

DIRECTIVE

Directive No.:
2020-02

Date Issued:
September 15, 2020

Date Updated:
January 17, 2022

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 of City funded Shelter, 24-hour Respite, and 24-hour Women's Drop-In providers.

**Directive or
Required Action:** | Use of Medical Masks for Clients:

- a) 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"), 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 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) 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, 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) 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

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- 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 visible soiled, damp, or damaged.

Use of Personal Protective Equipment (PPE) for Staff:

- k) The use of medical masks and protective eyewear 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.
- l) This directive also applies to City operated and funded street outreach staff; frontline shelter staff who provide services to clients in the community; 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.
- m) 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.
- n) 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.
- o) 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 and protective eyewear (i.e., face shield or eye goggles). Frontline staff will also be provided N95 respirator masks. N95 respirator masks are encouraged for frontline staff throughout their shift. N95 respirator masks are required to provide 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 as determined by TPH. If additional PPE is required, staff should speak to the site supervisor to request necessary supplies.

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- p) 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.
- q) 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.
- r) Most face shields and goggles can be cleaned and disinfected between use and then put back on. Follow the manufacturer's instructions for cleaning, or consult the Public Health Ontario guidance listed below.
- s) 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. 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 be also be implemented including the use of a fit-tested N95 mask. Staff who may 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.
- t) 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.
- u) 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.

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Purpose of Directive:

To provide direction on mandatory medical masks for clients in common areas in all City operated and funded shelters, 24-Hour Respite, and 24-hour Women's Drop-In sites, including temporary COVID-19 response shelter sites such as hotel programs; and to provide direction on required personal protective equipment (PPE) (i.e., N95 respirator masks, medical masks and protective eyewear) use by staff in all City operated and funded shelters, 24-Hour Respite, and 24-hour Women's Drop-In sites, including temporary COVID-19 response shelter sites such as hotel programs. Staff includes all frontline staff, City operated and funded street outreach staff, 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.

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 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:

- [Ontario Ministry of Health COVID-19 Guidance: Congregate Living for Vulnerable Populations](#)
- [COVID-19 mask use: Advice for community settings \(Government of Canada\)](#)
- [COVID-19 mask use: How to make your mask fit properly \(Government of Canada\)](#)
- [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](#)
- [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.

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Appendix 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"> • Hallways • Elevators • Lobbies • Laundry rooms • Washrooms • Dining area (i.e. when not eating) • Front/staff desk • Meeting rooms • Computer rooms • Lounges, indoor recreation areas and other common use facilities 	<ul style="list-style-type: none"> • Designated sleeping areas • Showers • Outdoor areas where 2 meters of distance can be maintained between people