

## Shelter, Support and Housing Administration

# DIRECTIVE

**Directive No.:** 2020-02

**Date Issued:** September 15, 2020

**Date Updated:** March 6, 2023

## Authority

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

## Subject

Direction on mandatory infection prevention and control (IPAC) measures which includes the use of masks for clients and required personal protective equipment (PPE) for staff of City funded shelters, 24-hour respite and 24-hour Women's Drop-In sites.

## Directive or Required Action

### Infection Prevention and Control (IPAC)

All Shelter, 24-hour Respite, and 24-hour Women's Drop-In providers, including those operating temporary COVID-19 response sites and hotel programs ("Providers"), must continue to follow all IPAC measures, regardless of vaccination or booster status of staff and/or clients. IPAC practices include, but are not limited to, the use of medical masks, personal protective equipment (PPE), screening, and compliance monitoring.

### 1. Use of Medical Masks for Clients:

- a) Providers will create a policy requiring that clients wear medical masks (i.e., surgical masks) 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 medical masks available to clients as needed.
- c) Three-layer non-medical masks are not considered personal protective equipment (PPE), and are not 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) In addition to wearing medical masks, clients admitted to recovery and isolation programs will follow the guidance of on-site medical staff related to the use of PPE.
- e) Clients are not required to wear masks within an area designated for sleeping.
- f) Providers will provide education and training on the policy to their staff and to clients about safe mask use (e.g., covering nose, mouth, and chin), limitations of mask use, donning, doffing, and proper care (e.g., cleaning) of masks.

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- g) Providers will not require clients who are exempt from wearing a mask to wear one.
- h) Providers will post signage in common areas noting the mandatory mask requirements as well as appropriate donning, doffing, and storage of masks.
- i) Providers should remind clients that wearing a mask 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.
- j) Providers should remind clients that masks should be changed if visibly soiled, damp, or damaged.

## 2. Use of Personal Protective Equipment (PPE) for Staff

### Medical Masks for Staff:

- a) The use of medical masks is required for all frontline staff in City operated and funded shelter settings. Masks must be worn for the entire duration of each shift to help limit the spread of COVID-19. Staff are permitted to remove their masks while eating or drinking in a designated location ensuring physical distancing is maintained.
- b) Frontline staff working in City operated and funded shelters and providing supports to people experiencing homelessness in the community will be provided a minimum of two new medical masks per shift
- c) This directive also applies to City operated and funded street outreach staff; frontline shelter staff who provide services to clients in the community; volunteers and students; and contracted employees of the Provider's site(s), including but not limited to custodial staff, security staff, kitchen staff, and third party agency staff.

### N95 Respiratory Masks for Staff:

- d) Staff who are providing direct care to clients who are a suspected or confirmed COVID-19 positive case and/or staff who are providing direct care to clients in a site where there is a suspect or declared COVID-19 outbreak as determined by Toronto Public Health (TPH) should use a N95 respirator mask in addition to eye protection, when providing direct care to clients. Staff will be provided N95 respirator masks as needed. If additional PPE is required, staff should speak to the site supervisor to request necessary supplies.

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- e) This directive may not be applicable for recovery and isolation programs. For those programs, staff should follow the guidance of on-site medical staff for issues related to the use of PPE.
- f) N95 respirator masks are designed to be tight-fitting and be tested for fit in accordance with one of the following methods: 1. A qualitative fit test; or 2. A quantitative fit test.
- g) 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.

### **Protective Eyewear for Staff:**

- h) Staff who are providing direct care to clients who are a suspected or confirmed COVID-19 positive case and/or staff who are providing direct care to clients in a site where there is a suspect or declared COVID-19 outbreak as determined by Toronto Public Health (TPH) should use a N95 respirator mask in addition to eye protection, when providing direct care to clients.
- i) Most face shields and goggles can be cleaned and disinfected between uses and then put back on. Follow the manufacturer's instructions for cleaning, or consult the Public Health Ontario guidance listed below.
- j) Staff will be provided protective eyewear (i.e., a face shield or eye goggles) as needed.

### **Additional PPE for Staff:**

- k) Additional PPE should be worn as follows:
  - When administering naloxone, staff should wear gloves and a gown in addition to wearing their mask.
  - When performing CPR, staff should perform chest compressions and not perform rescue breathing when responding to an overdose during the COVID-19 pandemic. Staff can refer to the City of Toronto's [How to Prevent and Respond to Overdose](#) guidance for more information. CPR face shields in naloxone kits or one-way valve masks DO NOT provide adequate protection against COVID-19.
  - When aerosol generating medical procedures (AGMPs) are planned or anticipated to be performed, airborne precautions must also be implemented including the use of a fit-tested N95 mask and protective eyewear. Staff who may

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be required to perform AGMPs should refer to their organizations relevant policies and/or procedure.

- Staff should wear gloves in addition to wearing their mask and protective eyewear 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.
- l) Masks should be worn at all times by staff in administrative areas. The additional use of gloves is not required for this work.
- m) All 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.

### 3. Screening and Rapid Antigen Testing

- a) All new clients and clients transferred from other sites should be actively screened using the [COVID-19 Client Screening Tool for Homelessness Service Settings](#) upon admission or intake.
- b) Use of Rapid Antigen Testing is encouraged for all new admissions as an additional screening measure.
- c) Existing clients should be passively screened using signage and regular check-ins with staff to identify any symptoms daily.
- d) Clients should not be restricted from service if they decline to participate in screening.
- e) All staff and visitors should be passively screened using [signage](#). Anyone with signs or symptoms should not enter the facility.

### 4. Compliance Monitoring:

- a) Quality assurance assessments will be conducted on an ongoing basis to monitor compliance and implementation of IPAC practices, including training and outbreak management planning.
- b) Providers are expected to facilitate the scheduling of any of these support activities.

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## Purpose of Directive

To provide direction on mandatory infection prevention and control (IPAC) measures which includes the use of masks for clients and required personal protective equipment (PPE) for staff of City funded shelters, 24-hour respite and 24-hour Women's Drop-In sites. Staff includes all frontline staff, City operated and funded street outreach staff, volunteers and students, and contracted employees of the Provider's site(s), including but not limited to custodial staff, security staff, kitchen staff, and third party agency staff. All providers are expected to comply with this directive and implement additional precautions as necessary to minimize risks to clients and staff.

## Background

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 Public Health COVID-19 & Respiratory Viruses: \(information on reducing virus spread, through different IPAC measures\)](#)
- [Toronto Shelter Standards](#)
- [24-Hour Respite Site Standards](#)

## Contact Information

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

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## Appendix 1: Examples of Areas Where Clients Must Wear a Mask

*Table 1: Examples of areas where clients must wear a mask*

Where a mask is required	Where a mask is not required
<ul style="list-style-type: none"><li>• Hallways</li><li>• Elevators</li><li>• Lobbies</li><li>• Laundry rooms</li><li>• Washrooms</li><li>• Dining area (i.e. when not eating)</li><li>• Front/staff desk</li><li>• Meeting rooms</li><li>• Computer rooms</li><li>• Lounges, indoor recreation areas and other common use facilities</li></ul>	<ul style="list-style-type: none"><li>• Designated sleeping areas</li><li>• Showers</li><li>• Outdoor areas</li></ul>