TORONTO

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Re: Guidance for Outbreak Management in Congregate Settings

Toronto Public Health (TPH) has provided ongoing guidance and outbreak management advice to Shelter Operators, including recommendations for safe operations and planning as well as implementation of robust infection prevention and control (IPAC) measures.

TPH continues to review the status of cases and outbreaks in the shelter system and to make recommendations for isolation for individuals who have been diagnosed with COVID-19 as well as their contacts.

Toronto Public Health recommends that all sites have plans and appropriate methods to support isolation for anyone who might develop COVID-19 symptoms and to separately isolate their contacts. The attached guidance package along with the information below outlines how this might be accomplished in settings with a variety of physical layouts and using different means of grouping individuals (cohorting).

Toronto Public Health Recommendations for Admissions during Outbreak

Toronto Public Health continues to recommend that site operators consider the balance of risks when reviewing a process for ongoing admissions to sites in COVID-19 outbreak. While this is the last advisable option, it should be considered when the other harms, such as leaving people vulnerable or outside, would pose even greater risk. Operators can enable continued safe operation of congregate settings in outbreak and move forward with ongoing admissions using the following risk-based options which are recommended, from least to highest risk:

	COVID-19 Negative Client	**COVID-19 Positive Client**
Least Risk	• Clients without active COVID-19 infection return to a site not in outbreak.	• Clients with active COVID-19 infection return to a site with an outbreak, to an area in outbreak, with informed consent.
Medium Risk	• Client returns to a site with an outbreak, to an area of the shelter setting (e.g., floor) not in outbreak, with informed consent.	• Client returns to a site with an outbreak, to an area of the shelter setting not in outbreak, with informed consent.
Highest Risk	• Client returns to a site with an outbreak, to an area of the shelter area in outbreak, with informed consent.	• Client returns to a site not in outbreak.

Shelter operators must e-mail Toronto Public Health at TPHShelters@toronto.ca prior to admitting to an outbreak area, confirming that:

- The site can effectively manage reasonable isolation and IPAC for both clients and staff;
- Appropriate personal protective equipment (PPE) is available for staff to meet the current guidance and Ministry of Labour, Training and Skills Development requirements; and
- People will be admitted with informed consent.

A template e-mail for operators is attached in Appendix 1.
A template plan for operators is attached in Appendix 2.

It is important to note that the recommendations above are intended to mitigate risk and do not replace other public health measures such as screening or physical distancing.

TPH will continue to work closely with SSHA and additional City of Toronto divisions to provide support, staffing, and capacity to keep clients, staff and all other partners involved in the sheltering system safe and healthy.

Additional resources are available at:
[COVID-19 Guidance: Homelessness Services & Congregate Living Settings – City of Toronto](#)

Sincerely,

Dr. Alexa Caturay
Associate Medical Officer of Health
Acting Associate Director
Congregate Settings Team
Toronto Public Health

Appendix 1: Template E-mail to Toronto Public Health

From: Operator
To: TPH Investigator
Date:
Subject: Admission to Site in Outbreak

I am writing to inform you that [name of shelter] is proceeding to admit clients according to TPH's Recommendations for Admissions during Outbreak, effective [date]. I am confirming that:

- The site can effectively manage reasonable isolation and IPAC for both clients and staff;
- Appropriate personal protective equipment (PPE) is available for staff to meet the current guidance and Ministry of Labour, Training and Skills Development requirements; and
- People will be admitted with informed consent.

Attached is [site name]'s outbreak management plan.

Please contact [name of contact] with any questions or concerns regarding the above admission.

Thank you,

[name of operator or lead]
[signature of operator or lead]

Appendix 2: Template Outbreak Management Plan for Congregate Living Settings

Managing COVID-19 Outbreaks in Congregate Living Settings

How to Use This Checklist

- This checklist is intended to be used when there is an outbreak or possible outbreak in a congregate living setting (e.g., shelters, group homes, supportive housing).

- As every congregate living setting is different, the checklist can be used to decide on the best outbreak control measures for each facility and can also help to communicate these decisions.

- Specific measures for the facility can be indicated in the "Notes" section, including if a specific measure is not applicable in the facility.

- This checklist should be used in addition to - but does not replace - the advice, guidance, recommendations, directives or other direction or legislative requirements of provincial Ministries and local public health units, including workplace health and safety obligations.

- This document uses the term "clients" throughout for consistency but we understand that in other settings the term "resident" may be used.

Date:

Click here to enter a date.

1. Outbreak Management Steps

1	Outbreak Management First Steps	Notes
1.1	☐The **local public health unit has been contacted** at TPHShelters@toronto.ca to report that: • There is a confirmed case of COVID-19 in the facility; **OR** • An outbreak is suspected based on sick clients, staff or visitors; **OR** • There is a probable case of COVID-19. Facilities who want to report an individual with suspected or confirmed COVID-19, or who have questions related to an individual with suspected or confirmed case of COVID-19 can email TPHshelters@toronto.ca.	
1.2	☐**Define the outbreak area.** This can be defined by: • Where the COVID-19 case(s) were identified in the facility • Considering all clients that may have been exposed • How much clients and staff move between different parts of the facility • The layout of the facility	

2. Clients in Outbreak Area

2	Clients in outbreak area	Status/Notes
2.1	**Determine where the client(s) will stay if remaining onsite.** ☐The client(s) is being placed in a private room. ☐The client(s) is being moved to an isolation facility. ☐If a private room or isolation facility is not available, the client(s) is being placed in a cohort or group. Depending on the physical space, sites can use separate floors or wings, physical partitions to create barriers between groups, or use opposite ends of a hall. Possible cohorts may include: 1. COVID-19 positive. 2. Clients who have been exposed to COVID-19 (including close contacts). 3. Clients who are not sick or exposed to COVID-19.	

	Private rooms, if available, should be used in the following order: 1. COVID-19 positive client if there is only one case. 2. Sick client but not known to have COVID-19, particularly if older or have underlying medical conditions. 3. Well and exposed and had close contact with a known COVID-19 case, particularly if older, have underlying medical conditions, or unvaccinated. 4. Well and exposed with no close contact of a known COVID-19 case, particularly if older, have underlying medical conditions, or unvaccinated. See Cohorting in Outbreaks in Congregate Living Settings for more information on cohorting.	
2.2	**Monitor clients for worsening symptoms and conduct wellness checks** ☐COVID-19 positive clients and sick clients are being monitored for worsening symptoms so medical care can be arranged. ☐Wellness checks are being conducted to ensure isolated clients have access to key services and supports, such as routine medications, mental health support, and substance use supports. For assistance, call TeleHealth (1-866-797-0000), or contact the client's health care provider or outreach health care services (if available) or call 9-1-1 in case of emergency.	
2.3	**Admissions and Re-admissions** COVID-19 is one factor in the overall health and well-being of the client that needs to be balanced by operators. While best practice is not to admit any new clients to the outbreak area until the outbreak is over, ongoing admissions to facilities in outbreak may be necessary to bring vulnerable clients indoors. If necessary to admit clients, ensure that: ☐New admissions are screened for COVID-19 symptoms, over the phone, if possible. ☐The client has been informed of the outbreak and informed consent has been obtained upon admission. ☐As noted in section 6, the site can effectively manage reasonable isolation and infection prevention and control (IPAC) for both clients and staff.	

	☐As noted in section 3.5, appropriate personal protective equipment (PPE) is available for staff to meet the current guidance and Ministry of Labour, Training and Skills Development requirements. Operators can enable continued safe operation of congregate settings in outbreak and move forward with ongoing admissions using the following risk-based options which are recommended, from least to highest risk: **COVID-19 Negative** 1. Clients **WITHOUT** active COVID-19 infection return to a site not in outbreak. 2. Clients return to a site with an outbreak, to an area of the facility (e.g., floor) not in outbreak, with informed consent. 3. Clients return to a site with an outbreak, to an area of the facility in outbreak, with informed consent. **COVID-19 Positive** 1. Clients **WITH** active COVID-19 infection return to a site with an outbreak, to an area of the facility (e.g., floor) in outbreak, with informed consent. 2. Clients return to a site with an outbreak, to an area of the facility not in outbreak, with informed consent. 3. Clients return to a site not in outbreak.	

3. Staff and Essential Visitors

3	Staff and essential visitors	Notes
3.1	**Identify potentially exposed staff** ☐The site has worked with public health (TPHshelters@toronto.ca) to identify potentially exposed staff based on work assignments, outbreak areas, and exposures. ☐The site has determined appropriate management of exposed staff with the local public health unit.	
3.2	**Work assignments (cohorting)** ☐Staff are assigned to only one area for all of their shifts, if possible. (e.g., Staff who have already worked in the outbreak area are assigned only the outbreak area). ☐In the outbreak area, staff members are assigned to only one group or cohort, if possible.	

3.3	**Reporting illness and staying home**	
	□Only essential visitors are allowed into the facility.	
	□Staff and essential visitors know to:	
	• Self-monitor and report any symptoms to their manager/supervisor. • Stay at home if sick, even if they only have mild symptoms. • Stay home until cleared to return to work in consultation with the local public health unit.	
3.4	**Mixing of Staff and Essential Visitors**	
	□Staff and essential visitors are advised not to work at other facilities.	
	□Staff and visitors maintain physical distancing and masking	
	□Staff break times are staggered.	
	□No group meetings take place.	
3.5	**Personal Protective Equipment**	
	□Staff and essential visitors have been provided with education and training on the use of personal protective equipment.	
	□Staff and visitors wear a medical (surgical/procedure) mask, eye protection and gown for all client interactions in the outbreak area.	
	□Gloves are worn when providing direct patient care or service to a client. Direct care or service may include assistance with feeding, dressing, washing, bathing, shaving, toileting, turning, managing wounds etc.	

4. Testing

4	Testing	Notes
4.1	**Sick clients**	
	□The site has contacted the local public health unit (TPHshelters@toronto.ca) to help arrange testing for sick clients.	
	□The site has a plan to manage clients who test positive (e.g., client is moved to an isolation facility, client is placed in a private room, or client is placed in a cohort).	
	If possible, testing by PCR is recommended. If not available, rapid molecular or rapid antigen tests may be used. Testing is a good tool to support	

	management of outbreaks as well as the ability to get out of outbreaks sooner. See COVID-19 Planning and Preparedness Checklist for more guidance on testing.	
4.2	**Sick staff members and essential visitors** ☐The site has contacted the local public health unit (TPHshelters@toronto.ca) to help arrange testing for sick staff and essential visitors. ☐The site has a plan to manage staff and essential visitors who test positive. If possible, testing by PCR is recommended. If not available, rapid molecular or rapid antigen tests may be used. Testing is a good tool to ensure staff can stay in their role for as long as possible and also return to work as soon as possible following an infection.	

5. Activities and Meals

5	Activities and Meals	Notes
5.1	**Avoid group meals if possible** ☐Meals are provided in clients' rooms (tray service) for COVID-19 positive and sick clients. If not possible to provide tray service: ☐Meal times are staggered to support physical distancing. ☐Clients attend meal times in cohorts or groups, as described above in section 2.1. ☐Surfaces (chairs, tables) are cleaned between each meal time. ☐Markers are placed on the floor to signify 2 metres distance to increase space between people in line for meals. ☐Shared items like salt and pepper shakers, ketchup, mustard, and food containers are removed. Single use items are provided.	
5.2	**Bathrooms** ☐Groups of clients, as described above in section 2.1, use separate bathrooms. If not possible to use separate bathrooms:	

	☐A bathroom schedule is provided for hygiene activities (showering, washing, teeth brushing) so that clients can remain as far apart as possible while in the bathroom. ☐Bathrooms are cleaned and disinfected between uses by each group of clients if possible, or at least twice daily and when dirty. ☐COVID-19 positive or sick clients wear a mask in the bathroom whenever possible including when other clients are in the bathroom.	
5.3	**Discontinue activities and use of common areas** ☐All non-essential group activities are conducted virtually or by other means not in person or discontinued. ☐Common areas are not used by COVID-19 positive or sick clients, or all common areas are not in use. If common areas must be used: ☐Common areas are used in cohorts or groups of clients, as described in section 2.1. ☐Common areas are cleaned and disinfected after each group of clients.	

6. Infection Prevention and Control (IPAC)

6	Infection Prevention and Control	Notes
6.1	**Hand hygiene** ☐The importance of cleaning of hands is reinforced: • When entering and before leaving the facility • Before and after touching surfaces in common areas • Before putting on and before and after removing a mask • Before and after preparing food • After using the bathroom • Before touching the face • Before eating • Before putting on and removing PPE ☐Staff and clients have access to liquid hand soap, paper towels or automatic hand dryer and alcohol based-hand rub (60- 90% alcohol).	

6.2	**Cleaning and Disinfection**	
	☐The site has a regular and posted schedule for cleaning and disinfecting all surfaces.	
	☐Frequently touched surfaces are cleaned at least twice daily using cleaning supplies that are approved by Health Canada. See Cleaning and Disinfection for Public Settings for more information on approved cleaning products.	
	☐Staff wear appropriate PPE when cleaning the room where a COVID-19 positive or sick client stayed.	
	☐Shared items that are difficult to clean are removed.	
6.3	**Laundry and bedding**	
	☐Staff wear gloves and a gown when handling dirty laundry.	
	☐Clients do not share bedding or towels.	
	☐Bedding and towels are washed on a regular schedule (e.g., every two weeks for bedding and three uses for towels).	
6.4	**Physical Distancing and Masking**	
	☐Clients are reminded to physical distance and wear masks.	
	☐Posters are used to remind staff and clients of the need to maintain physical distancing at all times.	
	☐The floors are marked to indicate where chairs and tables should remain to maintain 2 metre spacing.	
	Public Health Ontario has stated that, in the current Omicron risk context, it is recommended that mask fit and filtration are optimized. This can be achieved by wearing a non-fit tested respirator (N95s, KN95s) or well-fitted medical mask.	
	Selecting a mask that optimizes fit and filtration that can be worn correctly and comfortably in community settings may enhance the current public health measures.	

7. Communications

7	Communications	Notes
7.1	**Ensure awareness of the outbreak** ☐Clients and their family members, staff, and visitors are aware of the outbreak and measures being implemented. ☐Signs are posted indicating there is an outbreak in the facility.	
7.2	**Notify health care providers or other relevant persons of the outbreak prior to transfer of any client** ☐Clients from the outbreak area who require transportation (e.g., to an assessment centre, health care provider or facility, offsite location) use a private vehicle which can include a taxi if necessary. Do not take public transit. ☐If transporting via emergency medical services (EMS), EMS have been notified of the outbreak.	
7.3	**Local Public Health Unit** ☐The site has a plan to provide regular/daily updates to the local public health unit at TPHShelters@toronto.ca.	

Additional Information Specific to the Facility

[insert any information specific to the facility]

Additional Guidance

Public Health Ontario: Managing COVID-19 Outbreaks in Congregate Living Settings

Public Health Ontario: COVID-19 Preparedness and Prevention in Congregative Living Settings

City of Toronto: COVID-19 Guidance: Homelessness Services & Congregate Living Settings