip" into cleaning solution.
- Proceed from:
  - The least soiled areas to the most soiled areas.
  - High surfaces to low surfaces. (e.g. ceiling first, floors last).
  - Low-frequency touch items/surfaces (e.g., walls) to high-frequency touch items/surfaces (e.g., doors, tables, chairs, light switches, buttons).
- Allow disinfectant product to air-dry and ensure wet contact time is met according to the manufacturer's instructions.
- Minimize shaking of items to prevent the dispersion of dust that may contain microorganisms (e.g. never shake mops).
- Change mop heads when:
  - visibly soiled;
  - no longer wet enough to moisten surfaces;
  - moving from a dirty area to a clean area; and

- exiting a room under additional precautions.
- Change cleaning solutions as per manufacturer's instructions. Change more frequently in heavily contaminated areas, when visibly soiled and immediately after cleaning blood and body fluid spills.
- Containers for liquid soap, cleaners/disinfectants are disposable. The practice of topping up is not acceptable since it can result in contamination of the container and solution.
- Be alert for needles and other sharp objects. Pick up sharps using thick gloves and tongs and place into sharps container. Report incident to supervisor.
- Collect waste, handling plastic bags from the top (do not compress bags with hands).

After cleaning:

- Remove gloves and wash hands after performing environmental cleaning.
- Document the date, time, and name of person responsible for cleaning in a log when scheduled (e.g., daily, weekly, annual) and emergency spill cleaning is done.

Cleaning Tools:

- Reusable cloths and mop heads must be laundered and dried following use.
- Single-use wipes or cloths must be discarded after each use.
- Clean and disinfect reusable cleaning tools (e.g., pails, buckets, mop handles) following use. Store cleaning tools and supplies in a designated area.

## Cleaning Frequency

This was adapted from Halton (n.d.) [Policy and Procedure Template for Environmental Cleaning and Disinfection](#).

1. Facility cleaning includes daily cleaning and disinfecting of surfaces and objects with an approved surface cleaner and a hospital-grade, low-level disinfectant.
2. Facility contact surfaces/items (e.g. first aid equipment, beds, high touch surfaces, chairs, showers, changing tables,) that come into direct contact with the evacuee's blood and/or body fluids are cleaned and disinfected between evacuees.
3. High touch surfaces and items (e.g., doorknobs, telephones, etc.) are at a higher risk of transmitting microorganisms and should be cleaned and disinfected at least once daily and more frequently as needed.
4. As part of routine cleaning and best practice, medical equipment and items that come into contact with evacuees' intact skin that are used for care on multiple evacuees require cleaning and low-level disinfection after each use (e.g., bedding, stretchers, wheelchairs, stethoscopes, blood pressure cuffs). Single use items must be discarded between evacuees (e.g., PPE, personal hygiene kits, single-use wound care supplies, etc.).
5. Areas that are not high touch surfaces (e.g., floors, walls, etc.) only need to be cleaned. It is not necessary to use disinfectant products when cleaning floors, unless you clean up spills of blood or body fluids. Refer to the [Procedure for Cleaning a Biological Spill](#).
6. If used, barriers/covers are removed and discarded between evacuees. Following barrier removal, the underlying surfaces are cleaned and disinfected. Clean barrier/covers are placed prior to the next evacuee.
7. Surfaces in facility areas and communal areas need to be cleaned and disinfected immediately when they are visibly soiled with blood or other body fluids, excretions or secretions. Refer to [Procedure for Cleaning a Biological Spill](#).
8. Rooms, including the communal areas, should be fully cleaned at the end of every day. Garbage should be collected, floors cleaned, and carpets vacuumed. Supplies should be replaced as required (e.g., soap, ABHR, paper towel, toilet paper, PPE) and sharps containers should be sealed, removed and replaced if full.

9. Waste is disposed of in accordance with provincial regulations and local bylaws, with attention to sharps and biomedical waste.

This is a suggested frequency list in which items may be added and removed as needed

Clean in between use	Clean at the end of the day and when visibly soiled	Clean according to fixed schedule and when visibly soil
<ul style="list-style-type: none"> <li>○ Beds</li> <li>○ Toys</li> <li>○ Transport equipment (e.g. wheelchairs)</li> </ul>	<ul style="list-style-type: none"> <li>○ Bathrooms and Showers</li> <li>○ Carpets (vacuumed)</li> <li>○ Chairs, couches</li> <li>○ Doorknobs</li> <li>○ Floors</li> <li>○ Light switches</li> <li>○ Tables</li> <li>○ Telephones</li> <li>○ Wall-mounted items (e.g. soap and ABHR dispensers, paper towel holders, glove box holders)</li> </ul>	<ul style="list-style-type: none"> <li>○ Appliances (refrigerators, microwaves, coffee makers)</li> <li>○ Baseboards</li> <li>○ Carpets</li> <li>○ Ceilings and air vents</li> <li>○ Exterior surfaces of machines and equipment</li> <li>○ Furnishings in office spaces (e.g. desks, cabinets, bookcase)</li> <li>○ Ice machines</li> <li>○ Lockers</li> <li>○ Privacy curtains</li> <li>○ Radiator</li> <li>○ Televisions</li> <li>○ Toy boxes and cupboards</li> <li>○ Walls</li> <li>○ Window air conditioner</li> <li>○ Windows, windowsills, window coverings</li> </ul>

## Sample Cleaning Schedule

Adapted from page 19 of Kitsap County’s (n.d.) [Infectious Disease Toolkit for CoCs: Preventing and Managing the Spread of Infectious Disease within Shelters](#):

Task	Assigned	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>Daily</i>								
Restock Supplies								
Clean and Disinfect Bathroom								
Clean and Disinfect Showers								
Clean and Disinfect Cot								
Clean and Disinfect Toys								
Clean and Disinfect Cots								
Take out Garbage								
Clean and Disinfect High Touch Surfaces								
<i>Weekly</i>								

## Blood and body substance clean up

(Ontario Agency for Health Protection and Promotion (Public Health Ontario) & Provincial Infectious Diseases Advisory Committee, 2025a, p. 112)

### 12. Cleaning Spills of Blood and Body Substances

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Spills of blood and other body substances, such as urine, faeces and emesis, must be contained, cleaned and the area disinfected immediately. A mycobactericidal disinfectant or a hypochlorite solution (diluted to 500-5000 ppm, equivalent to a 1:10-1:100 dilution of 5.25% sodium hypochlorite) should be used for blood spills.<sup>3,154</sup>

- See also, Public Health Ontario's online [chlorine dilution calculator](#) for dilution of household bleach to achieve desired chlorine level.

The health care setting shall have written policies and procedures for dealing with blood and body fluid spills that include:<sup>296</sup>

- Clearly defined assignment of responsibility for cleaning the spill in each area of the health care setting during all hours when a spill might occur.
- Provision for timely response.
- A method for the containment and isolation of the spill.
- Training of staff who will clean the spill.
- Access to personal protective equipment, equipment, supplies, waste and linen disposal for staff who will clean the spill.
- Proper disposal of waste.
- Procedure to be followed if there is a staff exposure to blood or body fluid material.
- Documentation of the spill incident.

#### 12.1 Procedure for Cleaning a Spill of Blood

The protocol described in [Appendix 23](#) could be used when cleaning and disinfecting a spill of blood or other body substance.<sup>3,363</sup> The protocol described in [Appendix 24](#) should be used when cleaning and disinfecting a spill of blood or other body substance on carpet.<sup>141</sup>

**Recommendation:**

- 86. Health care settings shall have written policies and procedures dealing with spills of blood and other body fluids. [A III] [reviewed and not changed 2018]**

## Disinfectant List

[Surface disinfectants for emerging viral pathogens - Canada.ca](#)

Disinfectant Name	DIN	Manufacturer Instructions	Location in Facility

## Products/Cleaning Agents

This was adapted from Halton (n.d.) [Policy and Procedure Template for Environmental Cleaning and Disinfection](#).

1. Disinfectant products used for environmental cleaning shall be approved by Health Canada and have a Drug Identification Number (DIN) or Natural Product Number (NPN). The manufacturer's instructions for all disinfectants shall be followed including application, contact time, storage, shelf life and PPE use.
2. A disinfectant can only be used as a general cleaner for routine cleaning if the product is noted to be by the manufacturer as both a cleaner and disinfectant.
3. Follow the manufacturer's instructions for use for product concentration, contact time, recommended PPE, and material compatibility.
4. If disinfectant product is a concentrate:
  - a. Check expiration date prior to use.
  - b. Wear gloves when preparing and using disinfectant.
  - c. Dilute product according to manufacturer's instructions.
  - d. Dispense mixed disinfectants into clean, dry, appropriately-sized containers that are clearly labeled and dated. Discard after the expiry date.
  - e. If containers are reusable, empty, wash, and dry prior to refilling.
  - f. Never top-up existing disinfectant in container with fresh disinfectant.
5. If disinfectant product is ready-to-use:
  - a. Check expiration date prior to use.
  - b. Wear PPE according to manufacturer's instructions.
  - c. Never top-up existing disinfectant in container with fresh disinfectant.
  - d. Discard single-use disinfectant containers when empty.
  - e. If using disinfectant wipes, ensure container is securely closed when not in use.

# Signage

## Personal Protective Equipment donning and doffing

Sourced from [How to: Put On and Take Off Personal Protective Equipment \(PPE\)](#) by Public Health Ontario (2024)

### How to: Put On Personal Protective Equipment (PPE)

Public Health Ontario | Santé publique Ontario

#### 1 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



#### 2 Put on Gown

Tie at neck and waist.



#### 3 Put on Mask / N95 Respirator



Secure ties, loops or straps and mould metal piece over nose.



Perform a seal check for N95 respirators.

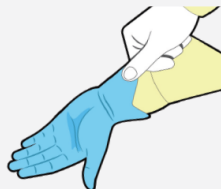
#### 4 Put on Protective Eyewear



Place eye protection over face and eyes and adjust to fit.

#### 5 Put on Gloves

Pull glove over the cuff of the gown.



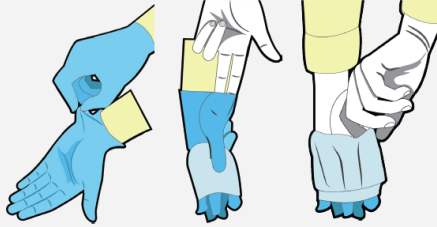
For more information, please contact Public Health Ontario's Infection Prevention and Control Team at [ipac@oahpp.ca](mailto:ipac@oahpp.ca) or visit [www.publichealthontario.ca](http://www.publichealthontario.ca).

Ontario 

## How to: Take Off Personal Protective Equipment (PPE)

### 1 Remove Gloves

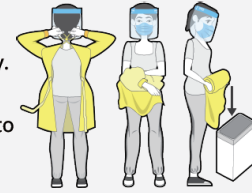
Take care not to touch your bare skin to the outside of the glove.



### 2 Remove Gown

Undo ties and pull gown away from body.

Carefully roll gown inside out, dispose into waste container.



#### Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.

### 3 Remove Protective Eyewear

Do not touch the front.

Carefully remove eyewear by pulling up and away from face and dispose into waste container.



### 4 Remove Mask / N95 Respirator

Take off using the ear loops/straps, pull forward away from face and dispose into waste container.



#### Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.

For more information, please contact Public Health Ontario's Infection Prevention and Control Team at [ipac@oahpp.ca](mailto:ipac@oahpp.ca) or visit [www.publichealthontario.ca](http://www.publichealthontario.ca).

## Handwashing

Sourced from How to Handwash Poster by Public Health Ontario (2009)

# How to handwash

Lather hands for 15 seconds

- 

1 Wet hands with warm water.
- 

2 Apply soap.
- 

3 Lather soap and rub hands palm to palm.
- 

4 Rub in between and around fingers.

Lather hands for 15 seconds

- 

5 Rub back of each hand with palm of other hand.
- 

6 Rub fingertips of each hand in opposite palm.
- 

7 Rub each thumb clasped in opposite hand.
- 

8 Rinse thoroughly under running water.

- 

9 Pat hands dry with paper towel.
- 

10 Turn off water using paper towel.
- 

11 Your hands are now safe.

  
**JUST CLEAN YOUR HANDS**

For more information, please contact [handhygiene@oahpp.ca](mailto:handhygiene@oahpp.ca) or visit [publichealthontario.ca/JCYH](http://publichealthontario.ca/JCYH)



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## Alcohol Based Hand Rub

Sourced from How to Handwash Poster by Public Health Ontario (2009a)

# How to handrub

Rub hands for 15 seconds



1 Apply 1 to 2 pumps of product to palms of dry hands.



2 Rub hands together, palm to palm.



3 Rub in between and around fingers.



4 Rub back of each hand with palm of other hand.

Rub hands for 15 seconds



5 Rub fingertips of each hand in opposite palm.



6 Rub each thumb clasped in opposite hand.



7 Rub hands until product is dry. Do not use paper towels.



8 Once dry, your hands are safe.



For more information, please contact [handhygiene@oahpp.ca](mailto:handhygiene@oahpp.ca) or visit [publichealthontario.ca/JCYH](http://publichealthontario.ca/JCYH)



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## Cover your cough

Sourced from Cover Your Cough Poster by Public Health Ontario (2013)



# COVER YOUR COUGH

Stop the spread of **germs** that can make you and others sick!

Public  
Health  
Ontario

Santé  
publique  
Ontario



Cover your mouth and nose with a tissue when you cough or sneeze.

Put your used tissue in the waste basket.



If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.



You may be asked to put on a facemask to protect others.



Wash hands often with soap and warm water for 15 seconds.

If soap and water are not available, use an alcohol-based hand rub.



For more information contact Public Health Ontario's Infection Prevention and Control Department at [ipac@ohpp.ca](mailto:ipac@ohpp.ca) or visit [www.publichealthontario.ca/en/health-topics/infection-prevention-control/clinical-office-practice](http://www.publichealthontario.ca/en/health-topics/infection-prevention-control/clinical-office-practice).

This is an excerpt from Infection Prevention and Control for Clinical Office Practice

Ontario 

## Active and Passive Screening

The following pages are sourced from [Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings](#) pages 114-117 by Public Health Ontario and PIDAC (2025b)

# Appendix D: Sample Form for Active Case Finding of Acute Respiratory Infection on Entry to Health Care Settings

---

### Case Finding/Surveillance Questionnaire for Acute Respiratory Infection

(i) Do you have one of more of the following?

- fever or chills,
- new or worse cough or shortness of breath
- runny nose or nasal congestion,
- sore throat,
- muscle aches or joint pain

If 'no', take temperature; if >38° C, continue with next questions, otherwise stop (no further questions)

If 'yes', take temperature and continue with next questions

**\*NOTE: Some people, such as the elderly and people with immunocompromising conditions may not develop a fever.**



**If the answer to above questions is 'yes' initiate Additional Precautions for Acute Respiratory Infection and notify Infection Prevention and Control**



(ii) Is either of the following true?

- Have you traveled within the last 21 days? Where\*\*?
- Have you had contact in the last 21 days with a sick person who has traveled? Where\*\*?
- Have you had any exposure to sick or dead poultry/wild game/livestock/mammals or contaminated environmental surfaces?

\*\*Refer to Public Health Agency of Canada for a list of [travel health notices](#)<sup>237</sup>

**For additional information please consult with your local public health unit.**



**Infection Prevention and Control should notify Public Health when a case has a positive travel history to a country with a travel health notice and/or there is a possible cluster/outbreak of ARI of public health significance.<sup>236</sup>**

## Appendix E: Sample Signage for Passive Case Finding of Acute Respiratory Infection at Entrance to Health Care Facilities

---



### READ CAREFULLY

- Do you have a **NEW** or **WORSE** cough or shortness of breath?
- Are you feeling feverish?
- Do you have?
  - a runny nose or nasal congestion
  - sore throat
  - rash
  - muscle aches or joint pain
  - vomiting or diarrhea

### If the answer to **ANY** of these questions is **YES**:

- ✓ Clean your hands
- ✓ Put on a mask (if tolerated) and use a tissue to cover your mouth while coughing
- ✓ Tell the receptionist or nurse right away

## Appendix F: Sample Signage for Visitors to Health Care Facilities

---

### ATTENTION VISITORS



#### Do NOT visit if you are ill

If you have a cold or flu-like symptoms such as:

- fever
- cough
- sore throat
- rash
- muscle aches or joint pain
- runny nose or nasal congestion
- vomiting or diarrhea

Please DO NOT VISIT until your symptoms are gone.

#### Clean your hands

- ✓ Clean your hands before and after your visit.
- ✓ Alcohol hand rub is conveniently located for your use.

#### Limit your visit to one person

# ATTENTION VISITORS

This facility is experiencing an outbreak of respiratory illness.



## ▶ Do NOT visit if you are ill

If you have a cold or flu-like symptoms such as:

- fever
- cough
- sore throat
- rash
- muscle aches or joint pain
- runny nose or nasal congestion
- vomiting or diarrhea

Please DO NOT VISIT until your symptoms are gone.

## ▶ Clean your hands

- ✓ Clean your hands before and after your visit.
- ✓ Alcohol hand rub is conveniently located for your use.

## ▶ Wear a mask if asked

## ▶ Check in on arrival

## IPAC Preparedness Checklist for Evacuation Shelters

This checklist Adapted from [Lakelands IPAC Hub Fall Preparedness Checklist for Congregate Living Settings](#) and is intended to support IPAC preparedness for evacuation shelters. It was developed by Lakelands Public Health to assist facilities in reviewing key components related to infection prevention and control, outbreak preparedness, and staff and visitor management. If establishing a clinic refer to Alberta Health Services: [IPC Considerations for Establishing an Evacuation Centre](#)

1	Planning and Preparedness	Y	N	N/A	Comments
1.1	Liaisons with Lakelands Public Health and IPAC Hub are identified with clear communication plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	An outbreak management team is established, and members are included in fall preparedness planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	Policies and procedures are updated annually and as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	Adequate stock of Personal Protective Equipment (PPE) is available and has not expired. <ul style="list-style-type: none"> <li>• Medical masks</li> <li>• N95 respirators</li> <li>• Face shields/goggles</li> <li>• Gloves</li> <li>• Gowns</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Evacuees	Y	N	N/A	Comments
2.1	Visitor policies are updated and reflect current provincial guidance (e.g., filling-in of logs by all visitors and maintenance of logs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Passive screening signage posted at the building entrance, communicating visitors to stay home if sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Staff Management	Y	N	N/A	Comments
3.1	The current staff contact list is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	Back-up staff members are identified to support or cover during absences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	Healthy workplace policy is in place, whereby symptomatic staff should not present to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Outbreak Management	Y	N	N/A	Comments
4.1	Timely communication with assigned Health Unit district to report a suspected or confirmed outbreak: <ul style="list-style-type: none"> <li>• Northumberland/Haliburton/Kawartha Lakes: <a href="mailto:outbreaks@lakelandsph.ca">outbreaks@lakelandsph.ca</a> OR 1-866-888-4577 ext. 1232</li> <li>• Peterborough <a href="#">PPH Outbreak Reporting Form</a></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Line lists are maintained and updated regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Mechanism for contacting families regarding outbreak status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	<a href="#">Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings</a> Guidelines are reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Outbreak plans are reviewed with all management staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Surveillance and Monitoring	Y	N	N/A	Comments
5.1	Daily surveillance of resident/client symptoms is in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6	Infection Prevention and Control	Y	N	N/A	Comments
6.1	Training of staff in relevant IPAC procedures (e.g., use of PPE, Point of Care Risk Assessment, hand hygiene, additional precautions).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.2	Hand sanitizer is available at all entrances for staff, visitors and residents/clients entering the building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.3	Appropriate cleaners and disinfectants with required claims are available and are being used according to the manufacturer's instructions for safe use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4	High-touch surfaces are cleaned and disinfected with appropriate frequency (twice daily during outbreaks).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5	IPAC practices are audited on a regular basis and at an increased frequency during outbreaks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**If you require support, please contact your assigned IPAC Hub Lead or email [ipachub@lakelandsph.ca](mailto:ipachub@lakelandsph.ca)**

# Outbreak Debrief Tool

<b>Facility Type:</b>	<b>Facility Name:</b>	<b>Date of Debrief:</b>
-----------------------	-----------------------	-------------------------

## Outbreak Management Team Attendance

Evacuation Shelter Staff		IPAC & Occupational Safety	
<input type="checkbox"/> Shelter Manager:		<input type="checkbox"/> IPAC Manager:	
<input type="checkbox"/> Municipal Staff:		<input type="checkbox"/> IPAC Lead:	
<input type="checkbox"/> Health Staff:		<input type="checkbox"/> Occupational Health:	
Environmental Services		Dietary/Food Services	
<input type="checkbox"/> Environmental Service Manager:		<input type="checkbox"/> Dietary Manager:	
Public Health		Other Departments	
<input type="checkbox"/> Public Health Outbreak Coordinator:		<input type="checkbox"/> JOHSC:	
<input type="checkbox"/> IPAC Hub Lead:		<input type="checkbox"/> Other:	

## Outbreak Summary

<b>Type of Outbreak</b>	
<b>Date Declared</b>	
<b>Date Declared Over</b>	
<b>Units Affected</b>	
<b>Total Evacuee Cases</b>	
<b>Total Staff Cases</b>	
<b>Total Evacuee Census (for affected area)</b>	
<b>Total Staff Census</b>	
<b>Number of Hospitalizations</b>	
<b>Number of Deaths</b>	

## Outbreak Debrief Minutes

Steps	Discussion Points	Things That Went Well	Challenges and Areas of Opportunity	Recommendations for Improvement
<b>Outbreak Detection &amp; Surveillance Systems</b>	<ul style="list-style-type: none"> <li>○ Daily surveillance/case finding</li> <li>○ Reporting and notification</li> </ul>			
<b>Initiation of Additional Precautions</b>	<ul style="list-style-type: none"> <li>○ Signage</li> <li>○ PPE caddies</li> <li>○ Waste disposal</li> </ul>			
<b>Management of Cases &amp; Contacts</b>	<ul style="list-style-type: none"> <li>○ High risk contacts</li> <li>○ Tablemates</li> <li>○ Caregivers</li> <li>○ Staff</li> </ul>			
<b>Outbreak Management Team</b>	<ul style="list-style-type: none"> <li>○ Meeting frequency</li> <li>○ Attendance</li> </ul>			
<b>Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>○ Supply &amp; stock</li> <li>○ N95 fit testing</li> </ul>			
<b>Outbreak Measures</b>	<ul style="list-style-type: none"> <li>○ Outbreak checklist</li> <li>○ Audits</li> <li>○ Signage</li> <li>○ Cohorting</li> <li>○ Visitors</li> </ul>			
<b>Educational Needs</b>	<ul style="list-style-type: none"> <li>○ Resident/staff/visitor</li> </ul>			
<b>Environmental Cleaning</b>	<ul style="list-style-type: none"> <li>○ Auditing</li> <li>○ Frequency</li> </ul>			
<b>Declaring Outbreak</b>	<ul style="list-style-type: none"> <li>○ Timely reporting</li> </ul>			
<b>Other</b>				

### Action Items

Action Item	Responsible Persons	Due Date

### Additional Comments

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