

Shelter, Support and Housing Administration

DIRECTIVE

Directive No.: 2020-02
Date Issued: September 15, 2020
Date Updated: August 2, 2023

Authority

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

Subject

Direction on infection prevention and control (IPAC) measures, including suggested best practices for the use of masks 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)

Infection prevention and control (IPAC) is an important component of reducing risk from the transmission of COVID-19 and other respiratory viruses. This Directive provides suggested best practices and required IPAC measures for 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"). IPAC practices include but are not limited to, the use of medical masks, personal protective equipment (PPE), screening, outbreak management plans, and compliance monitoring.

Unless otherwise specified, the below outlined measures should be carried out during non-high-risk periods of COVID-19 transmission. Additional measures to prevent transmission, including during high-risk transmission periods, may be required based on local context and province-wide during periods of high risk as identified by the Office of the Chief Medical Officer of Health and Toronto Public Health.

1. Use of Medical Masks for Clients:

- a) In addition to other IPAC measures, the use of masks by clients continues to be an important measure to reduce the spread of respiratory viruses.
- b) The use of medical masks is optional for clients in City operated and funded shelters, 24-hour respites, and 24-hour women's drop-ins for clients who are asymptomatic and feeling well, including in settings that do not have a declared or suspected outbreak of COVID-19. Clients are encouraged to wear medical masks (i.e. surgical masks). See Appendix 1 for examples of where masking is encouraged.

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- c) Providers will make medical masks available to clients as needed, e.g., at points of entry, screening areas, and where appropriate.
- d) Clients admitted to isolation and recovery programs (i.e. Four Points – SSHA Etobicoke Hotel Program) are required to wear a mask according to guidance of on-site staff.
- e) Providers will educate and train their staff and clients on the mask policy, about safe mask use (e.g., covering nose, mouth, and chin), limitations of mask use, donning, doffing, and proper care of masks.
- f) Providers will post signage in common areas noting that masking is encouraged and providing guidance for the appropriate donning and doffing of masks.
- g) 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 optional for all frontline staff in City operated and funded shelters, 24-hour respites, and 24-hour women's drop-ins in settings that do not have a declared or suspected outbreak of COVID-19. Staff are encouraged to wear masks for the duration of each shift, in particular during prolonged direct (15 minutes) contact with clients indoors and outdoors, based on staff's own risk assessments.
- b) Masking for staff provides two functions: reduces the risk of staff spreading infectious illness; and as personal protective equipment that reduces staff risk of exposure to infectious illness.
- c) Staff are required to mask when providing direct care/services to clients who are symptomatic with suspected or confirmed viral respiratory infections or while working in close proximity (2 metres or less) of a client who requests them to do so.
- d) Frontline staff working in City operated and funded shelters, 24-hour respites, and 24-hour women's drop-ins and providing support to people experiencing homelessness in the community who opt to mask, or who are required to mask (i.e. during a confirmed or suspected outbreak of COVID-19 or other high-risk periods of COVID-19 transmission) will be provided a minimum of two new medical masks per shift.

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- e) This Directive also applies to City operated and funded street outreach staff; frontline shelters, 24-hour respites, and 24-hour women's drop-ins 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:

- f) Staff who are providing direct care/services to clients who are a suspected or confirmed COVID-19 positive case and/or staff who are providing direct care/services to clients in a site where there is a suspect or declared COVID-19 outbreak, as determined by Toronto Public Health (TPH), are to don a N95 respirator mask in addition to eye protection. Staff must be provided N95 respirator masks, as needed. If additional PPE is required, staff should speak to the site supervisor to request necessary supplies.
- g) This Directive may not be applicable to recovery and isolation programs (i.e Four Points - SSHA Etobicoke Hotel Program). For those programs, staff should follow the guidance of on-site medical staff for issues related to the use of PPE.
- h) 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.

Protective Eyewear and Additional PPE for Staff:

- i) Staff who are providing direct care/services to clients with suspected or confirmed COVID-19 and/or staff providing direct care to clients in a site with a suspect or declared COVID-19 outbreak, as determined by Toronto Public Health (TPH), are to wear protective eyewear, gown and gloves, in addition to an N95 respirator mask.
- j) Staff who are providing direct care/services to clients who are symptomatic with suspected or confirmed viral respiratory infections (other than COVID-19) should use Droplet Contact protections (intended to prevent transmission of COVID-19 and other respiratory viruses spread through close respiratory or mucous membrane contact with respiratory secretions), including eye protection, mask, gloves and gown.

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- k) 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 Public Health Ontario guidance.
- l) Additional PPE should be worn as follows:
 - When administering naloxone, staff should wear a mask, eye protection, gloves and a gown.
 - Staff should wear gloves, and are encouraged to wear a mask, when closely handling items clients that are symptomatic or have been diagnosed with a respiratory illness have interacted with, including cleaning, dishwashing, handling laundry, and disposing of garbage.
 - Glove use is for the duration of singular task or service. Gloves are not to be worn for extended use.
 - i. Gloves are to be doffed and discarded immediately after one task is completed, followed by hand hygiene.
 - ii. Only clean hands should access the glove box for supplies.
 - iii. Gloves must be changed when transitioning between clients or their environments.
 - iv. Gloves are not a replacement for hand hygiene.
- m) Staff will be provided protective eyewear and other PPE (i.e., a face shield or eye goggles, gloves and a gown) as needed.
- n) 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 passively screen independently using signage (e.g., at points of entry).
- d) Staff are to conduct daily monitoring by check-ins as needed and/or when the client is symptomatic, has tested positive for COVID-19, or is a close contact, to identify and monitor new or worsening symptoms of COVID-19.

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- e) Clients should not be restricted from service if they decline to participate in screening.
- f) All staff and visitors should passively screen using [signage](#). Staff and visitors with signs or symptoms of communicable respiratory illness should not enter the facility.

4. Outbreak Management Plans:

- a) Providers are required to have a policy to manage outbreaks that is aligned with Provincial guidelines and local public health recommendations.
- b) Providers are expected to develop, implement and update isolation in-situ plans.

5. 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.

Purpose of Directive

To provide direction on infection prevention and control (IPAC) measures including suggested best practices for the use of masks 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 during non-high-risk periods of COVID-19 transmission. Additional measures to prevent transmission of COVID-19 during high-risk transmission periods may be required based on local context and province-wide during periods of high risk as identified by the Office of the Chief Medical Officer of Health and Toronto Public Health.

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

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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

- [Ontario Ministry of Health COVID-19 Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings](#)
- [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 are Encouraged to Wear a Mask

Table 1: Examples of areas where clients are encouraged to wear a mask

Mask is encouraged	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