

2019 Novel Coronavirus (COVID-19) Interim Guidance for Homelessness Service Settings Providers

COVID-19 is a new type of coronavirus that can cause acute respiratory illness. COVID-19 is spread person-to-person through large respiratory droplets (e.g., coughing, sneezing) that can travel up to two metres. It may also be possible for a person to get COVID-19 by touching contaminated surfaces and then touching their own mouth, nose, or possibly their eyes. For more general information about COVID-19, see the [Toronto Public Health 2019 Novel Coronavirus \(COVID-19\) Fact Sheet](#).

Homelessness service settings that provide temporary housing, congregate living spaces or other services for people who are experiencing homelessness or who are underhoused (e.g., shelters, respite sites, drop-in centres, rooming houses, Out of the Cold sites) are extremely diverse and experience unique issues in relation to the population served. This interim guidance is intended to help homelessness service setting providers (i.e., providers who operate/manage these settings) reduce the risk of exposures of acute respiratory illnesses (e.g., including COVID-19 which can present with new cough, fever or difficulty breathing), support the COVID-19 planning process, and provide planning considerations if there is community spread of COVID-19. **As the situation evolves, Toronto Public Health (TPH) will provide updated guidance.** This interim guidance should be adapted to individual settings.

This document provides varied recommendations for (1) “visitors/volunteers” who are people who may enter shelter and drop-in settings to visit and support programs, but do not themselves rely on those services for meeting their shelter and housing needs, (2) “staff” who are employed in general shelter and drop-in settings, and (3) “clients/participants” who access shelters and drop-ins and rely on these settings for housing, food, and other services. Recommendations should be applied with consideration and not interchangeably to each of these groups.

Reducing the risk of acute respiratory infections (including COVID-19) in homelessness service settings

Strategies for providers to implement to reduce the risk of acute respiratory illness transmission:

- **Ask sick staff, visitors/volunteers to stay home.**
 - Staff, visitors/volunteers who have symptoms of acute respiratory illness are recommended to stay home and not attend the setting until they are symptoms free for at least 24 hours.
 - Staff should notify their supervisor and stay home if they are sick.
- **Ask sick staff, visitors/volunteers to separate themselves from others if they become sick at the setting.**
 - Staff and visitors/volunteers who have acute respiratory illness symptoms (i.e. cough, shortness of breath) and fever upon arrival to the setting and those who become sick during the day should be separated from others, supported to access health care services, and sent home immediately.
- **Support clients/participants in identifying if they are having symptoms of acute respiratory illness (i.e., recent changes in a pre-existing chronic cough if applicable, new onset of fever, shortness of breath) and if so, support them in accessing appropriate healthcare.**
- **Ask staff, visitors/volunteers, and clients/participants if they have concerns about COVID-19.**
- **Advise staff before travelling to take certain steps.**
 - Check the Public Health Agency of Canada's [travel advisories](#) for the latest guidance and recommendations for each country to which they will travel and follow the advice of either self-isolating or self-monitoring upon return based on area of travel as per the TPH webpage: www.toronto.ca/coronavirus.

- **Encourage good infection prevention and control practices to help reduce risk of acute respiratory illnesses (including COVID-19).**
 - Ask staff and visitors/volunteers to engage in routine practices. For information on routine practices see [Toronto Public Health's Infection Prevention and Control Guide for Homelessness Service Settings](#).
 - Ask all staff, visitors/volunteers, clients/participants to engage in regular and frequent hand hygiene (i.e. cleaning hands).
 - Post [Hand Washing](#) and [Hand Sanitizing](#) posters in visible locations around the setting. Make sure that hand washing posters are posted in washrooms and above sinks and that there are hand sanitizing posters near alcohol-based hand rub (ABHR) dispensers.
 - Review the importance of proper hand hygiene. Avoid touching your face with unclean hands.
 - If having wall-mounted alcohol-based hand rub (ABHR) is not feasible, consider providing portable ABHR to staff. Ensure that the alcohol-based hand rub used on site has an alcohol concentration between 70% and 90%.
 - Offer supervised hand hygiene for clients (e.g., have a staff member pump alcohol-based hand rub (ABHR) into client's/participant's hands as they enter the dining area)
 - Ensure liquid hand soap and alcohol-based hand rub dispensers are checked regularly and are kept full.
 - Ask all staff, visitors/volunteers, clients/participants to engage in good respiratory etiquette (e.g., cover their mouth and nose when they cough or sneeze with a tissue, or cough or sneeze into their sleeve and not their hand).
 - Post [Cover your Cough](#) posters in visible locations around the settings.
 - Make sure that environmental cleaning and disinfection is performed on a routine and consistent basis and that this is also discussed with any contracted cleaning company/agency. Ensure special attention to:
 - High-touch surfaces (e.g., door knobs, light switches, handrails)
 - Common areas (e.g., dining rooms, sleeping quarters, bathrooms)
 - Shared equipment (e.g., telephones, computer keyboard, walkie-talkies)
 - Ask clients/participants to not share items that come into contact with the mouth or nose (e.g., drug-use equipment, drinking utensils, cigarettes).
 - Staff, and visitors/volunteers should try to use techniques to limit exposure to respiratory droplets from coughs or sneezes (e.g., stand next to rather than in front of the client who has respiratory symptoms).

Additional considerations in response to current cases of COVID-19

- COVID-19 is not currently spreading in the community and cases are currently linked to travel.
- Confirmed and suspect cases of COVID-19 are reported by health care providers and laboratories to public health. Workplaces other than health care settings do not need to report to public health.
 - Public health performs a risk assessment for all exposures including those that may occur in a homelessness service setting
 - Public health will provide advice regarding any other measures that the setting and staff may need to take to reduce the risk of transmission. Measures may include restricting movement and transfers between facilities and suspending new admissions.
 - Public health will advise if any special cleaning and disinfection processes are recommended.

Planning in case of community spread of COVID-19

- Toronto Public Health is updating its COVID-19 planning documents and recommends that all providers begin to consider their continuity of operations plans (e.g., plans for staff absenteeism, ensuring adequate supplies, etc).
 - Existing chapters from prior pandemic influenza plans (e.g., the Toronto Pandemic Influenza Plan) are being updated and will be made available; previous guides can serve as a resource in the interim.

Providers should consider how best to decrease the spread of acute respiratory illness and lower the impact of COVID-19 in their setting in the event of community spread. Providers should identify and communicate plan components which may include reducing the spread among staff, protecting those who are at a higher risk of adverse health complications, maintaining operations, and minimizing negative effects from supply chain disruptions.

- Put together a team to assist in developing and implementing site specific plans to prevent the spread of COVID-19. Providers should try to develop partnerships with other health and non-health related agencies to develop strategies which may be used during community spread.
- Plans should assess needs, decide how the facility will implement the activities and what resources are needed. Some areas to include:
 - Assessing risk to staff and measures to maintain their health
 - Education and training for staff
 - Facility Readiness: signage, supplies, and staffing
 - Housekeeping
 - Establishing pathways of communication
 - Assessing risk to clients/participants considering:
 - Strategies to safely implement isolation or the separation of ill clients/participants from well clients (i.e. cohorting strategies) in the event of community spread.
 - Transportation and preventing spread of COVID-19 between shelters, agencies and facilities and health care workers.

More information

For more information, contact Toronto Public Health at 416-338-7600

References

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