

# COVID-19 INFORMATION SHEET FOR STAFF: USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) IN HOMELESSNESS SERVICES SETTINGS

Shelter, Support and Housing Administration

Current as of October 29, 2020

## Purpose

This document provides information on use of personal protective equipment (PPE) in City operated and funded shelter settings and managing the supply of PPE available through appropriate use and best practice.

The use of masks by frontline staff in City operated and funded shelter settings is required for their entire shift to increase prevention through source control. This requirement is issued as Shelter [Directive 2020-02, Direction on Mandatory Face Coverings for Clients and Required Personal Protective Equipment for Staff](#). This direction also applies to City operated and funded street outreach frontline staff.

While SSHA has been able to create physical distancing of bed spacing in shelter sites, there can be challenges to maintain physical distancing in all scenarios when interacting with clients, as staff are not always able to control or predict the movements of clients.

[Updated Ministry of Health and provincial public health guidelines](#) now also recommend universal use of non-medical masks (for source control when there is no outbreak in a facility) and the use of medical masks (when there is a confirmed outbreak in a facility) by staff in congregate living settings which includes shelters. Although shelters and other homelessness service settings are not health care facilities, and due to the increase in community transmission of COVID-19, from an Occupational Health and Safety perspective, the City is recommending the use of surgical masks for all frontline staff in City operated and funded shelter settings to enhance protection for staff and clients.

This information sheet may not be applicable for recovery programs. For those programs, staff should follow the guidance of on-site medical staff related to use of PPE.

## Provision of PPE

COVID-19 has imposed increased demand on the City of Toronto's supply chain of PPE (e.g., masks, gloves, and eye protection). We recognize that access to PPE is critical to being able to provide services safely.

The City has obtained a supply of PPE for frontline shelter and respite workers. These additional supplies are being distributed to all City operated and community partner provider sites to support daily use of masks by all frontline shelter staff across the service system.

Frontline staff will be provided two new medical masks per shift. If additional PPE is required, staff should speak to the site supervisor to request necessary supplies. The City will work with community partner providers to ensure they are able to procure required supplies of masks or face coverings for clients and provide financial support as needed. In requiring shelter and respite clients to use masks, the City will work with frontline service providers to ensure effective implementation, including: providing education to clients about the safe use, limitations, donning and doffing, and proper care (e.g., cleaning) of non-medical masks; reminding clients that masks should be changed if visibly soiled, damp, or damaged; and considering the safety of resident groups with respect to populations that are not recommended to use masks.

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## Appropriate Use of PPE

The PPE recommended is based on a [risk assessment](#) of the type of care or contact being provided to clients, and how a virus is spread. COVID-19 is spread by direct contact with respiratory droplets of someone who is infected when they cough or sneeze or when someone touches a surface with the virus on it and touches their nose, mouth or eyes.

It is also important to keep in mind that PPE should not replace effective COVID-19 prevention measures, such as hand washing and maintaining physical distancing. Good hand hygiene, including hand washing and sanitizing, should always be practiced, including when PPE is used.

### *When should staff wear PPE?*

- Medical masks must be worn by frontline staff for their entire shift to increase prevention through source control (being worn to protect others).
- Masks do not need to be changed unless wet, damaged, or soiled. This conserves PPE and also decreases the chance of 'self-contamination' that can result from repeated touching of one's face to replace the mask.
- Wearing a mask is not a substitute for physical distancing.
- Staff should still continue to maintain a distance of 2 metres from clients and other staff whenever possible while wearing a mask.
- Additional PPE should be worn, based on an appropriate risk assessment for the situation. In particular, in the following situations:
  - When actively screening clients, visitors and staff, screeners should ask question behind a physical barrier (e.g. Plexiglass). If a barrier is not available, the screener should wear a medical mask and eye protection (e.g., a face shield, goggles). Screeners must follow hand hygiene protocols before and after completing this task at a minimum and as often as necessary.
  - When administering naloxone, staff should wear goggles, gloves, and a gown in addition to wearing their mask. It is not advisable to perform full cardio-pulmonary resuscitation (CPR) during COVID-19, including rescue breaths when responding to an overdose during COVID-19. There is no evidence that CPR face shields in naloxone kits or one-way valve masks provide adequate protection against COVID-19.
  - Staff should wear gloves and gowns in addition to wearing their mask when closely handling items clients have interacted with, including cleaning, dishwashing, handling laundry, cooking, distributing food, and disposing of garbage. Staff must use a clean pair of gloves and wash their hands if they are switching tasks.
- Masks should be worn at all times by staff in administrative areas and conducting tasks that do not involve close contact with a client. The additional use of gloves and goggles is not required for this work.

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- When conducting daily client screening, screeners should wear masks and eye protection. If the task requires the screener to be in the client's room, then staff should wear gloves and gowns in addition to the masks, gloves and eye protection. Screeners must follow hand hygiene protocols before and after completing this task at a minimum and as often as necessary.

## *Training on PPE Use*

- All shelter staff should be trained on the safe use, care and limitations of PPE, including the donning (putting on) and doffing (taking off) of PPE as well as proper disposal.
  - Gloves should be removed first, and hand hygiene should be performed immediately after removing gloves. The mask should then be removed (if at the end of staff's shift or if wet, damaged, or soiled), and hand hygiene performed again.
- Avoid touching the front of the mask where it may be contaminated or the inside of the mask to prevent cross-contamination.
- See Appendix 1 for additional resources including online training videos for safely putting on and taking off PPE (masks, eye protection, gloves and gowns).
- See Appendix 2 for detailed instruction on how to don (put on) and doff (take off) masks.

## *Storing and Re-using PPE*

- Staff will be issued a new medical mask at the start of each shift. The mask is to be worn during the entire shift. If the mask becomes visibly soiled, torn or saturated, **DO NOT REUSE** – discard the mask and a replacement mask will be issued.
- The mask is to be donned when entering the site and removed when eating or leaving the site at the end of the shift/day.
- Masks should be discarded once removed. Where supplies are limited, these may be re-used as long as they are not visibly soiled, wet or otherwise damaged.
- If a mask is to be re-used, keep it from being contaminated by storing it in a clean paper bag, or in a cleanable container with a lid with the staff's name to prevent cross-contamination.
- Paper bags are to be discarded after each use. Reusable containers are to be cleaned and disinfected after each use. Bags and containers are to be labelled with the individual's name to prevent accidental misuse.
- Hand hygiene is to be performed before donning, doffing, or touching the mask.

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## Appendix 1: PPE Resources

- This information sheet on use of PPE is based on Ontario Ministry of Health [COVID-19 Guidance for Homeless Shelters](#) and Toronto Public Health's [COVID-19 Infection Prevention and Control Tips for Homelessness Service Setting Providers](#). SSHA is following advice provided by Toronto Public Health and Occupational Health and Safety regarding PPE.

- Tools for safely donning and doffing PPE are available from [TPH's Infection Prevention and Control Guide for Homelessness Service Settings](#).

- There is a free six hour e-learning module "Communicable Diseases Prevention and Control" with funding from SSHA developed by the Toronto Hostels Training Centre, in collaboration with Toronto Public Health. The course covers the basics of communicable diseases and recommendations for protecting and promoting health for yourself and your clients. Topics include responding to Public Health alerts in SMIS, identifying the links in the chain of transmission and infection prevention and control, performing adequate hand hygiene and caring for your hands; and selecting, putting on and removing PPE appropriately. Please visit the Toronto Hostels Training Centre website: <https://thtcentre.com/>



- Personal Protective Equipment (PPE) In Shelter Isolation & Quarantine Settings, Canadian Alliance to End Homelessness: <http://cnh3.ca/wp-content/uploads/CAEH-COVID-19-PPE.pdf>
- Public Health Ontario- COVID-19: Personal Protective Equipment (PPE) and Non-Medical Masks in Congregate Living Settings: <https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/06/covid-19-ppe-non-medical-masks-congregate-living-settings.pdf?la=en>
- [Public Health Ontario- Risk Algorithm to Guide PPE Use](#)
- "COVID-19: SCREENING PROTOCOL FOR DIRECTLY OPERATED SHELTER SETTINGS"
- **Toronto Public Health** online training video:  
Putting On and Taking Off Full Personal Protective Equipment in Shelter Settings  
<https://youtu.be/uSjkOyyT0dg>
- **Public Health Ontario** online training videos:  
Putting on Mask and Eye Protection  
[https://www.youtube.com/watch?v=1YiLjpLXvg4&feature=emb\\_logo](https://www.youtube.com/watch?v=1YiLjpLXvg4&feature=emb_logo)  
Taking off Mask and Eye Protection  
[https://www.youtube.com/watch?v=pFJaU9nxmTA&feature=emb\\_title](https://www.youtube.com/watch?v=pFJaU9nxmTA&feature=emb_title)

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Putting on Gloves

[https://www.youtube.com/watch?time\\_continue=8&v=UIBmi578NmE&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=8&v=UIBmi578NmE&feature=emb_logo)

Putting on a Gown and Gloves

[https://www.youtube.com/watch?v=6YybqhkIL9M&feature=emb\\_logo](https://www.youtube.com/watch?v=6YybqhkIL9M&feature=emb_logo)

Taking off a Gown and Gloves

[https://www.youtube.com/watch?v=sk4A96IW8bQ&feature=emb\\_logo](https://www.youtube.com/watch?v=sk4A96IW8bQ&feature=emb_logo)

Universal Mask Use in Health Care Settings

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/report-covid-19-universal-mask-use-health-care-settings.pdf?la=en>

## Appendix 2. Instructions for Using Face-Covering (Masks)

### To Don (Put On) Face Covering:

1. Perform hand hygiene
2. Grasp used face covering:
  - a. Pinch procedure face covering at the ear loops or
  - b. Grasp upper ties on face covering
3. Place over face:
  - a. Ear loop style: Secure ear loops behind the ears. Secure face covering.
  - b. Tie-back style: Secure upper ties first, behind head. End by securing lower ties behind head.
4. Perform hand hygiene

### To Doff (Take Off) Face Covering:

1. Perform hand hygiene
2. Remove face covering:
  - a. Ear loop style: Remove face covering by holding the ear loops. The front is contaminated, so remove slowly and carefully. Do not let loops touch your face.
  - b. Tie-back style: Remove face covering by untying lower ties FIRST. Untie upper ties last. The front is contaminated, so remove slowly and carefully. Ensure ties do not fall into clean interior side of face covering.
3. After removing face covering, visually inspect for contamination, distortion in shape/form. If soiled, torn, or saturated the face covering should be discarded and another mask should be used.
4. If you are removing the mask with intent to re-use (for example when eating or drinking), if the face covering is NOT visibly soiled, torn, or saturated, **carefully fold so that the outer surface is held inward and against itself** (fold lengthwise like a hot dog). The folded face covering can be stored between uses in a clean sealable paper bag or breathable container labelled with your name.
5. Perform hand hygiene