COVID-19

Infection Prevention and Control Tips for Homelessness Service Settings

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 Settings and should be used in conjunction with that resource.

General Advice

- Review any infection prevention and control/occupational health and safety policies as well as this tip sheet with all staff and volunteers at the setting.
- Post signage throughout the setting about the signs and symptoms of COVID-19, which includes:
  - Fever;
  - New cough or change in cough;
  - Shortness of breath; and
  - Other symptoms like muscle aches, headache, sore throat, runny nose.
- Communicate that clients who have symptoms of COVID-19 or have been exposed to someone with COVID-19 should report to a staff person immediately. Consider designating a staff person per shift for client's to inform and communicate this with the clients.
- All staff and essential volunteers/visitors who:
  - Have symptoms of COVID-19 or have been exposed to someone with COVID-19 should stay home and self-isolate. They should use the Ontario Ministry of Health’s Self-Assessment Tool to determine if they need to go to a Assessment Centre.
  - Have been exposed to someone with COVID-19 should stay home, self-isolate and self-monitor for symptoms. If symptoms develop, they should use the Ontario Ministry of Health's Self-Assessment Tool to inform whether they should go to an Assessment Centre.
- Symptomatic staff, volunteers and clients in shelters are included in the priority list of groups for COVID-19 testing in Ontario. They should advise the health care workers at the Assessment Centre that they reside in or work in a shelter.
- Place posters that encourage behaviours that prevent the spread of COVID-19 (e.g. Cover Your Cough, Hand Washing, Hand Sanitizing, Physical Distancing) at entrances, and in locations throughout the setting where they are visible to all staff and participants/clients.

Infection Prevention and Control during Intake Screening

- Staff conducting screening of clients at intake should ideally be behind a physical barrier (e.g. plexiglass) or stay two metres/six feet away from the client.
- Masks and gloves are only required for individuals providing screening at the door if there is no physical barrier (e.g. plexiglass) to separate them from individuals entering the site.
- Clients who develop symptoms of COVID-19, should be provided with a surgical mask and a separate room away from others, while awaiting transportation to an Assessment Centre.
• Clients identified as a close contact of someone who has COVID-19 in the past 14 days, should be provided with a separate room or space away from others, avoiding contact with other clients in common areas of the setting, as well as consider providing them with a surgical mask.
• If a secluded space in the shelter is limited, and if more than one client is symptomatic, consider grouping (i.e. cohorting) symptomatic clients in the same space.

Considerations for Clients Positive with COVID-19
• Any client that has tested positive for COVID-19 that does not require hospital care will need to be isolated in a private room or they can share a room with others (while maintaining adequate physical distancing of two metres/six feet) who have also tested positive (i.e. cohorting). Consider the use of temporary barriers between clients who are cohorted.
• In settings with large open spaces, consider the principles of cohorting (separating those who are well from those who are sick), physical distancing and the use of temporary barriers.
• Ideally, clients who have COVID-19 should be housed in a facility with separate rooms with dedicated washrooms.

Physical Distancing
Physical distancing means limiting close contact with others. Physical distancing strategies include:
• Remind everyone at your setting to maintain a two metre/six foot distance from others as much as possible.
• Cancel group activities that exceed five people; try to provide support through telephone or on-line activities where possible.
• Do not have unnecessary volunteers or visitors at the setting; limit to participants and clients.
• For specialist services that may be required in the setting (e.g. mental health services, harm reduction, or substance use support) for psychosocial support to clients, consider implementing these services virtually. If this is not possible, inform service providers to maintain physical distance and avoid face-to-face discussions.
• Reduce face-to-face staff meetings, consider teleconferencing options, and cancel any larger in-person meetings.
• Use furniture layout to promote physical distancing (e.g. removing chairs around tables to promote two metre/six feet distance between others for seating).
• When possible, stagger eating times and set-up tables so clients are not directly facing each other.
• Providers of drop-in food programs should consider providing to-go meals to clients.
• Place mats/cots/beds at least two metres/six feet apart for all clients at the settings, and do not use bunk beds.
• Use visual markers to help promote physical distancing in high-traffic locations throughout the setting (e.g. at intake, meal lines).
• Ensure physical distancing in any elevators used at the setting.

Hand Hygiene
• Provide education to clients/participants and staff on how to clean their hands, including the message that 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, warm running water, and garbage cans.
• Ensure liquid hand soap and ABHR dispensers are checked regularly and replenished when empty.
• If possible, have wall-mounted (preferably foam) ABHR with an alcohol concentration between 70%-90%.
• Provide portable alcohol-based hand rub to staff, if possible.
• Consider offering supervised hand hygiene for clients/participants at designated times (e.g. before meals) to promote this prevention measure.

Respiratory Etiquette

• Ensure that ABHR, tissues, and masks (for clients with symptoms) are available at intake.
• Post Cover your Cough posters in your setting, and educate clients and staff about respiratory etiquette (e.g. to sneeze/cough into their sleeves and not their hands).
• Provide tissues and lined garbage bins for use by client’s and staff.
• Educate clients about the importance of not sharing items that come into contact with their mouth (e.g. utensils, cigarettes/joints, drinks, drug use supplies).
• Ask staff who are sick with respiratory symptoms (e.g. cough, sneezing) to stay home.

Personal Protective Equipment

• Staff can protect themselves by using physical distancing and hand hygiene.
• Personal protective equipment (PPE) should be chosen based on a risk assessment of the type of care or contact being provided to clients, 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 settings, provide education to staff on proper PPE use.
• Staff must be trained on the safe use, care and limitations of PPE, including donning (putting on) and doffing (taking off) personal protective equipment as well as proper disposal.
  o Gloves should be removed first, and hand hygiene should be performed immediately after removing gloves. The mask should then be removed, and hand hygiene performed again.
• If direct care is being provided to a symptomatic client (less than two metres/six feet between the staff and client), staff should wear appropriate PPE (at a minimum a mask and gloves).
• Administrative areas and administrative tasks that do not involve contact with a client with suspected or confirmed COVID-19 do not require the use of PPE.

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 high-touch surfaces (i.e. surfaces that are frequently touched by hands) at least twice per day and when visibly dirty.
High-touch surfaces include door handles, elevator buttons, light switches, toilet handles, hand rails, 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 setting.

- Common spaces should also be cleaned and disinfected more often.
- Ensure washroom and shower facilities are frequently cleaned and disinfected, at least twice per day and when visibly dirty.
- Ensure all surfaces of tables and chairs (including the underneath edge of the chair seat) are cleaned and disinfected after each meal.
- 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 and appropriate contact time (i.e. amount of time that the product will need to remain wet on a surface to achieve disinfection).
  - To check your hard surface disinfectant, visit the Public Health Agency of Canada website.
- 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.
- Individuals involved in cleaning should at a minimum wear gloves and a gown. Consider what additional PPE is needed based on what you are cleaning (e.g. a large spill) and what PPE is listed on the cleaning/disinfectant product's safety data sheet.
- 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 may become ineffective when there is dirt present. Check instructions on the product’s label.

Laundry/Linen/Mattresses

- Mattresses should be cleaned and disinfected between clients, and clean bedding should be provided to new clients. Clean towels should be provided to each client with instructions not to share.
- 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.
- Staff or essential volunteers/visitors who are handling laundry should wear gloves and a gowns, at a minimum.
- 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.
- Clean 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).

Clean and disinfect the buttons and lid on the washing machine after use.

**Food Services**

- Reinforce routine food safety and sanitation practices.
- Provide ABHR to client’s before meals.
- Serve food onto client’s plates while maintaining physical distancing. If possible, pre-plate food or snacks before providing to clients.
- Use pre-packed snacks if feasible.
- Ensure adequate spacing (i.e. two metres/six feet) between clients while eating.
- Reinforce regular hand washing by staff who prepare food, and ensure that they are well. Those who develop symptoms should stop preparing/serving food immediately.
- Educate clients on the importance of not sharing of cutlery, dishes and other items.
- Use disposable cutlery as much as possible.
- Minimize client handling of multiple sets of eating utensils by providing individually wrapped utensils or having staff hand out utensils.
- Remove shared food containers from dining areas (e.g. pitchers of water, shared coffee cream dispensers, salt/pepper shakers).
- Share food safety information on the [Toronto Public Health Food Safety](https://www.toronto.ca/food-safety/) website with those involved in food preparation/serving.
- Ensure food safety protocols are followed by any contracted catering companies or agencies in your setting.

**Child Care Considerations**

Some homelessness service settings may have specific considerations in relation to child care on site including:

- Sensory play using water, playdoh, pasta, sand, or other materials that cannot be readily disinfected should be discontinued.
- Plush or soft toys should be avoided, since they cannot be readily cleaned and disinfected.
- Cancel any in-person children playdates.
- Provide education on proper and frequent hand hygiene, physical distancing and respiratory etiquette to children at the setting.

**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.
- Use no touch garbage cans (e.g. garbage cans with a foot pedal), if possible.
More Information

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

Other resources include:

- Toronto Public Health Planning Guide for Housing Services Providers and Shelters
- Toronto Public Health’s Interim Guidance for Homelessness Service Setting Providers
- Ontario Ministry of Health COVID-19 Guidance: Homeless Shelters
- 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.