

Shelter, Support and Housing Administration

DIRECTIVE

Directive No.: 2020-01

Date Issued: May 21, 2020

Date of First Update: June 4, 2020

Date of Second Update: October 21, 2022

Date of Third Update: December 08, 2022

Date of Fourth Update: March 6, 2023

Authority

This Directive is issued under the authority of the General Manager of SSHA.

Subject

COVID-19 Response: Update to Directive 2020-01.

Directive or Required Action

Interim changes to standards in response to the COVID-19 pandemic will be reviewed on an ongoing basis and updated based on available direction and guidance from Ontario Ministry of Health and Toronto Public Health. Moderate increases to capacity in response to system pressures will be implemented where appropriate and required by allowing exceptions to Section 9.3.1 (e) of the Toronto Shelter Standards and Section 7.3.1 (i) of the 24-Hour Respite Site standards as established by Directive 2020-01.

Response to Shelter System Pressures

Following City Council's direction ([EC28.9](#)) for SSHA to introduce a safe and moderate increase to capacity in the base shelter system while maintaining public health measures, and as Toronto's shelter system continues to experience increased pressures to capacity, including the expected rise in demand for shelter spaces over the winter months, SSHA is providing direction to allow for increases to capacity across the shelter system when required.

Existing and expected pressures on the shelter system necessitates the introduction of a safe and moderate increase to capacity, while maintaining public health measures, by allowing exceptions to Section 9.3.1(e) of the Toronto Shelter Standards and Section 7.3.1 (i) of the 24-Hour Respite Site Standards as established by Directive 2020-01.

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Implementation of Increases to Capacity

Where increased capacity is required to respond to system pressures, changes in bed separation may be implemented provided that a minimum lateral separation of 1.25 m edge to edge between beds (or alternative sleeping arrangements) is maintained, the remainder of Directive 2020-01 is adhered to and Providers continue to comply with all existing public health measures and infection prevention and control (IPAC) measures in Ministry of Health guidance.

SSHA recognizes that infection prevention and control (IPAC) help prevent and limit the spread of COVID-19 and other common respiratory viruses. Best practices in public health include encouraging physical distancing in high risk congregate living settings, including maintaining the ability to accommodate 2m distancing between beds where possible.

SSHA will work with individual Providers to ensure any proposed increase to capacity is feasible, and required. Any adjustment to capacity requires SSHA approval. Once approved, increases to capacity will be updated in SMIS. Any increases to capacity will be implemented cautiously and only where appropriate.

For reference, the standards in the previous Directive are as follows:

Toronto Shelter Standards (TSS) Section 9.31 (e)

e. Shelter providers will maintain a lateral separation of at least 2.0 m. edge to edge between beds (or alternative sleeping arrangements) and a vertical separation of at least 1.1 m. between the top of a bed frame to the lowest hanging section of an overhead object (e.g., light fixture, bulkhead, air duct, plumbing, etc.).

(i) Family shelter providers are exempt from meeting the lateral separation requirements of 9.3.1 Sleeping Areas and Beds in rooms where only one family unit/household has been assigned.

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(ii) Single adult, mixed adult and youth shelter providers will not use top bunks for clients to sleep in.

24-Hour Respite Site Standards (TRS) Section 7.3.1 (i)

(i) Providers will maintain a lateral separation of at least 2.0 m. edge to edge between resting spaces.

(i) Lateral separation exceptions may be made for couples that request it.

The personal space standards Section 9.31(c) of the Toronto Shelter Standards and Section 7.3.1(h) of the 24-Hour Respite Site Standards are no longer applicable while this directive is in effect.

Dedicated IPAC and other public health measures

Increases to capacity will be implemented while following stringent public health and IPAC measures in compliance with Ministry of Health guidance. SSHA will continue to enforce IPAC measures in City funded shelters, 24-hour respite sites and 24-hour women's drop-ins to protect the health and safety of staff and clients.

IPAC and public health measures in effect and that will continue, include:

- Implementation of all COVID-19 protection measures for high-risk settings.
- On-site vaccination clinics across the shelter system (operated in partnership with Toronto Public Health, Inner City Health Associates and other community partners).
- [SSHA Directive 2020-02](#), requiring medical masks for clients and all frontline staff in City operated and funded shelter settings.
- Compliance monitoring, ongoing quality assurance assessments, and on-site staff training and education on IPAC practices in all shelter settings.
- Dedicated ongoing funding to all shelter providers to hire a specified IPAC lead staff to support effective IPAC practices.

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- Required Outbreak Preparedness Plans for all service providers to ensure appropriate support for continued operation during outbreaks, in accordance with Ministry of Health guidelines for isolation and outbreaks in congregate living settings.

The additional recommendations for physical distancing in homeless service settings found in Directive 2020-01 will also continue, with minor updates based on provincial guidance. These recommendations include:

- Encourage shelter staff and clients to avoid crowded places, close-contact settings, and confined and enclosed spaces with poor ventilation where COVID-19 can spread more easily.
- Remind everyone at the site to maintain physical distance from others as much as possible.
- Wherever possible, use furniture layout to promote physical distancing (e.g. removing chairs around tables to promote physical distance between others for seating).
- When possible, stagger eating times and set-up tables so clients are not directly facing each other.
- When possible, create a staggered bathing schedule to reduce the amount of people using the facilities at the same time.
- Create a schedule for using common spaces.
- Use visual markers to help promote physical distancing in high-traffic locations throughout the setting (e.g. at intake, meal lines, offices).
- Ensure physical distancing in any elevators used at the setting.
- Ensure the use of proper PPE when providing direct client care and specialist services (e.g. health and mental health services, harm reduction, or substance use supports) for psychosocial support when staff are less than 2 metres physically distanced from clients.

Providers are directed to review the updated Directive with staff, senior management and board of directors and implement all requirements.

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Purpose of Directive

To provide direction on addressing existing and anticipated shelter system pressures through increases to capacity, while continuing to implement IPAC control measures and practices that ensure health and safety in shelter and respite sites.

Background

At its meeting on April 6, 2022, [Council directed the General Manager SSHA to amend the Toronto Shelter Standards Directive](#) related to physical distancing to introduce a safe, moderate increase of capacity in base shelter sites where feasible, while maintaining public health measures to reduce the spread of COVID-19.

At the same meeting, Council also supported the continued implementation of the [COVID-19 Transition and Relocation Plan](#) in a phased approach over the course of 2022 and 2023 as proposed by SSHA. While a gradual transition out of the temporary sites is necessary, SSHA recognizes the continued need for safety measures in congregate living settings and did not recommend a full return to the pre-COVID situation in the shelter system, including the application of the previous requirement for lateral separation of least 0.75m between beds (or alternative sleeping arrangements) and the use of bunk beds.

On May 9, 2022, the City of Toronto issued an official declaration terminating the municipal emergency first declared on March 23, 2020 in response to the COVID-19 pandemic. The decision to declare the emergency terminated in accordance with the Emergency Management and Civil Protection Act was made in consultation with Toronto's Medical Officer of Health, City Manager and the City's Strategic Command Team.

On June 11, 2022, the [Ontario Ministry of Health lifted the remaining provincial masking requirements and revoked remaining Directives](#), replacing them with Ministry of Health guidance for health care workers and organizations. The Province acknowledged that in emergency shelter settings, physical distancing may not always be possible due to

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demand. In these situations, all other measures – including active screening, masking, and wearing of appropriate PPE – are all the more important as part of the layered approach to COVID-19 prevention.

On October 6, 2022, the Province issued updated guidance for physical distancing in congregate living settings that no longer requires a 2 metre physical distancing standard. The updated guidance recommends that in congregate living settings, individuals should be encouraged to avoid crowded places, close-contact settings, and confined and enclosed spaces with poor ventilation (the 3 C's) where COVID-19 can spread more easily.

Following the termination of the municipal emergency and the lifting of provincial regulations, and in response to existing and expected rises in demand for shelter spaces, SSHA will implement increases to capacity across the base shelter system. SSHA will not be returning to the requirement for lateral separation of least 0.75m between beds (or alternative sleeping arrangements) in effect prior to the COVID-19 pandemic. SSHA will continue to enforce IPAC measures to protect staff and clients against the spread of COVID-19 and other communicable diseases.

SSHA is committed to promoting the health and safety of clients and staff in homelessness service settings. SSHA has worked collaboratively with Toronto Public Health (TPH) to identify public health measures required in homelessness service settings to reduce the spread of COVID-19. This Directive will remain in effect until such time as public health guidance related to the spread of COVID-19 has changed. This directive is guided by the best available evidence and requirements may be added, removed, or changed as local and provincial guidance change.

Resources

- [Toronto Shelter Standards – City of Toronto](#)
- [24-Hour Respite Site Standards – City of Toronto](#)
- [COVID-19 Guidance: Homelessness Services & Congregate Living Settings – City of Toronto](#)

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- [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units \(Government of Ontario\)](#)
- [COVID-19 Shelter Transition and Relocation Plan Update \(toronto.ca\)](#)

Contact Information

For more information about and support in implementation of this Directive, please contact your Agency Review Officer.