Shelter, Support and Housing Administration

DIRECTIVE

Directive No.: 2020-02
Date Issued: September 15, 2020

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

Subject: Direction on mandatory face coverings for clients and required personal protective equipment (PPE) for staff.

Directive or Required Action:

Use of Non-medical Masks and Face Coverings for Clients:

a) Shelter and Respite Site providers, including those operating sites to accommodate physical distancing requirements, will create a policy requiring that clients wear non-medical masks or face coverings in all indoor common areas of their site, including elevators, hallways, lobbies, laundry rooms, and other shared facilities. See Appendix 1 for more examples.

b) Providers will make non-medical masks or face coverings available to clients for use in common areas.

c) Non-medical masks and face coverings are not considered personal protective equipment (PPE), and may not be suitable for occupational health and safety purposes. Direction for required use of PPE (i.e. medical masks) for staff is described in the next section.

d) This directive may not be applicable for recovery and isolation programs. For those programs, clients should follow the guidance of on-site medical staff related to the use of PPE.

e) Clients are not required to wear masks or face coverings within an area designated for sleeping, but 2 metres distance should be maintained.

f) Providers will provide education and training on the policy to their staff and to clients about the safe use (e.g., covering nose, mouth, and chin), limitations of mask use, donning, doffing, and proper care (e.g., cleaning) of masks.

g) Providers will not require clients who are exempt from wearing a mask or face covering to wear one. See People Who Do Not Have to Wear a Mask or Face Covering (City of Toronto) for more information about exemptions.

h) Shelter providers will post signage in common areas noting the mandatory mask or face covering requirements as well as appropriate donning, doffing, and storage of masks.

i) Providers should remind clients that wearing a mask or face covering is not a substitute for physical distancing or performing regular hand hygiene, and that clients should continue to maintain a distance of two metres from
staff and other clients, whenever possible while wearing a mask or face covering.

j) Providers should remind clients that masks or face coverings should be changed if visible soiled, damp, or damaged.

Use of Personal Protective Equipment (PPE) for Staff:

k) The use of medical masks by frontline staff in City operated and funded shelter settings is required for the entire duration of each shift to increase prevention through source control. This also applies to City operated and funded street outreach staff and frontline shelter staff who provide services to clients in the community.

l) This directive may not be applicable for recovery and isolation programs. For those programs, staff should follow the guidance of on-site medical staff related to the use of PPE.

m) Frontline staff based in shelters and in the community 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.

n) Staff should be aware that wearing a mask is not a substitute for physical distancing or performing regular hand hygiene, and they should continue to maintain a distance of two metres from other staff and clients, whenever possible, while wearing a mask.

o) 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.

p) 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 should use a
clean pair of gloves and wash their hands if they are switching tasks.

q) 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.

r) All shelter staff should be trained on the safe use, care and limitations of PPE, including the donning and doffing of PPE as well as proper storing, re-using and disposal.

To provide direction on mandatory face coverings for clients in enclosed common areas in City operated and funded shelters and 24-hour respite sites (including 24-hour women's drop-ins), including temporary shelter sites for physical distancing such as hotel programs; and to provide direction on required personal protective equipment (PPE) (i.e. medical mask) use by staff in City operated and funded shelters and 24-hour respite sites (including 24-hour women's drop-ins), including temporary shelter sites for physical distancing (i.e. hotel programs), and for frontline shelter and outreach staff working in the community.

The City of Toronto recently enacted City of Toronto By-Law 541-2020 requiring the use of face masks or face coverings, with some exceptions, in indoor public spaces, beginning July 7, 2020, under City of Toronto By-Law 541-2020 and in enclosed common areas in apartment buildings and condominiums, beginning August 5, 2020, under City of Toronto By-Law 664-2020. While these by-laws do not apply to shelter settings, SSHA is issuing this directive requiring the use of non-medical masks or face coverings in all common areas of shelters to enhance protection of clients and staff from Covid-19 transmission. This directive will remain in place until such time as public health guidance related to the spread of COVID-19 has changed.

Resources:
- COVID-19: Mandatory Mask or Face Covering Bylaws (City of Toronto)
- Toronto Public Health Information on Wearing Masks and Face Coverings

Contact Information: For more information about and support in implementation of this Directive, please contact your Agency Review Officer.
Appendix 1: Examples of Areas Where Clients Must Wear a Mask or Face Covering

<table>
<thead>
<tr>
<th>Where a mask or face covering is required</th>
<th>Where a mask or face covering is not required</th>
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<tbody>
<tr>
<td>• Hallways</td>
<td>• Designated sleeping areas</td>
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<tr>
<td>• Elevators</td>
<td>• Showers</td>
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<tr>
<td>• Lobbies</td>
<td>• Outdoor areas</td>
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<td>• Laundry rooms</td>
<td></td>
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<td>• Washrooms</td>
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<td>• Dining area (i.e. when not eating)</td>
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<tr>
<td>• Front/staff desk</td>
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<tr>
<td>• Meeting rooms</td>
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<td>• Computer rooms</td>
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<tr>
<td>• Lounges, indoor recreation areas and other common use facilities</td>
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