

COVID-19 "Isolate in Place" Tips for Homelessness Service Settings

As transmission of COVID-19 continues to occur in Toronto, strategies for clients to self-isolate or "isolate in place" in homelessness service settings will need to be implemented. This will include strategies for "cohorting" or grouping clients. Cohorting can be used when single rooms are not available and during outbreak situations. Service providers may need to consider options for cohorting clients depending on the population served and the physical layout of the setting. The following are general tips for isolating clients within a homelessness service setting.

The following individuals must self-isolate:

- Those who have COVID-19, or
- Those with COVID-19 symptoms (e.g. fever, cough, sneezing, sore throat, difficulty breathing, muscle aches, tiredness), or
- Those who may have been exposed to COVID-19

General Advice

- Wherever possible, aim to keep groups of people together (i.e. by floor or program)
- Cohorting is not just for outbreaks. Grouping clients and staff reduces risk at all times by minimizing the number of exposures any one person has
- Provide education and opportunities for clients and staff to reduce their risk frequently by offering personal protective equipment, information about how to use equipment safely, handwashing stations, and signage throughout the facility
- Limit opportunities for people in different groups to interact by eliminating or controlling access to congregate spaces, providing directional markers and signage, and verbal direction
- Consider the needs of your specific setting and what is practical and possible. Determine what activities can continue in a way that reduces risk and what activities need to stop because they create opportunities for exposure
- Create policies and procedures that support staff and clients in the event that someone becomes ill so that everyone knows what to do in advance. This includes having an isolation plan, knowing who your infection prevention and control (IPAC) lead is, and knowing how to arrange for supplies, staffing, and testing

Planning for Physical Distancing and Cohorting

- Look for ways to maintain distancing within the facility wherever possible
- Outside of outbreak scenarios, maximize opportunities for clients to interact in ways that reduce risk, for example outdoors or in larger spaces, and within their own groups. Encourage other ways for people to connect such as by phone
- Clients who must have contact with others should practise physical distancing, and keep at least two metres/six feet between themselves and the other person

- Meals can be taken in rooms where that is possible, at staggered times with set groups, and by ensuring that lines are well demarcated to keep 2 metres apart
- If an individual room is not available, sleeping spaces should be at least 2 metres apart. Avoid the use of top bunks and consider barriers between beds (i.e. curtains)
- Stagger access to common spaces and activities. Use physical barriers like furniture and visual cues like floor markers and decals to ensure people keep 2 metres apart. Cancel activities that require close contact and close or restrict occupancy of spaces that do not enable distancing, including staff areas


Cleaning and Disinfection

- Make sure that environmental cleaning and disinfection is performed on a routine and consistent basis, and conduct enhanced cleaning and disinfection of high-touch surfaces (i.e. surfaces that are frequently touched by hands) at least twice per day and when visibly dirty.
 - Check the expiry date of products and always follow manufacturer's instructions and appropriate **contact time** (i.e. amount of time that the product will need to remain wet on a surface to achieve disinfection).

Tips for Cohorting Clients during an Outbreak

- Clients with COVID-19 should, as much as possible, be placed in an individual room with a dedicated bathroom; where that is not possible clients with COVID-19 should be cohorted together
- Clients with COVID-19 symptoms should be placed separately from others until testing can be arranged
- Clients who are isolating should not go outside
 - If they need to go outside to smoke, inform them to keep at least two metres/six feet between themselves and others, and to not share their cigarette or drug-use supplies with others
- Clients in self-isolation should not use public transportation, taxis or ride-shares
- If an individual room is not available, consider using a large, well-ventilated room to place clients who have COVID-19 or symptoms together (i.e. cohorting) away from clients who are well
 - In areas where clients who have COVID-19 are staying together, keep beds two metres/six feet apart, and consider using temporary barriers between beds (e.g. curtains)
 - Do not use the top bunk of bunk beds
 - Designate a separate bathroom for clients with COVID-19
 - If your setting is a large open space (e.g. respite site), consider designating a separate space for well clients that is separate from ill clients and use barriers (e.g. privacy screens) to separate the areas
- Consider keeping the following clients separate (i.e. cohorting them within these groups in separate areas/rooms from each other):
 - Clients with COVID-19
 - Clients with symptoms of COVID-19
 - Clients who are asymptomatic and have been exposed to COVID-19 (and are being monitored for symptoms)

- Clients who are vulnerable to severe illness related to COVID-19 (e.g. have underlying medical conditions, over 70 years old)
- Well clients who have not been exposed to COVID-19
- Think about movement in the building and how to ensure that these groups of client's are not interacting or passing each other throughout the building (e.g. can different entry/exit points in the facility be used for different groups, and sectioned off)
- Minimize movement as much as possible in the building
- See the below chart for cohorting guidance for clients who are ill or positive for COVID-19:

	1 Person Ill	2 – 10 People Ill	More than 10 People Ill	Majority of People Ill
IDEAL  LEAST IDEAL	Isolate in separate room	Accommodate together in separate room	Accommodate together on separate floor or in separate section of facility	Accommodate throughout entire site
	Isolate in shared room	Accommodate together in common area	Accommodate throughout entire site	
	Isolate in large shared space	Accommodate together at one end of floor		

Tips for Cohorting Staff during an Outbreak

- Assign staff to work in areas with the clients diagnosed with COVID-19 or symptomatic with COVID-19
- Ensure staff assigned are not working in other areas, interacting with other staff, or with well clients in the setting
- Establish a break schedule to ensure that staff remain separate

Personal Protective Equipment

- Staff should perform hand hygiene before putting on/handling personal protective equipment (PPE) and after removing it.
- PPE should be chosen based on a risk assessment of the type of care or contact being provided to clients, what area of the body staff may become exposed to body substances, and how an illness is spread.
- For staff, follow the [relevant directives regarding PPE use](#); at minimum wear an appropriate medical mask and eye protection.
- For providers who may be involved in having people with COVID-19 residing at their settings, provide education to staff on proper PPE use. Staff must be trained on the safe use, care and limitations of PPE,

including [donning \(putting on\) and doffing \(taking off\) personal protective equipment](#) as well as proper disposal.

- If direct care/service is being provided to a symptomatic client (less than two metres/six feet between the staff and client), staff should wear appropriate PPE for droplet/contact (e.g. gloves, mask, eye protection).

More information

For more information, visit our website at www.toronto.ca/COVID19 or call us at 416-338-7600.

References

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