

**Revised:** September 17, 2020

## **Policy: COVID-19 Guidance for Homelessness Service Providers**

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### **Purpose**

This guidance is intended to help homelessness service providers effectively respond to the COVID-19 pandemic.

The goals are to:

- Strengthen preparedness across service providers;
- Prevent and contain the transmission of the virus and;
- Minimize the impact of the pandemic on individuals and families experiencing homelessness within our community.

This guidance has been reviewed by Peel Public Health and is consistent with federal, provincial and municipal public health best practices. As the situation evolves, the Region of Peel will update this document. This guidance should be adapted to individual settings.

### **COVID-19**

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. COVID-19 is a new type of coronavirus that can cause acute respiratory illness. It is spread person-to-person through droplets (e.g., coughing, sneezing) that can travel up to two metres. It may also be possible for a person to get the virus by touching contaminated surfaces and then touching their mouth, nose or eyes. Symptoms have ranged from mild to severe, and commonly include fever, cough and shortness of breath.

For more information on COVID-19, please refer to Peel Public Health's website:

<http://www.peelregion.ca/coronavirus/>

### **Key Contacts**

For questions about COVID-19, contact Peel Public Health at (905) 799-7700

For supply requests, contact the Region of Peel at [zzghousingsupply@peelregion.ca](mailto:zzghousingsupply@peelregion.ca)

## I. Prevention and Control

### Provider Readiness

The table below outlines actions service providers should take to ensure that their site is prepared to respond to the pandemic:

Action	Details
Educate	<ul style="list-style-type: none"> <li>• Ensure staff and residents/clients are informed about how respiratory illness spreads to improve the adoption of best practices and prevent the transmission of the virus.</li> <li>• If possible, hold educational sessions for staff and residents/clients to review the symptoms of the virus, basic cough and sneeze etiquette, handwashing, etc.</li> </ul>
Communicate	<ul style="list-style-type: none"> <li>• Maintain open and regular communication with staff and residents/clients to share updates, receive questions/concerns, etc.</li> </ul>
Prepare	<ul style="list-style-type: none"> <li>• Prominently display posters, such as <a href="#">Cover Your Cough/Sneeze</a> signs at all entrances, bathrooms and common areas.</li> <li>• An inventory of posters can be found on the <a href="#">Region of Peel's Housing Services website</a>.</li> <li>• Display signs instructing staff and residents/clients to notify staff if they have a fever, cough or shortness of breath.</li> <li>• Make the means for appropriate hand cleansing readily available within the site, including intake areas, entries/exits, common areas, staff rooms, etc.</li> <li>• Maintain sufficient supplies of hand soap and paper towels, hand sanitizers, tissues, general cleaners, disinfectants and personal protective equipment (e.g., masks).</li> </ul>

### Reducing the Risk

The table below outlines actions service providers should take to reduce the risk of transmission within service sites:

Action	Details
Advise sick staff and volunteers to stay home.	Direct staff and volunteers to stay home and not attend the site until they are symptom free for at least 24 hours (or as directed by Public Health).
Advise sick staff and volunteers to separate themselves from others if they become sick while on duty.	Provide support to staff and volunteers in accessing health care services and sent them home immediately.
Support residents/clients in identifying whether they are having symptoms of acute respiratory illness (e.g., recent changes in a pre-existing chronic cough, new onset fever).	Complete the screening tool in the next section of this guidance and provide support to residents/clients in accessing appropriate healthcare services.
Practice physical distancing.	Recommended to follow the actions outlined in Appendix I.
Encourage good infection prevention and control practices.	Recommended to follow the actions outlined below under ‘Routine Practices’.

### Routine Practices

Routine practices are the system of practices that Infection and Prevention Control (IPAC) Canada recommends are used at all times to prevent and control the spread of germs.

The table below outlines the basic elements of routine practices:

Action	Details
Ask all staff and residents/clients to engage in regular and frequent hand hygiene	<ul style="list-style-type: none"> <li>• Post <a href="#">Hand Washing</a> posters in visible locations around the setting, including in washrooms, above sinks and near hand sanitizer dispensers.</li> <li>• If wall-mounted hand sanitizers are not feasible, consider providing portable hand sanitizers to staff.</li> <li>• Ensure that hand sanitizers have an alcohol concentration of between 70% and 90%.</li> </ul>

	<ul style="list-style-type: none"> <li>• Offer supervised hand hygiene for residents as they enter dining areas (e.g., have staff pump hand sanitizer into resident/clients' hands).</li> <li>• Ensure liquid hand soap and hand sanitizer dispensers are checked regularly and kept full.</li> </ul>
<p>Ask staff and residents/clients to engage in good respiratory etiquette (e.g., cover their mouth, sneeze into sleeve).</p>	<ul style="list-style-type: none"> <li>• Post <a href="#">Cover Your Cough/Sneeze</a> posters in visible locations around the setting.</li> <li>• Ensure that environmental cleaning and disinfection is performed on a routine and consistent basis.</li> <li>• Ensure that special attention is paid to high-touch surfaces (e.g., doorknobs, light switches), common areas (e.g., dining rooms, bathrooms) and shared equipment (e.g., telephone, keyboards).</li> <li>• Ask residents/clients not to share items that come into contact with the mouth or nose (e.g., drug-use equipment, drinking utensils, cigarettes).</li> </ul> <p><i>Note: For Regionally-owned settings, an external cleaning company has been secured to provide additional daily cleaning. The additional cleaner will be onsite until further notice.</i></p>
<p>Staff and residents/clients should try to use techniques to limit exposure to respiratory droplets from coughs or sneezes.</p>	<ul style="list-style-type: none"> <li>• Stand next to a person with respiratory symptoms, rather than in front of them.</li> </ul>
<p>Staff and residents should be aware of proper usage of personal protective equipment (PPE)</p>	<ul style="list-style-type: none"> <li>• See Appendix II for instructions.</li> </ul>

## II. SCREENING AND TRIAGE

All service providers should perform active screening using the Screening Tool and passive screening (signage) of all staff and residents/clients to prevent the transmission of COVID-19.

## Active Screening

Individuals who call providers requesting service must be screened over the phone with the Screening Tool before they (or staff) arrive onsite.

Staff should follow these steps:

1. Document the name of the person calling for service and their approximate time of arrival to the shelter in a Call Screening Log (Appendix III).
2. When the individual arrives onsite, ask the screening questions again to confirm their responses.
3. Where clients present at a shelter location without phone screening, screen upon entry using the tool below.

### Screening Tool

#### New COVID-19 Screening Guidance

The Ontario Ministry of Health has revised COVID-19 screening guidance based on the latest case definitions and World Health Organization reports. The screening sections of all Region of Peel COVID-19 guides and protocols will be updated in the days ahead to reflect the following questions:

No.	Question
1	<p>Do you have any of the following symptoms?</p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• New or worsening cough</li> <li>• Shortness of breath</li> <li>• Difficulty breathing</li> <li>• Sore throat</li> <li>• Difficulty swallowing</li> <li>• New decreased loss of sense of taste or smell</li> <li>• Nausea/vomiting, diarrhea, abdominal pain</li> <li>• Runny nose or nasal congestion - <i>in the absence of underlying reason for these symptoms such as seasonal allergies or post-nasal drip, etc.</i></li> <li>• Red eyes (conjunctivitis)</li> <li>• Headaches</li> <li>• Unexplained fatigue/malaise/myalgias (sore muscles)</li> </ul>
2	Have you tested positive for COVID-19 in the past 14 days?

<b>3</b>	Have you travelled outside of Canada in the past 14 days?
<b>4</b>	<p>Have you had close contact with a sick individual or confirmed case of COVID-19 in the past 14 days without wearing appropriate PPE?</p> <p><b>Note:</b> Appropriate PPE may include mask, gloves, gown, eye protection and/or N95 respirator depending on the nature of the contact (e.g., aerosol generating medical procedure).</p>
<b>5</b>	<p><i>If the person is over 70 years of age:</i> Are you experiencing any of the following?</p> <ul style="list-style-type: none"> <li>• Delirium</li> <li>• Unexplained or increased number of falls</li> <li>• Acute functional decline</li> <li>• Worsening of chronic conditions</li> </ul>

<b>Screening Outcomes</b>	
<b>If the response to...</b>	<b>Then...</b>
<b>ALL</b> of the screening questions is <b>NO</b>	<p><b>COVID Screen Negative</b></p> <p>Proceed with regular service delivery.</p>
<b>ANY</b> of the screening questions is <b>YES</b>	<p><b>COVID Screen Positive</b></p> <ul style="list-style-type: none"> <li>• Employ mitigation practices (isolation, PPE, cleaning and disinfecting), as applicable, and</li> <li>• Proceed according to relevant isolation and testing procedures.</li> </ul>

### Passive Screening

Signage will be posted on entry to the office and at reception areas for clients with symptoms to self-identify, perform hand hygiene, wear a mask (if applicable), and have access to tissue and a waste receptacle.

All residents/clients should be instructed to cover their nose and mouth with a tissue when coughing and sneezing. Cough or sneeze into sleeve if a tissue is not available. Perform hand hygiene every time.

### Regular Screening

This is the practice of routinely monitoring a resident's wellbeing who is already admitted into the shelter by a staff who can identify symptoms and ask the screening questions. This step is critical for early detection and expedited action.

1. Instruct residents and staff to report new symptoms of fever, new or worsening cough or shortness of breath to the appropriate personnel at the first signs of illness.
2. Consistently screen persons re-admitted for recent respiratory illness.
3. Consider daily temperature and symptom checks of residents and monitor for new fever and/or respiratory illness.

### **COVID-19 Assessment Centres**

For individuals with active symptoms, assessments can be done at the following locations:

- Trillium Health Partners Mississauga Hospital – Clinical Administrative Building located at 15 Bronte College Court, Mississauga. Hours of Operation are 9:30a.m. to 9:30p.m., seven days a week.
- Trillium Health Partners Credit Valley Hospital – Valley House located at 2200 Erin Mills Parkway, Mississauga. Hours of Operation are 9:30a.m. to 9:30p.m., seven days a week.
- William Osler Health Services Peel Memorial Centre - Integrated Health and Wellness located at 20 Lynch Street, Brampton. Hours of Operation 10:00 a.m. to 8:00 p.m., seven days a week.
- Headwaters Health Care Centre – Tent located at top of parking lot at 140 Rolling Hills Drive, Orangeville. Hours of Operation 9:00 a.m. to 5:00 p.m., seven days a week.

These centres are in dedicated spaces that will facilitate high-quality care, to protect broader patient populations.

For more information on testing, including criteria and timelines, please visit <https://www.peelregion.ca/coronavirus/testing/>.

### **III. ISOLATION AND RECOVERY**

## **Self-Isolation at Emergency Shelters and Transitional Housing Facilities**

If feasible, individuals who are experiencing homelessness and screen positive to the questionnaire, but who are asymptomatic, should be self-isolated onsite for 14 days.

The site should follow these protocols:

- Arrange for a private room within the site, including a private washroom
- Observe the recommended protocols outlined in this guidance, as well as other Public Health protocols, for reducing risk of exposure
- Arrange for delivery of 3 meals and 2 snacks daily if applicable (*Note: Arrange prompt delivery of a meal for a new arrival if they indicate they have not eaten*)
- Contact 911 for any residents exhibiting medical distress
- Monitor the personal and environmental interactions of residents who exit their rooms while under self-isolation
  - Determine what their needs are and direct them to return to their room if deemed unnecessary; and
  - Sanitize any contacted surfaces.

Site-specific protocols can be found here: [Site Specific Protocols by Facility](#).

## **The COVID-19 Isolation Program**

The COVID-19 Isolation Program is intended to isolate people experiencing homelessness who:

- Present with COVID-19 symptoms;
- Are awaiting COVID-19 test results (referred to as a Person Under Investigation);
- Screened positive to the questionnaire, but are asymptomatic, and cannot be self-isolated at another emergency shelter, transitional housing facility or other location.

### *Isolation Program description*

The Isolation Program will operate as a shelter with staff onsite 24 hours a day, 7 days a week. Healthcare professionals will perform routine check-ups with residents. Meals will be delivered directly to residents and rooms will be cleaned daily.



Residents will remain at this location for up to 14 days, unless otherwise directed by Public Health. If a resident receives a confirmed COVID-19 test result, they will be re-located to the COVID-19 Recovery Program.

*Referral Process*

Referrals to the Isolation Program can only be made by homelessness service providers, including shelters, transitional housing facilities, outreach, etc.

Referring staff should follow these steps:

No.	Action
1	Contact the Isolation Program. <i>Note: The contact information has been provided directly to service providers</i>
2	Arrange transportation for the individual to the site. <i>Note: Ensure residents have masks before they leave</i>
3	If applicable, ensure proper environmental cleaning and disinfection of the room/area the individual was living in prior to being re-located

**The COVID-19 Recovery Program**

The COVID-19 Recovery Program is intended to:

- Provide temporary accommodations to individuals who are experiencing homelessness and COVID-19 positive;
- Provide medical care and monitoring to support those individuals and;
- Prevent and contain the transmission of the virus in the community.

*Recovery Program description*

The Recovery Program is a collaborative, intersectoral partnership between medical professionals (“health team”), Canadian Mental Health Association Peel-Dufferin, the Central-West Local Health Integration Network, Regeneration, the Region of Peel, Services and Housing in the Province, and The Salvation Army to provide medical care and temporary supportive accommodations to homeless individuals who have tested positive for COVID-19.

The Recovery Program will have staff onsite 24 hours a day, 7 days a week. The health team will perform routine check-ups with residents. Meals and cleaning services will be provided on a daily basis.

Residents will remain at this location for up to 14 days, unless otherwise directed by Public Health or the health team.

### *Referral Process*

Referrals to the Recovery Program can only be made by the Isolation Program, Peel Paramedics, Peel hospitals and Peel Public Health.

No.	Action
1	Email the Recovery Program Referral Form to the Program Manager. <i>Note: The contact information has been provided directly to providers</i>
2	Arrange transportation for the individual to the site. <i>Note: Ensure residents have masks before they leave</i>
3	If applicable, ensure proper environmental cleaning and disinfection of the room/area the individual was living in prior to being re-located

## REFERENCES

The following resources were used to inform the development of this guidance:

**City of Toronto (2020).** 2019 Novel Coronavirus Interim Guidance for Homelessness Service Setting Providers, <https://www.toronto.ca/wp-content/uploads/2020/03/8ee3-Interim-Guidance-for-Homelessness-Service-Settings-Providers.pdf>, accessed March 19, 2020.

**New York City (2020),** Interim COVID-19 Guidance for Homeless Services, <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/guidance-for-homeless-shelters-covid19.pdf>, accessed March 19, 2020.

## APPENDIX 1: Physical Distancing Activities

### Physical Distancing

Limiting the number of people who congregate and interact with one another within a facility and allowing more physical space between people can help to curb spread of this infection. Depending on specific facility needs and severity of exposure to persons with COVID-19, physical distancing can range from decreasing the number of people who can congregate at a time for different activities to suspending all non-essential activities. Explain to clients and staff why people are isolated from others to avoid stigmatizing those who are affected.

Examples of physical distancing actions:

General Interactions	<ul style="list-style-type: none"> <li>• Always maintain a distance of at least 2 metres or more apart</li> <li>• Change normal greetings to a wave or elbow bump</li> </ul>
Sleeping Arrangements	<ul style="list-style-type: none"> <li>• Increase spacing so beds are at least 3-6 feet apart</li> <li>• If space allows, put less residents within a dorm/unit</li> <li>• Arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use neutral barriers (foot lockers, curtains) to create barriers between beds</li> <li>• Move residents with symptoms into separate rooms with closed doors, and provide separate bathroom if possible</li> <li>• If only shared rooms are available, consider housing the ill person in a room with the fewest possible number of other residents</li> <li>• Avoid housing people with underlying conditions in same room as people with symptoms</li> </ul>
Mealtimes	<ul style="list-style-type: none"> <li>• Stagger mealtimes to reduce crowding in shared eating facilities</li> <li>• Stagger the schedule for use of common/shared kitchen</li> </ul>
Bathrooms/Bathing	<ul style="list-style-type: none"> <li>• Create a staggered bathing schedule to reduce the amount of people using the facilities at the same time</li> </ul>
Recreation/Common Areas	<ul style="list-style-type: none"> <li>• Create a schedule for using common spaces</li> <li>• Reduce activities that congregate many residents at once such as “house meetings” and opt for smaller group activities</li> </ul>
Transport	<ul style="list-style-type: none"> <li>• Opt for transporting less people per trip and ensure that passengers have more space between one another</li> </ul>

Communication	<ul style="list-style-type: none"><li>• Reduce the amount of face-to-face interactions with residents for simple informational purposes</li><li>• Consider using the following methods of communication: Bulletin boards, signs, posters, brochures, emails, phone, sliding information under someone's door or mailbox</li></ul>
Staff Activities	<ul style="list-style-type: none"><li>• Reduce unnecessary assembly of staff (e.g., large meetings where information can be communicated otherwise)</li><li>• Where appropriate, opt for conference calls instead of in-person meetings</li></ul>

*Source: New York City*

## APPENDIX II: Proper Usage of Personal Protective Equipment (PPE)

The Ministry of Health and Public Health Ontario have revised the guidance for Congregate Living Settings. Effective immediately, it is recommended that:

1. **All staff and essential visitors wear non-medical masks** when in the congregate living setting for the duration of their shift or visit and;
2. **Residents have access to non-medical masks** when physical distancing cannot be maintained (minimum 2m distance).
3. **All staff, including healthcare and non-healthcare staff, wear surgical/procedural mask and other appropriate PPE** if providing care or service within 2m of a resident.
  - Healthcare workers should wear surgical/procedural mask and consider eye protection when performing direct client care.

For more information on these changes, please refer to:

- Ministry of Health's [COVID-19 Guidance: Congregate Living for Vulnerable Populations](#) and;
- Public Health Ontario's [IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19](#)

### Donning/Doffing PPE

The steps provide basic information only and should be followed in conjunction with [Public Health Ontario's recommendations](#):

Putting on (Donning) PPE		Taking off (Doffing) PPE	
1	Perform hand hygiene	1	Remove gloves
2	Put on gown or arm barrier	2	Remove gown or arm barrier
3	Put on mask or N95 respirator	3	Perform hand hygiene
4	Put on eye protection	4	Remove eye protections
5	Put on gloves	5	Remove mask or N95 respirator
<i>Source: Public Health Ontario</i>		6	Perform hand hygiene

## APPENDIX III: Intake Call Screening Log

## Shelter COVID-19 Call Screening Log

Today's Date: \_\_\_\_\_

No.	Question
1	<p>Do you have any of the following symptoms?</p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• New or worsening cough</li> <li>• Shortness of breath</li> <li>• Difficulty breathing</li> <li>• Sore throat</li> <li>• Difficulty swallowing</li> <li>• New decreased loss of sense of taste or smell</li> <li>• Nausea/vomiting, diarrhea, abdominal pain</li> <li>• Runny nose or nasal congestion - <i>in the absence of underlying reason for these symptoms such as seasonal allergies or post-nasal drip, etc.</i></li> <li>• Red eyes (conjunctivitis)</li> <li>• Headaches</li> <li>• Unexplained fatigue/malaise/myalgias (sore muscles)</li> </ul>
2	Have you tested positive for COVID-19 in the past 14 days?
3	Have you travelled outside of Canada in the past 14 days?
4	<p>Have you had close contact with a sick individual or confirmed case of COVID-19 in the past 14 days without wearing appropriate PPE?</p> <p><b>Note:</b> Appropriate PPE may include mask, gloves, gown, eye protection and/or N95 respirator depending on the nature of the contact (e.g., aerosol generating medical procedure).</p>
5	<p><i>If the person is over 70 years of age:</i> Are you experiencing any of the following?</p> <ul style="list-style-type: none"> <li>• Delirium</li> <li>• Unexplained or increased number of falls</li> <li>• Acute functional decline</li> <li>• Worsening of chronic conditions</li> </ul>



