COVID-19
Infection Prevention and Control Tips for Homelessness Service Setting Providers

With current local transmission of COVID-19 in Toronto, service providers (non-healthcare) in homelessness service settings can follow the below interim infection prevention and control guidance to reduce the risk of spread of COVID-19. This document is a companion tool for the Toronto Public Health Interim Guidance for Homelessness Service Setting Providers and should be used in conjunction with that resource.

Physical Distancing

Physical distancing means limiting close contact with others. Physical distancing strategies include:

- Remind everyone at your site to maintain a 2 metre distance from other people as much as possible.
- Cancel group activities that exceed 5 people; try to support telephone or on-line activities where possible.
- Do not have visitors at the site; limit to participants and clients.
- Reduce face to face staff meetings; promote phone or on-line meetings and cancel any larger in person meetings.
- Use furniture layout to promote physical distancing (e.g., removing chairs around a table to promote 2 metre distance between others for seating).
- Place mats/cots/beds at least 2 metres apart. If not possible, consider staggering sleeping arrangements to increase the physical distance between client/participant faces as much as possible while sleeping.

Hand Hygiene

- Provide education to clients/participants and staff on how to clean their hands.
  - It’s important to not touch your face (e.g., eyes, nose and mouth) with unclean hands.
- Put up Hand Washing and Hand Sanitizing posters at your site.
- Ensure that supplies that are necessary to clean hands are accessible. This includes alcohol-based hand rub (also known as ABHR or hand sanitizer), hand soap, paper towels and garbage cans.
- Ensure liquid hand soap and ABHR dispensers are checked regularly and kept full.
- ABHR used on site should have an alcohol concentration between 70%-90%.
- Provide portable alcohol-based hand rub to staff, if possible.
- Consider offering supervised hand hygiene for clients/participants (e.g., have a staff member pump ABHR into client’s hands as they enter the dining area).
Respiratory Etiquette

- Ensure that there is ABHR, tissues, and masks (for those with symptoms) available at intake.
- Post Cover your Cough posters in your site and educate clients and staff about respiratory etiquette (e.g., sneeze/cough into their sleeve).
- Discourage clients/participants from sharing items that come into contact with their mouth (e.g., utensils, cigarettes/joints, drinks, crystal meth/crack pipes)
- Ask staff who are sick with respiratory symptoms (e.g., cough, sneezing) to stay home.

Environmental Cleaning and Disinfection

It is not yet clear how long COVID-19 lives on surfaces, however, early evidence suggests it can be a few hours to days.

- Make sure that environmental cleaning and disinfection is performed on a routine and consistent basis and engage in enhanced cleaning and disinfection of surfaces that have frequent contact with hands (i.e., high-touch surfaces) at least twice per day (and when visibly dirty).
  - High-touch surfaces include door handles, elevator buttons, light switches, toilet handles, handrails, shared equipment such as keyboards, walkie-talkies. Frequently touched surfaces are more likely to be contaminated. Note: you will need to think about what a high-touch surface is in your individual site.
- Common spaces such as kitchens and bathrooms should also be cleaned more often.
- Use disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.
  - Check the expiry date of products you use and always follow manufacturer's instructions including contact time (i.e., amount of time that the product will need to remain wet on a surface to achieve disinfection).
  - As many homelessness service settings use bleach as a disinfectant, the Public Health Agency of Canada indicates that a one part bleach to 9 parts water to make 0.5% bleach solution) is also acceptable for use against COVID-19. Ensure it is prepared fresh. The contact time for this is approximately 10 minutes.
- Use damp cleaning methods such as damp clean cloths, and/or a wet mop. Do not dust or sweep which can distribute virus droplets into the air.
- Ensure cleaning and disinfection instructions are discussed with any contracted cleaning company/agency at your site.

Note: Cleaning products physically remove germs and dirt (e.g., body substances, dust) from a surface and are used separately before using a disinfectant. Disinfectant products have chemicals that can kill germs and should be applied after the surface has been cleaned. Disinfectant wipes may have combined cleaning product and disinfectant in one solution but depending on how dirty the surface is, it may need to be pre-cleaned as disinfectants are ineffective when there is dirt present. The disinfectant will need to make contact with the physical surface to achieve disinfection.
Personal Protective Equipment

- Staff can protect themselves by using physical distancing and hand hygiene, as well as other techniques to limit exposure such as sitting next to rather than in front of a client that is coughing.
- Personal protective equipment should be chosen based on a risk assessment of the type of care or contact being provided to clients/participants, what area of the body staff may become exposed to body substances, and how an illness is spread. COVID-19 is spread by the droplet / contact route. For providers who may be involved in having people with COVID-19 residing at their sites, provide education to staff on PPE use.

Laundry

- If a client has been diagnosed with COVID-19 or is suspected to have COVID-19 at your site, contaminated laundry should be placed in an individual plastic bag and should not be shaken.
- Use gloves and a medical mask when coming into contact with contaminated laundry.
- Clothing and linens belonging to a client diagnosed with COVID-19 or a symptomatic client suspected of having COVID-19 can be washed using regular laundry soap and hot water (60-90°C). Laundry should be thoroughly dried. Clean hands after handling contaminated laundry and after removing gloves.
- Cleaning hands with soap and water or ABHR immediately after doing laundry.
- Contaminated disposable cleaning items (e.g. mop heads, cloths) should be placed in a lined garbage bin before disposing of them with regular waste. Reusable cleaning items can be washed using regular laundry soap and hot water (60-90°C).

Disposing of Garbage

- Disposable contaminated items of a client that has been diagnosed with COVID-19 or is suspected to have COVID-19 should be placed in a plastic bag before disposing of it with other waste

Food Services

- Reinforce routine food safety and sanitation practices.
- Reinforce regular hand washing by staff members who prepare food.
- Discourage sharing of cutlery, dishes and other items.
- Use disposable cutlery as much as possible.
- Share food safety information on the Toronto Public Health Food Safety website
- Discuss food safety strategies with any contracted catering companies or agencies that service your site.

Child Care Considerations

Some homelessness service settings may have specific considerations in relation to child care on site.
More Information

- Toronto Public Health Planning Guide for Housing Services Providers and Shelters
- Toronto Public Health’s Interim Guidance 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


Shelter Support and Housing Administration – Strategies for Social Distancing and Spread Reduction in Homelessness Service Settings.