

Ministry of Health

# COVID-19 Guidance: Homeless Shelters

Version 1 – April 1, 2020

This guidance document provides basic information only. It is not intended to take the place of medical advice, diagnosis, or treatment.

This document is intended to assist with the minimizing of COVID-19 transmissions among Ontarians experiencing homelessness and to help plan for, prevent and manage individual cases and outbreaks of COVID-19 and flu-like symptoms in shelters and facilities that support homeless individuals. This guidance is also applicable to 24-hour drop-in locations as well as 24-hour respite centres.

Please check the Ministry of Health's [COVID-19 website](#) regularly for updates to this document, case definition, FAQs, and other information.

## General Advice

There are several things that shelters can do to protect their staff, volunteers and clients:

- Implement organizational pandemic and/or business continuity plans as appropriate. These should include plans to address situations when staff, volunteers and/or clients are unwell.
- Review infection prevention and control/occupational health and safety policies and procedures with all staff and volunteers. Particularly related to:
  - Proper hand hygiene - washing hands frequently with soap and water or using alcohol-based hand sanitizer;
  - Respiratory etiquette - appropriately covering coughs and sneezes (i.e., coughing into their sleeves and not their hands or using a tissue followed by using hand sanitizer);
  - Avoid touching face with unwashed hands; and
  - Promoting physical distancing between staff and clients – at a minimum 2 metres (6 feet) should be kept between all individuals regardless if they are well or unwell.

- Offer education regarding proper hand hygiene and respiratory etiquette for clients. Discourage clients from sharing items with other clients that touch the mouth or nose (e.g., straws, utensils, cigarettes, drinks, drug paraphernalia).
- Communicate that anyone who feels unwell with fever, cough or symptoms of COVID-19 should report to the shelter staff for official screening.
- Consider possible ways to increase physical distancing within the shelter. Optimally, a minimum of 2 metres (6 feet) should always be kept between individuals.
  - When possible, stagger eating times and set up tables, so clients are not directly facing each other.
  - When clients are sleeping, beds/cots/mattresses should be at least 2 metres (6 feet) apart. Bunks beds should not be used.
- Clients should be provided with the necessary means to physically distance without creating social isolation. Computers and tablets should be provided wherever possible for socializing and group activities should be provided on virtual platforms and should be cleaned frequently. If possible, keep shared spaces well ventilated.
- In addition to routine cleaning, surfaces that have frequent contact with hands should be [cleaned and disinfected](#) twice per day and when visibly dirty. Special attention should be paid to commonly touched surfaces such as doorknobs, elevator buttons, light switches, toilet handles, counters, hand rails, touch screen surfaces and keypads.
- Consider specialist services that may be required (e.g., mental health services, harm reduction and addictions support/programming, social workers) for psychosocial support to clients. Although challenging to implement, services provided should be delivered virtually if possible, and if not, maintaining physical separation and avoiding face-to-face discussion.

## 1. Planning

In order to support the homeless population, collaboration is key between shelter providers, community organizations, municipalities, etc. in order to develop plans and organize sites for quarantining shelter clients, isolating those requiring testing and isolating those who have tested positive for COVID-19.

Planning should also consider:

- How health care can be organized within the shelter.
- How to reach out to the local public health unit to assist with the planning.
- How to access extra staff and volunteers to cover for unwell staff and volunteers.
- How to transport symptomatic clients in non-emergency situations (e.g., those that do not require hospital care).
- How to access extra cleaning products that may be needed and how often to conduct frequent cleaning.
- How to access personal protective equipment (PPE) and what kind is needed.
- How to secure other supplies that may be needed to continue to provide services to shelter clients.

## 2. Prevention

There are many things you can do to prevent spread of respiratory illness in the shelter, particularly by facilitating proper [hand hygiene](#), respiratory etiquette and physical distancing:

- Ensure there are enough supplies on hand for proper hand hygiene, including pump soap, warm running water and paper towels or hot air dryers.
- If possible, consider adding alcohol-based hand sanitizer stations that mount to the wall to supplement hand washing. Use foam alcohol-based hand rubs with greater than 70% alcohol.
- Provide tissues and lined garbage bins for use by staff and clients. No-touch garbage cans (such as garbage cans with a foot pedal) are preferred for disposal of items.
- Remind clients, staff and volunteers of the importance of hand hygiene and respiratory etiquette, encouraging them to avoid touching eyes, nose and mouth and the need for physical distancing at all times.
- [Signage](#) should be posted throughout the shelter reminding staff, volunteers and clients about the signs and symptoms of COVID-19, hand hygiene, etc.

- Communicate with clients about the risk of COVID-19 and about the steps being taken in the shelter and community to address the risks. [Messaging and resources](#) should be simple and easy to understand.
- If toilet or bathroom facilities are shared, consideration should be given to developing a schedule for washing or bathing. These areas, as well as frequently touched surfaces, should be thoroughly [cleaned and disinfected](#) at least twice per day and when visibly dirty.
- Mattresses should be cleaned and disinfected between clients and clean bedding should be provided to new clients. Clean towels should be provided to each client with instructions not to share.
- Up to date information about clients should be kept, including name, times when they come in and leave the shelter as well as where they are in the shelter (e.g. room location if in individual rooms). This will assist in contacting clients who may have been exposed to COVID-19. Similarly, information about staff and volunteers working in the shelter should be kept.

### 3. Screening

- All shelters should undertake active (ask screening questions) and passive (signage) screening for staff, volunteers and clients. Screening should be done on intake and daily for all staff, volunteers and clients for:
  - Fever (if possible);
  - New cough or change in cough;
  - Shortness of breath; and
  - Other symptoms compatible with COVID-19 (e.g., muscle aches, headache, sore throat, runny nose).
- On intake, clients should be screened for exposures to individuals who are unwell and may have COVID-19, as well as any underlying health conditions (e.g., cardiovascular disease, diabetes, chronic lung disease) or immune suppression (e.g., cancer).
- Individuals conducting screening should ideally be behind a physical barrier (e.g., Plexiglas) or stand 2 metres (6 feet) away from a client. If possible, 1-2 screeners should be placed at the entrance of the shelter to screen all individuals wanting to access the shelter.

- Masks and gloves are only required when screening staff, volunteers and clients at the door if no physical barrier (e.g., Plexiglas) is available to separate the screeners from those entering the shelter (see Active Screening below for further information). Hand sanitizer should be available.
- Masks should only be worn inside the shelter if a staff person must have direct contact (less than 2 metres) with an unwell client.

### Active Screening for Staff and Volunteers

- Shelters should instruct all staff and volunteers to [self-monitor](#) for COVID-19 at home as well as for any potential exposure risks that require self-monitoring or self-isolation. All staff and volunteers should be aware of early signs and symptoms of COVID-19 (such as fever, cough or shortness of breath).
- Staff and volunteers who have symptoms that align with COVID-19 should complete the ministry's [self-assessment tool](#). If required, they should go to an Assessment Centre for testing.
- All staff and volunteers who are required to self-isolate must not come to work. Anyone with symptoms of an acute respiratory illness must not come to work and must report their symptoms to the manager at the shelter immediately by phone.
- All staff and volunteers who have been exposed to someone with COVID-19 outside of work should be required to self-isolate and must not come to work. They should contact their [local public health unit](#) for advice.

### Active Screening for Clients

- Shelters should screen all clients for respiratory symptoms including potential COVID-19 exposures using the ministry's [self-assessment tool](#).
- Clients should be monitored for new symptoms of illness such as:
  - Fever (if possible);
  - New or change in cough;
  - Shortness of breath; and
  - Other symptoms compatible with COVID-19 (e.g., muscle aches, headache, sore throat, runny nose).

- [Signage](#) at the entrance and throughout the shelter should advise clients to inform staff immediately if they are feeling unwell.
- Shelters should contact the [local public health unit](#) if more than one client is unwell in the shelter, as this may indicate an outbreak in the shelter.

## 4. Positive Screening: What to Do

- Staff and volunteers who become unwell on site at the shelter, should tell their manager immediately and separate themselves from others. They should be sent home (avoiding public transit) and advised to contact their primary care provider, Telehealth (1-866-797-0000) or the [local public health unit](#).
- Symptomatic staff, volunteers and clients in shelters are included in priority groups for COVID-19 testing in Ontario. They should advise the health care workers at the Assessment Centre that they use or work in a shelter.

### A. Client Becomes Unwell While in Shelter

- If a client develops a new cough or change in cough, has difficulty breathing, has fever and/or has been exposed to a case of COVID-19 in the past 14 days, instruct the client to wear a surgical/procedure mask and use alcohol-based hand sanitizer. Place the client in a room with the door closed or in an isolated area (try to keep them away from other clients), where possible, to avoid contact with other clients in a common area of the shelter. Clients should complete the ministry's [self-assessment tool](#).
- If secluded space in the shelter is limited and if more than one client is unwell, consideration should be given to grouping (cohorting) them together in the same space.
- Shelter staff should try to maintain physical distance between themselves and the client (i.e., 2 metres or more) while monitoring and providing assistance to them. If direct care is being provided to the unwell individual (less than 2 metres between staff and client), staff should wear appropriate personal protective equipment (at a minimum a mask and gloves).
- Coordinate with affiliated shelters or congregate living facilities in the municipality to plan to cohort those who are unwell recognizing that those with severe symptoms should be transported via emergency medical services

(EMS) to hospital rather than using alternative transportation services. Inform EMS of the client's symptoms when calling for assistance.

- In addition to routine cleaning, surfaces that have frequent contact with hands should be [cleaned and disinfected](#) twice per day and when visibly dirty.

## **B. Client has Been to an Assessment Centre and is Awaiting Test Results**

- Any client that has been tested at an Assessment Centre will need to be isolated or grouped (cohorted) with others who have been tested and are awaiting test results.
- Coordinate with affiliated shelters or congregate living facilities in the municipality to plan to cohort those who are awaiting test results, recognizing that those with severe symptoms should be transported via EMS to hospital versus alternative transportation services. Inform EMS of the client's symptoms when calling for assistance.
- Any client who receives a positive COVID-19 test result should be moved to a designated location within the municipality for homeless individuals who are COVID-19 positive where they are housed in separate rooms and have dedicated bathrooms.
- In addition to routine cleaning, surfaces that have frequent contact with hands should be [cleaned and disinfected](#) twice per day and when visibly dirty.

## **C. Client is Positive for COVID-19 and Does Not Require Hospital Care**

- Any client that has tested positive for COVID-19 needs to be isolated in a private room or can share a room with others who have also tested positive (cohorting). These clients may have mild to moderate symptoms.
- Clients should remain in their room, receive meals in their room and not share a bathroom with others. They should be monitored frequently to ensure that their symptoms do not worsen.
- Coordinate with affiliated shelters or congregate living facilities in the municipality to provide a facility for positive COVID-19 cases to be housed in separate rooms and have dedicated bathrooms.

- Any transportation required to move an unwell client who does not require hospitalization between locations, should be private (public transportation should not be used).
- If a COVID-19 positive case's symptoms get worse, they should be transported via EMS to hospital versus alternative transportation services. Inform EMS of the client's symptoms when calling for assistance.
- In addition to routine cleaning, surfaces that have frequent contact with hands should be [cleaned and disinfected](#) twice per day and when visibly dirty.

## 5. Reporting of Positive Screening

- Shelter staff should contact their [local public health unit](#) to report a staff member, volunteer or client suspected to have COVID-19. The local public health unit will provide specific advice on what control measures should be implemented to prevent further spread in the shelter, and how to monitor for other possible infected clients, volunteers and staff.
- Shelter staff may need to connect with the receiving facility (e.g., Assessment Centre or hospital) and provide information as to where the client will be going if they are not returning to the shelter.
- All referrals to hospital should be made through emergency department triage. If a client is referred to a hospital, the shelter should call ahead to the emergency department triage and paramedic services and inform them that the client has symptoms of COVID-19 and whether they have been tested. This ensures safe arrangements for travel can be made that maintain the client in appropriate isolation.

## 6. Occupational Health & Safety

- If COVID-19 is suspected or diagnosed in shelter staff, return to work should be determined in consultation with their health care provider and the local [public health unit](#). The staff must report to Occupational Health and Safety or notify their supervisor prior to return to work. Detailed general occupational health and safety guidelines for COVID-19 are available on the ministry's [COVID-19 website](#).
- Advise all staff and volunteers to stay home if they are unwell. If they have symptoms, they should use the [self-assessment tool](#) to inform whether they



should go to an Assessment Centre. They should also consult their local public health unit or health care provider.

- Individuals with respiratory symptoms, even if they have not travelled, are asked to stay home until 14 days have passed from the start of their symptoms. This may impact staffing levels but is a precaution to prevent spread of illness in the shelter and community.
- Consult with the local public health unit on return to work for staff, including testing and clearance guidelines.
- Staff or volunteers doing cleaning, including handling laundry, should wear gloves and gowns.

### **Optimizing the Use of Personal Protective Equipment (PPE) Within the Shelter**

- Shelter staff must be trained on the safe use, care and limitations of PPE, including the [donning \(putting on\) and doffing \(taking off\) of PPE](#) as well as proper disposal.
  - Gloves should be removed first, and hand hygiene should be performed immediately after removing gloves. The mask should then be removed, and hand hygiene performed again.
- Administrative areas and administrative tasks that do not involve contact with a client with suspected or confirmed COVID-19 do not require the use of PPE.

## **7. Transportation**

- If a client has severe symptoms, they should be transported by EMS to the hospital.
- Private vehicles (e.g., municipal vans) can be used to transport clients between shelters, to and from the Assessment Centres, etc.
  - Driver should wear a surgical/procedure mask.
  - Clients being transported should wear a surgical/procedure mask and be placed as far as possible from the driver (e.g., should sit in the rear passenger seat) with the window open (weather permitting).
  - Surfaces that have been touched by the unwell client should be cleaned and disinfected afterwards.
  - Public transportation should not be used.

## 8. Other Considerations

- Shelter staff should consider contingency plans for situations such as:
  - Reduced or interrupted supply of medicines, or access to them.
  - Reduced access to or interrupted supply of street drugs or alcohol.
  - Greater risk for infection because of the group living setting in a shelter and greater vulnerability to severe infection because of underlying medical conditions and/or age.

### Food Preparation

- Shelters should reinforce routine food safety and sanitation practices. As much as possible, implement measures to minimize client handling of shared food and utensils. Specific measures include:
  - Provide waterless hand wash (e.g., alcohol-based hand sanitizer) to clients before meals;
  - Dispense food onto plates for clients;
  - Minimize client handling of multiple sets of eating utensils by providing individually wrapped utensils or having staff hand out utensils;
  - Remove shared food containers from dining areas (e.g., shared pitchers of water, shared coffee cream dispensers, salt & pepper shakers, etc.);
  - Dispense snacks directly to clients and use pre-packaged snacks or dispense snacks onto a plate before handing it to the client;
  - Ensure there is adequate spacing between clients/staff while eating (at least 2 metres (6 feet) apart);
  - Ensure that food handling staff are in good health and practice good hand hygiene;
  - Ensure that all surfaces of the tables and chairs (including the underneath edge of the chair seat) are cleaned and disinfected after each meal; and
  - If possible, staff assigned to housekeeping duties should not be involved in food preparation or food service.