COVID-19
Interim Guidance for Homelessness Service Settings Providers

Homelessness service settings that provide temporary housing, congregate living spaces or other services for people who are experiencing homelessness or who are underhoused (e.g., shelters, respite sites, drop-in centres, rooming houses, Out of the Cold sites) are extremely diverse and experience unique issues in relation to the population served and COVID-19 prevention and control.

These settings need to consider COVID-19 prevention and control measures that may vary based on the type of setting (i.e. Drop-in versus congregate living) as well as strategies to protect clients, staff and visitors and how to prevent spread and protect those most vulnerable to COVID-19 infection.

Background
COVID-19 is an infection caused by a new type of coronavirus. COVID-19 can present as an acute respiratory illness in humans. COVID-19 spreads through direct contact with the respiratory droplets of someone who is infected with the virus through their cough or sneeze. These droplets can spread up to 2 metres, or 6 feet. It may also be possible for a person to get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. More information on COVID-19 can be found in the Toronto Public Health COVID-19 Fact Sheet.

With current local transmission of COVID-19 in Toronto, more and more congregate settings including homelessness service settings will encounter clients/participants diagnosed with COVID-19 or symptomatic clients/participants suspected of having COVID-19 at their sites. Service providers (non-healthcare) in homelessness service settings should follow the below interim guidance in order to respond to wider community spread of COVID-19. As the situation evolves, Toronto Public Health (TPH) will provide updated guidance. This interim guidance should be adapted to individual settings.

Implement Continuity/Emergency Operations Plans
- Implement your continuity/emergency operations plans. Understand your minimum operational needs and emergency safety and closure procedures
- Critical areas for immediate planning and implementation include:
  - Facility Readiness: signage, supplies, and staffing
  - Access to harm reduction supplies/services
  - Environmental services
  - Food services
  - Establishing pathways of internal and external communication
  - Assessing risk to staff and measures to maintain their health
  - Education and training for staff
  - Assessing risk to clients/participants which may consider such strategies as implementing isolation or the separation of symptomatic clients/participants from well clients (i.e. cohorting strategies)
• Anticipate for an increase in absenteeism among homelessness service setting staff and implement flexible sick-leave policies as staff may need to stay home when they are sick, caring for a sick household member.
  o Identify critical job functions and positions and plans for alternative coverage by cross-training staff.

**Implement physical distancing measures including:**

- Restrict unnecessary visitors/volunteers from entering the site.
- Cancel any in person group programming and support access to on-line programming where feasible
- Providers for drop-in food programs should consider providing to-go meals to clients

**Communicate with Clients/Participants, Staff, and Volunteers/Visitors**

- Inform volunteers and visitors that they should not be visiting the site.
- Describe what actions the site is taking to protect clients/participants and staff. Communicate with clients/participants and staff about those actions.
- Provide educational material and information to clients/participants and staff.
- Place posters that encourage behaviours that prevent transmission (e.g., Cover Your Cough, Hand Washing, Hand Sanitizing, Physical Distancing) at entrances and in locations throughout the site where they are visible to all staff and participants/clients.
- Ensure that staff and participants/clients are familiar with symptoms of COVID-19. Symptoms of an upper respiratory tract infection include: fever, change in cough, difficulty breathing which may also be accompanied by muscle aches, fatigue, headache, sore throat, runny nose or diarrhea.
- Consider any language needs specific to your site.

**Consider Vulnerable Individuals**

- Collaborate with public health and health care providers to identify clients/participants who are most likely to suffer a severe clinical course if they become infected with COVID-19.
- Take steps to enhance social distancing and protections for these high risk individuals, such as through priority allocation of private rooms, separate bathrooms, and cohorting.
- Monitor or connect frequently with clients who could be at higher risk of complications from COVID-19 (e.g., older, have underlying medical conditions, require daily nursing support).
- Consider staff at high risk of severe COVID-19 and if possible to not be designated as caregivers for symptomatic clients suspected to have COVID-19.
Prevent the Introduction of COVID-19 at a Site

- Encourage your clients/participants to not move between shelter sites as much as possible.
- Screen shelter clients/participants for new symptoms of acute respiratory illness. Shelters should continue to accept referrals and include a screening health assessment:
  - Ask the client/participant if they have any new symptoms of upper respiratory tract infection including fever, new cough, or difficulty breathing which may be accompanied by muscle aches, fatigue, headache, sore throat, runny nose or diarrhea.
    - During screening of new intakes, use physical barriers to promote space at screening, also consider other strategies to maintain distance.
    - If a client/participant is symptomatic, provide the symptomatic client/participant with a mask, maintain a 2 metre distance.
  - Ask the client about any potential COVID-19 exposures
- Depending on client/participant responses, see information below regarding management
- Ask staff to assess themselves for symptoms every shift before entering the site. Sick staff should stay home. Staff who develop symptoms at work should be supported to access healthcare immediately if needed or sent home immediately. If needed, place staff in a separate area at least 2 metres away from others while awaiting a way home/to healthcare.

Management of Symptomatic Shelter Clients Suspected of Having COVID-19

- For all symptomatic clients at shelters, consider health care needs as a result of potential infection, consider testing and diagnosis and consider strategies for isolation
- For clients who have been assessed as needing testing, consider access to health care and testing on site if possible or transportation to a Toronto Region COVID-19 Assessment Centre
  - Follow IPAC guidance during screening if performed on site
  - If available, direct the client to an isolation room or space 2 metres away from others at your site while awaiting transportation.
- For individuals who are experiencing severe illness (e.g., severe respiratory issues/difficulty breathing), call 9-1-1- and inform the paramedics.

Isolate in Place

There may be times where clients/participants may require temporary longer-term isolation at your site before being transferred to an isolation site. Additionally, as more local transmission occurs, strategies to "isolate in place" will need to be considered.

- Clients/participants with symptoms consistent with COVID-19 infection should as much as possible be placed in an individual room. If possible, designate a separate bathroom for sick clients with COVID-19 symptoms.
- Seek all available opportunities to test symptomatic individuals who live in shelters for COVID-19, in partnership with health care providers and public health.
- Ensure frequent environmental cleaning.
- If possible, provide storage for those who require relocation, to alleviate concerns about clients having to lose their belongings.
- If an individual room is not available, consider using a large, well-ventilated room to place known COVID-19 cases together.
In areas where symptomatic cases are staying, keep beds 2 metres apart and consider using temporary barriers between beds (e.g., curtains).
Do not use the top bunk of bunk beds.
If possible, designate a separate bathroom for symptomatic clients/participants with COVID-19 symptoms.
If your site is a large open space (e.g., respite site), consider designating a separate space for well clients/participants that is separate from symptomatic clients/participants and use barriers (e.g., privacy screens) between the symptomatic and well group.

Response to Shelter associated Cases of COVID-19
Confirmed and suspect cases of COVID-19 are reported by health care providers and laboratories to public health. Workplaces other than health care settings do not need to report to public health.
  - Public health performs a risk assessment for all exposures including those that may occur in a homelessness service setting
  - Depending on the situation, public health will work with SSHA and the shelter regarding next steps for isolation of the case, contact tracing and communications for staff
Public health will provide advice regarding any other measures that the setting and staff may take to reduce the risk of transmission.

Follow Infection Prevention and Control (IPAC) Advice
Follow IPAC advice (including advice for environmental cleaning) outlined in the Toronto Public Health Infection Prevention and Control Tips for Homelessness Service Settings.
Follow any cleaning advice during screening process as outlined SSHA COVID-19 Screening Tool for Homelessness Service Settings.

More information
- Toronto Public Health COVID-19 Planning Guide for Housing Services Providers and Shelters
- Toronto Public Health COVID-19 Infection Prevention and Control Tips for Homelessness Service Setting Providers
- Public Health Agency of Canada Guidance for Providers of Services for People Experiencing Homelessness (in the context of COVID-19)

References


