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

**Subject:** | Direction on mandatory masks for clients and required personal protective equipment (PPE) for staff.

**Directive or Required Action:** | Use of Medical Masks or Three-Layer Non-Medical Masks 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 medical masks (i.e. surgical masks) or three-layer non-medical (cloth) 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 or three-layer non-medical masks available to clients as needed.
- c) Three-layer non-medical masks 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 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 safe mask 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 to wear one. See [Face coverings and face masks \(Government of Ontario\)](#) for more information about exemptions.
- h) Shelter providers will post signage in common areas noting the mandatory mask requirements as well as appropriate donning, doffing, and storage of masks.

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**Directive No.:**  
2020-02

**Date Issued:**  
September 15, 2020

**Date Updated:**  
February 23, 2021

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

Use of Personal Protective Equipment (PPE) for Staff:

- k) The use of protective eyewear in addition to 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 and protective eyewear (i.e., face shield or eye goggles). 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) Most face shields and goggles can be cleaned between use and then put back on. Follow the manufacturer's instructions for cleaning, or consult the Public Health Ontario guidance listed below.
- q) Additional PPE should be worn in the following situations:
  - When administering naloxone, staff should wear gloves, and a gown in addition to wearing their mask and protective eyewear. It is not advisable to perform full cardio-pulmonary resuscitation (CPR) during COVID-19, including rescue breaths when responding to an

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**Purpose of Directive:**

- 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 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.
- r) Masks and protective eyewear 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 is not required for this work.
- s) 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 medical masks or three-layer non-medical masks 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 and protective eyewear) 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.

**Background:**

The City of Toronto 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 issued 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 has been updated to reflect changes in public

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health guidance. This directive will remain in place until such time as public health guidance related to the spread of COVID-19 has changed.

**Resources:**

- [At a Glance: COVID-19: Personal Protective Equipment \(PPE\) and Non-Medical Masks in Congregate Living Settings](#) (Public Health Ontario)
- [Toronto Public Health Information on Wearing Masks and Face Coverings](#)
- [Public Health Ontario Q and A: COVID-19: Non-Medical Masks](#)
- [Face coverings and face masks \(Government of Ontario\)](#)

**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

Where a mask or face covering is required	Where a mask or face covering 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>