COVID-19 Interim Guidance for Homelessness Service Settings

Homelessness service settings that provide temporary housing, congregate living spaces or other services for people who are experiencing homelessness or who are under-housed (e.g. shelters, respite sites, 24 hour drop-ins) 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. congregate living) as well as strategies to protect clients, staff and visitors from 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 two metres/six 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.

As COVID-19 is now spreading in our local community in Toronto, more and more congregate settings, including homelessness service settings, will encounter clients who are diagnosed with COVID-19 or have symptoms of COVID-19 (e.g. fever, cough, difficulty breathing). Service providers (non-healthcare) in homelessness service settings should follow the interim guidance below at this time. As the situation evolves, Toronto Public Health (TPH) will provide updated guidance. This interim guidance should be adapted to individual service settings.

General Advice

Strategies homelessness service settings can use to protect their staff, volunteers and clients include:

- 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 and related cleaning supplies
    - Food services
    - Establishing pathways of internal and external communication
    - Assessing risk to staff and measures to maintain their health
    - Education and training for staff and volunteers
    - Assessing risk to clients, which may include separating clients who have symptoms of COVID-19 (e.g. fever, cough or difficulty breathing) from clients who are well.
- Anticipate for an increase in absenteeism among staff, and implement flexible sick-leave policies as staff may need to stay home when they are sick, or are caring for a sick household member.
  - Identify critical job functions and positions and plans for alternative coverage by cross-training staff.
- Identify ways to ensure physical distancing (i.e. keep a minimum of two metres/six feet away from others) for staff, essential volunteers/visitors and clients.
  - Consider staggering meal times, set tables so that clients are not facing each other, space beds/cots two metres apart, and do not use bunk beds.
  - Clients should be provided with a way to physically distance without creating social isolation.
- In addition to routine environmental cleaning, surfaces that are frequently touched should be cleaned and disinfected twice a day and when visibly dirty.
- Review advice on infection prevention and control (including physical distancing and environmental cleaning) found in the [Toronto Public Health Infection Prevention and Control Tips for Homelessness Service Settings](#).
- Review infection prevention and control/occupational health and safety policies and procedures with all staff and volunteers.
- Consider specialist services that may be required (e.g. mental health, harm reduction and substance use support) to support clients.
- Although challenging to implement, consider service delivery via virtual means if possible. If this is not possible, ensure adequate physical distancing.
- Communicate about the risks of COVID-19 and actions your organization is taking to protect clients, staff and volunteers.
- Consider any language needs specific to your setting.
- Consider the needs of vulnerable individuals:
  - Collaborate with public health and health care providers to identify clients who are most likely to suffer severe negative impacts if they become infected with COVID-19.
  - Take steps to enhance physical distancing and protections for these high-risk individuals, such as through priority allocation of private rooms, separate bathrooms, and separating them from those who are unwell.
  - 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 who are at high risk of severe COVID-19 and, if possible, do not assign them as caregivers for clients suspected of having COVID-19.
- Keep up to date with the latest information and advice about COVID-19. Visit the [Toronto Public Health COVID-19](#) website.

**Planning**

- Collaboration is key between homelessness service setting providers and organizations to develop plans for isolating clients who require it. Planning should consider:
  - How healthcare can be accessed.
  - How to transport symptomatic clients in non-emergency situations.
  - How to reach out to the local public health unit.
  - How to access extra staff and volunteers to cover for unwell staff and volunteers.
  - How to access personal protective equipment (PPE) and what kind is needed.
Keep up-to-date information about clients, including names, times when they come in and leave your setting as well as where they are in the site (e.g. room or bed number). This will assist in any public health follow-up that may be required. Similar information about staff and volunteers should be kept.

Prevent the Introduction of COVID-19 at your Setting

- Review infection prevention and control advice related to COVID-19 found in the Toronto Public Health Infection Prevention and Control Tips for Homelessness Service Settings.
  - Provide related educational material, training and information to staff, volunteers and clients/participants.
- Inform non-essential volunteers and visitors that they should not be visiting the setting.
- Ensure that clients, staff and volunteers are familiar with the symptoms of COVID-19 (e.g. fever, change in cough and shortness of breath).
- Ask clients to inform staff immediately if they experience symptoms of COVID-19.
- If a staff or volunteer/visitor develops symptoms, they should stay home and inform their manager.
- Promote prevention practices, including hand hygiene, respiratory etiquette, and physical distancing.
- Post signage about COVID-19 signs and symptoms as well as prevention information (e.g. Cover Your Cough, Hand Washing, Hand Sanitizing, Physical Distancing). These should be posted at entrances and in locations throughout your setting where they are visible to all staff, volunteers and clients.
- Ensure easy access to supplies for proper hand hygiene (e.g. soap, paper towels, alcohol-based hand rub), tissues, and no touch garbage cans.
- Clean and disinfect common spaces frequently. For shared washrooms/shower rooms, consider developing a schedule for showering. These areas should be cleaned and disinfected at least twice daily and when visibly dirty.

Screening in general

- Settings should continue to accept referrals, but should also be conducting screening assessments.
- Undertake active screening (e.g. asking questions) and passive screening (e.g. signage) of client's, staff and volunteers. Screening as indicated below should be completed upon intake and daily for all staff, volunteers and clients for:
  - Fever (if possible);
  - New cough or change in cough;
  - Shortness of breath; and
  - Other symptoms compatible with COVID-19 (e.g., muscle aches, headache, sore throat, runny nose.
- Individuals who are conducting the screening should ideally be behind physical barriers (e.g. plexiglass) or stand two metres away from those being screened.
- If possible, screeners should be placed at the entrance of the shelter to screen all individuals wanting to access the setting.
- Surgical masks and gloves are only required when screening staff, volunteers and clients at the door if no physical barriers (e.g. plexiglass) are available.
- Make hand sanitizer available at the screening location.
Surgical masks should only be worn inside the shelter if a staff person must have direct contact (less than two metres) with an unwell client.

**Active Screening for Staff and Volunteers**
- Instruct all staff and volunteers to daily self-monitor for symptoms of COVID-19 before every shift before entering, as well as for any potential exposure risks that require self-monitoring or self-isolation.
- Staff and volunteers who have symptoms of COVID-19 should complete the ministry’s self-assessment tool. If required, they should go to an Assessment Centre for testing.
- All staff and volunteers who are required to self-isolate must not come to work.
- Staff and volunteers who have been exposed to someone with COVID-19 outside of work should self-isolate and not go to work.

**Active Screening for Clients**
- Actively screen all clients at intake for respiratory symptoms, including potential COVID-19 exposures.
- Upon intake, clients should be screened for exposures to individuals who are symptomatic and may have COVID-19. Clients should also be asked about underlying health conditions (e.g. cardiovascular disease, diabetes, chronic lung disease, cancer).
- Signage at the entrance and throughout the site should advise clients to inform staff immediately if they are feeling unwell.
- Contact Toronto Public Health if more than one client is unwell at your setting, as this may indicate an outbreak.

**Management of Clients, Staff, and Volunteers Suspected of Having COVID-19**
- For clients who have been assessed as needing testing, consider access to health care and testing on site, if possible, or arrange transportation to an Assessment Centre.
  - If available, direct the client to an isolation room or space away from others at your while awaiting transportation.
- Staff or volunteers who become unwell while at work should tell their manager immediately, and separate themselves from others. They should be sent home (avoiding public transit), advised to contact a Telehealth Ontario (1-866-797-0000) or a healthcare provider, or complete the ministry’s self-assessment tool to help determine if they should go to an Assessment Centre for testing.
- Symptomatic staff, volunteers and clients in shelters are included in priority groups for COVID-19 testing. They should advise the health care workers at the Assessment Centre that they use or work in a shelter.
- If a staff person is suspected of or confirmed to have COVID-19, decisions on return to work should be done in consultation with their health care provider and the local public health unit. Staff should also notify their Occupational Health and Safety lead or manager prior to returning to work.
  - Individuals with respiratory symptoms, even if they have not travelled, are asked to stay home until 14 days have passed from the start of their symptoms.
• Any transportation used to move a client with symptoms (who do not require hospitalization) between locations should be done with private vehicles. Public transportation should not be used.
  o If a private vehicle is used, the driver should wear a surgical/ mask. Clients should also wear a surgical mask and be seated in the rear passenger seat as far away as possible from the driver with the windows open, if weather permits.
  o Surfaces in the vehicle that have been touched by the client should be cleaned and disinfected.
• For individuals who are experiencing severe illness (e.g. severe respiratory issues/difficulty breathing) or have symptoms that worsen, call 9-1-1- and inform paramedic services about these symptoms.
• In all circumstances below, in addition to routine cleaning, surfaces that have frequent contact with hands should be cleaned and disinfected twice per day and when visibly dirty.
• Coordinate with affiliated shelters or congregate living facilities in the municipality to consider how to cohort those who are unwell.

What to do if a client develops symptoms at your setting
• If a client develops a new cough or change in cough, has difficulty breathing, has fever and/or has been exposed to someone with COVID-19 in the past 14 days, provide them with a surgical mask, instructions for use, and encourage frequent hand cleaning.
• Place the client in a room or separate area, if possible, to avoid contact with other clients in the setting.
• If secluded space in the setting is limited, and if more than one client is unwell, consider grouping symptomatic clients together (i.e. cohorting) in the same space.
• Staff should try to maintain physical distance between themselves and the client (i.e. two metres or more) while monitoring and providing assistance to them. If direct care is being provided to the unwell individual (less than two metres between staff and client), staff should wear appropriate personal protective equipment (at a minimum a mask and gloves).

What to do if the client is waiting for test results
• Any client that has been tested at an Assessment Centre will need to be isolated or grouped together (i.e. cohorting) with others who have been tested and are awaiting results.

What to do if a client is positive for COVID-19 and doesn't require hospitalization
• Any client that has a positive COVID-19 test should be moved to a designated isolation facility where they can recover in their own room with a dedicated bathrooms.
• If this is not possible, they can share a room with others who have also tested positive for COVID-19 (i.e. cohorting).
• Clients should remain in their room, receive meals in their room, and not share the bathroom with others.
• Staff should monitored these clients frequently to ensure their symptoms are not worsening.
Considerations for "Isolate in Place"

There may be times where clients/participants may require temporary, longer-term isolation at your setting before being transferred to an isolation/recover shelter. As more local transmission of COVID-19 occurs, strategies to "isolate in place" will need to be considered.

- Clients with symptoms of COVID-19 should, as much as possible, be placed in an individual room with a dedicated bathroom.
- If an individual room is not available, consider using a large, well-ventilated room to place clients who have COVID-19 together.
  - In areas where people who have symptoms of COVID-19 are staying together, keep beds two 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 setting 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 them.
- Ensure frequent environmental cleaning and disinfection of the setting.

Response to Shelter-Associated Cases of COVID-19

- Confirmed and suspected cases of COVID-19 are reported by health care providers and laboratories to public health. Shelter staff should contact their local public health unit to report a staff member, volunteer or client suspected to have COVID-19.
  - 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 site and staff may to take to reduce the risk of transmission.

Follow Infection Prevention and Control Advice

- Follow infection prevention and control advice outlined in the Toroto Public Health Infection Prevention and Control Tips for Homelessness Service Settings.
- Follow advice during screening process as outlined SSHA COVID-19 Screening Tool for Homelessness Service Settings.

More information

For more information visit our website at www.toronto.ca/COVID19 or call us at 416-338-7600.

- Ministry of Health and COVID-19 Guidance: Homeless Shelters
- 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


