COVID-19 INFORMATION SHEET FOR STAFF: USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) IN HOMELESSNESS SERVICES SETTINGS
Shelter, Support and Housing Administration
Current as of May 11, 2020

Purpose
COVID-19 has imposed an overwhelming demand on the City of Toronto's supply chain of personal protective equipment (PPE) (e.g., masks, gloves, and eye protection). We recognize that access to personal protective equipment (PPE) is critical to being able to provide services safely and that this is an area of concern for many staff and providers. This information sheet provides guidance on use of PPE in homelessness service settings and managing the limited supply of PPE available through appropriate use and best practice.

In response to updated Public Health Ontario guidelines for the use of masks by staff in congregate settings for their entire shift to increase prevention through source control, use of masks for frontline staff in shelter settings is now recommended.

This information sheet is not applicable for recovery and isolation programs. For those programs, staff should follow the guidance of on-site medical staff around use of PPE.

Provision of PPE
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.

Appropriate Use of PPE
The personal protective equipment recommended is based on a risk assessment of the type of care or contact being provided to clients, and how an illness 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 should 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. Where possible, staff should continue to screen clients at intake behind a physical barrier (e.g. Plexiglas) while wearing a mask.
Additional PPE should be worn in the following situations:

- 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.

Administrative areas and tasks that do not involve close contact with a client do not require the additional use of gloves and goggles.

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.
- See Appendix 1 for additional resources including online training videos for safely putting on and taking off PPE (masks, eye protection, gloves and gowns).

Storing and Re-using PPE

- Two new medical masks will be provided to each frontline staff at the start of each shift to be worn during their entire shift. If the mask is visibly soiled, torn or saturated, DO NOT REUSE – discard the mask.
- Avoid touching the front of the mask where it may be contaminated or the inside of the mask to prevent cross-contamination.
- See Appendix 3 for detailed instruction on how to doff (take off) and re-don (put on) masks.
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 personal protective equipment appropriately. For more information please visit the Toronto Hostels Training Centre website: https://thtcentre.com/


- Toronto Public Health 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
  Taking off Mask and Eye Protection https://www.youtube.com/watch?v=pFJaU9nxmTA&feature=emb_title
  Putting on Gloves 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
  Taking off a Gown and Gloves https://www.youtube.com/watch?v=sk4A96lW8bQ&feature=emb_logo
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. Perform hand hygiene.