

GUIDANCE FOR EMERGENCY HOUSING SERVICE SETTINGS PROVIDERS: 2019 NOVEL CORONAVIRUS (COVID-19), REVISED APRIL 8, 2020

Introduction

The Ministry of Health released the [COVID-19 Guidance for Homeless Shelters](#) on April 1, 2020.

This document is intended to help providers of services for York Region residents experiencing, or at-risk of, homelessness and is an updated version of the Interim Guidance Document for Emergency Housing Service Providers. The purpose of this document is to outline general recommendations to protect marginalized and vulnerable populations and to prevent COVID-19 in these settings.

During a time when limited staff, physical layout of facilities, shared accommodations, communal areas and cancellation of programming pose a considerable amount of challenges for implementing the recommendations as outlined in this document, it is encouraged that settings customize and prioritize as necessary.

As of March 28th, 2020, all [organized public events of over five people are prohibited as per the Government of Ontario's](#) emergency order. This does not apply to businesses and all other organizations that support the provision of food, shelter, safety or protection, and/or social services and other necessities of life to economically disadvantaged and other vulnerable individuals. This includes but is not limited to food banks, violence against women emergency shelters, homeless shelters, community housing, supportive housing, children's aid societies, residential services for adults with developmental disabilities and for children with developmental disabilities, and custody and detention programs for young persons in conflict with the law.

As information related to COVID-19 is rapidly changing, this guidance is based on information that is currently known and includes Public Health recommendations for York Region residents as of April 1, 2020. As the situation continues to evolve, agencies are encouraged to stay current on the most recent public health recommendations related to COVID-19.

Please visit the following resources for more updated information:

- York Region Website: www.york.ca/covid19
- Ontario Ministry of Health: <https://www.ontario.ca/page/2019-novel-coronavirus>

Organizations dedicated to housing and homelessness issues may also be a good source for updated information.

- 211 is a helpline and online database of community and social services: [Ontario 211](#)
- Homelessness Hub Website: <https://www.homelesshub.ca/>

PUBLIC HEALTH

1-877-464-9675
TTY 1-866-512-6228
york.ca/covid19

Adapted by the Alberta Ministry of Health



Introduction

Many people experiencing, or at risk of experiencing homelessness rely on community-based organizations, nonprofit and voluntary organizations for a range of essential services. The following recommendations are for the homelessness-serving sector (including overnight emergency shelters, day shelters, and meal service providers).

Those who experience homelessness may be at higher risk of contracting COVID-19 or developing complications due to COVID-19, as they may not be able to access and use traditional services and standard resources.

These circumstances may affect their ability to follow public health advice, such as being able to effectively [self-isolate](#) from others and perform proper [hand hygiene](#). Organizations, community health workers and volunteers play an important role in helping prevent the spread of COVID-19 among those who experience homelessness. It is important that these service providers plan ahead and take [precautions](#) in their [environments/workplaces](#), based on public health advice to reduce disruptions to their services.

This document is intended to help service providers for York Region residents experiencing, or at-risk of, homelessness in response planning and varied recommendations for:

1. **Visitors/Volunteers** who are individuals that may enter emergency housing and drop-in settings to support programs and services, but who do not rely on those services for meeting their shelter and housing needs,
2. **Staff** who are employed in emergency housing service operations and/or drop in settings, and
3. **Clients** that access shelter services and drop-ins and rely on these settings for housing, food, and other services.

Recommendations should be applied with consideration and interchangeably to each of these groups.

General Information: COVID-19

Coronaviruses are a large family of viruses known to cause illness ranging from the simple common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). COVID-19 which was originally identified in Wuhan, China is a new (novel) strain that experts are learning more about every day. More information can be found on www.york.ca/COVID19.

Symptoms

- Symptoms of COVID-19 range from mild to severe, and can include the following:
 - Fever
 - New or worsening cough
 - Difficulty breathing
 - Other symptoms may include: muscle aches, fatigue, headache, sore throat, runny nose. Symptoms in young children may also be non-specific (for example, lethargy, poor feeding).
- Complications from COVID-19 can include serious conditions, like pneumonia, and in some cases, death.
- Your risk of severe disease may be higher if you have a weakened immune system. This may be the case for:

- People over 70 years of age
- People with chronic diseases such as diabetes, cancer, heart, renal or chronic lung disease
- People who are immunocompromised.

Transmission

- At this time, much of the evidence suggests that COVID-19 is mainly spread via person-to-person transmission which is:
 - Between people who are in close contact with each other (within 3 to 6 feet)
 - Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or can possibly be inhaled into the lung.
- Spread from contact with contaminated surfaces or objects may be possible. This would occur when a person touches a surface or object that has the virus on it and then touches their own mouth, nose, or possibly their eyes with unwashed hands.
- Virus droplets may remain infectious for several hours on surfaces, depending on where they fall. Viruses generally remain active longer on stainless steel, plastic and similar hard surfaces than on fabric and other soft surfaces.
- Other factors, such as the amount of virus deposited on a surface and the temperature and humidity of the environment, also determine how long viruses stay active outside the body. Surface contact spread is not thought to be the main way this virus spreads. Proper hand hygiene and cleaning and disinfecting frequently touched surfaces will eliminate this theoretical method of spread.
- COVID-19 is not transmitted through an airborne route. This virus is also not known to spread through ventilation systems or water.

Treatment

- Most people with COVID-19 will recover on their own without specific treatments, (which is the case for many viral illnesses like the common cold and flu).
- To date, there is no vaccine that protects against coronaviruses.

Risks

- Evidence of local transmission in our community now exists. Local transmission is defined as individuals who did not have close contact with a travel-related case or any known case of COVID-19.
- If you are over 70 years of age or are immunocompromised
 - [Self-isolate](#) until further notice and ask for help from family, friends or neighbours with essential errands or seek services over the phone or internet

Efforts are being made to work with emergency shelter providers to ensure the safety of clients, staff and volunteers. Public health continues to monitor the situation and has taken the necessary steps to identify cases and prevent the ongoing spread of the virus. York Region Public Health COVID-19 downloadable resources and factsheets can be found in **Appendix A** at the end of this document.

Agency Considerations

- Create a plan for employees who might have a higher risk due to complex health conditions. This would include employees and/or volunteers at high risk for COVID-19 (i.e., seniors and those with underlying health conditions), as they should not be caring for clients who have symptoms.
- Implement a training plan for your staff on COVID-19 and risk prevention measures. Communicate this plan to them as it could help reduce concerns and help avoid additional staff shortages due to fear of exposure.
- Regularly communicate with staff/volunteers and clients on prevention instructions and public health updates:
 - Describe what actions you are taking to protect them.
 - Answer questions and explain what they can do to protect themselves and clients.
 - Consider having an update board where current information can be posted for everyone to see. Provide staff/volunteer updates at the beginning of shifts when new information becomes available.

Prevention

Many agencies and service providers are likely reviewing, updating and implementing their emergency operating plans at this time while considering critical operational decisions. It is important to remember that effective strategies to reduce the spread of COVID-19 by clients, staff and volunteers/visitors are strengthened by everyday [infection control and prevention practices and strategies for group living residences](#) that include:

- [Washing hands frequently and often](#)
- [Appropriately cover coughs and sneezes](#)
- Avoid touching face

A list of downloadable infection control and prevention posters, produced by York Region Public Health can be found in **Appendix B**.

GENERAL PREVENTION

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 infection prevention and control practices [to lower the risk of respiratory illness, including COVID-19](#).
- Ask all staff, visitors, volunteers and clients 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, especially your mouth, nose and eyes 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 60% and 90%.
 - Offer supervised hand hygiene for clients (e.g., have a staff member pump alcohol-based hand rub (ABHR) into client's hands as they enter the setting).

- Ensure liquid hand soap (not bars of soap if possible) and alcohol-based hand rub dispensers are available, monitored and well-supplied.
- Ask all staff, visitors, volunteers and clients 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 the bend of their elbow and not their hand).
 - Post [Cover Your Cough or Sneeze](#) posters in visible locations around the setting(s).
- Staff, volunteers and clients may experience increased levels of stress and mental health challenges during this time. To help them manage and cope, link individuals with community supports and resources such as:
 - A list of [mental health supports for adults](#) are available from the Ministry of Health website
 - A list of [mental health supports for children](#) are available on Ministry of Health website
 - Consider placing [Taking Care of Your Mental Health poster](#) in visible areas for staff, volunteers and clients.

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

- **All staff, visitors, volunteers and clients are to practice physical distancing**
 - To prevent the spread of COVID-19 and to protect our community, York Region Public Health encourages all residents to stay home/or in emergency housing, when possible, and reduce their interactions with others.
 - Physical (or social) distancing means limiting the number of people you come into close contact with and maintaining a distance of two (2) metres from other individuals as much as possible.
 - Link to [Physical Distancing Poster](#)
- **Ask sick staff, visitors, and volunteers to stay home.**
 - Staff, visitors and volunteers who have symptoms of acute respiratory illness are asked to stay home and not attend the setting until 14 days after symptom onset and they are afebrile (no fever) and symptoms have improved. Physical distancing measures should continue to be followed. Symptomatic staff, visitors and volunteers should be advised to contact their primary health care provider, Telehealth Ontario (1-877-797-0000) or York Region Public Health (1-800-361-5653) and seek assessment at a [COVID-19 assessment centre](#).
 - It is important to note that symptomatic health care providers and individuals who work in child care settings or live/work in shelters, group homes or other settings with vulnerable individuals(e.g., those with weakened immune systems, older adults, those with underlying health conditions, etc.) should be assessed and tested
 - Staff should notify their supervisor and stay home if they are sick

Ask sick staff, visitors, or volunteers to separate themselves from others if they become sick at the setting.

- Staff, visitors, or volunteers who have acute respiratory illness symptoms (i.e. new or worsening cough or difficulty breathing) and fever upon arrival to the setting or become sick during the day should be:
 - Separated from others and be provided a surgical mask,
 - Supported to access health care services, and

- Sent home immediately to self-isolate, contact their primary health care provider, Telehealth Ontario (1-877-797-0000) or York Region Public Health (1-800-361-5653) and seek assessment at a [COVID-19 assessment centre](#).

Support clients in identifying if they are having symptoms of acute respiratory illness.

- Ask client if they are experiencing any symptoms of acute respiratory illness:
 - Fever
 - New or worsening cough
 - New or worsening shortness of breath
 - Other symptoms may include: muscle aches, fatigue, headache, sore throat, runny nose. Symptoms in young children may also be non-specific (for example, lethargy, poor feeding)
- If symptoms appear, provide a surgical mask to the client, isolate the client immediately, and support the client in contacting their primary health care provider, Telehealth Ontario (1-877-797-0000) or York Region Public Health (1-800-361-5653) and support the client in accessing the nearest [COVID-19 Assessment Center](#).
 - If a space for self-isolation is not available for the client, measures to maintain physical distancing of at least 2 meters should be taken.
 - Clients who are awaiting test results or confirmed positive test result, will need to be self-isolated in an appropriate shelter setting. Coordination of care will be determined with affiliated shelters that are able to provide these supports. **See Appendix C.**
- Refer to the [Ministry of Health COVID-19 Guidance for Homeless Shelters](#) for the most current recommendations for transporting sick clients.

Ask staff, visitors, volunteers, and clients if they have concerns about COVID-19.

- If staff, visitors and/or clients have questions, direct them to:
 - Visit the following websites:
 - York Region Public Health: www.york.ca/covid19
 - Ministry of Health: <https://www.ontario.ca/page/2019-novel-coronavirus>
 - Call the following for support and information:
 - York Region Public Health 1-800-361-5653
 - Telehealth Ontario: 1-877-797-0000

Plan for staff and volunteer absences.

- Develop flexible attendance and sick-leave policies. Staff/volunteers in addition to their own illnesses may need to stay home caring for a sick household member, or caring for their children in the event of school and daycare dismissals.
- Identify critical job functions and positions, and plan for alternative coverage by cross-training staff members.
- Consider implementing similar processes used for covering staffing shortages such as statutory days or peak vacation request time.
- Encourage short-term financial services and supports that are available during a pandemic to reduce barriers that staff or visitors may face when sick. This will encourage full recovery before returning to work and helps to prevent further spread.
 - York Region Food Network website: <https://yrfn.ca/>
 - Ontario 211 website: <https://211ontario.ca/>

- Canadian Mental Health Association: <https://cmha-yr.on.ca/learn/covid-19/>

Travel related advice for employees:

- We encourage operators and providers to review and recommend the Public Health Agency of Canada's current [travel advisories](#) for the latest guidance and recommendations for employee(s) with an international travel history
- Anyone who has travelled outside of Canada should:
 - [Self-isolate](#) for 14 days when they return. People who are self-isolating should not go to work.
 - [Monitor](#) themselves for symptoms of COVID-19 for 14 days after returning to Canada
 - If symptoms develop, encourage employees to contact their primary health care provider, Telehealth Ontario (1-877-797-0000) or York Region Public Health (1-800-361-5653) and seek assessment at a [COVID-19 assessment centre](#).
- Essential workers who have travelled and are part of workplaces that are essential to daily living are able to return to work as long as they do not have symptoms. However, they should vigilantly self-monitor for symptoms for a period of 14 days and identify themselves to their employer so that a plan can be put into place to ensure the protection of those workplaces. These workers should undergo regular screening, use appropriate PPE for the 14 days and undertake active self-monitoring.
 - Essential employees should be encouraged to continue to vigilantly monitor for symptoms of: **fever, new or worsening cough, difficulty breathing.**
 - It is important to note that COVID-19 symptoms can range from mild to severe flu-like symptoms and other common respiratory infections
 - Follow recommended [physical distance practices](#)
 - If essential workers experience symptoms of COVID-19, they should immediately follow self-isolation guidelines, inform their employer, contact their primary care provider, Telehealth Ontario at 1-866-797-0000 or York Region Public Health at 1-800-361-5653 and seek assessment at a [COVID-19 assessment centre](#).

SCREENING AND INTAKE PROCEDURES

- **For all buildings which serve clients or other members of the public**
 - Settings should undertake active and passive screening for staff, volunteers and clients. Individuals conducting screening should be behind a physical barrier, or with a 2 meters (6 feet) distance away from the staff, volunteer or client.
 - Active screening includes asking all individuals on intake and daily for:
 - Fever;
 - New or worsening cough;
 - Difficulty breathing and
 - Other symptoms compatible with COVID-19
 - Passive screening includes posting signs at entrances instructing visitors not to visit if they have symptoms of respiratory infection:
 - [Break The Chain of Transmission Poster](#)

- Consider restricting visitors to essential personnel only, which should include health care staff (pharmacists, home support workers, health care providers, etc.).
- If someone is showing symptoms of COVID-19 when they arrive, such as coughing, difficulty breathing fever or sore throat:
 - Ask them to wear a mask or use a tissue (if a mask is not available) to prevent transmission to other people.
 - Try to keep them separated from other clients by at least 2 meters (6 feet). Assist them in contacting their primary health care provider, Telehealth Ontario (1-877-797-0000) or York Region Public Health (1-800-361-5653) and support them in seeking assessment at a [COVID-19 assessment centre](#).
- **Implement hand washing protocols**
 - Remind people to wash their hands when:
 - They arrive and before they leave
 - Before and after they work with a client
 - Before and after eating, etc.

ENVIRONMENTAL CLEANING

For staff and volunteers

- Ensure environmental cleaning and disinfection is performed on a routine and consistent basis (consider a schedule). This also needs to be discussed with any contracted cleaning company/agency. Consideration for the following should be made:
 - Attempt to have additional cleaning supplies on site. Commonly used (household) cleaners and disinfectants are effective against COVID-19.
 - Frequently touched surfaces are most likely to be contaminated. Conduct frequent cleaning and disinfection of the facility
 - High-touch surfaces that have frequent contact with hands should be cleaned and disinfected twice per day and when visibly dirty.

Examples include:

 - High-touch surfaces (e.g., door handles, light switches, counters, handrails, elevator buttons, touch screen surfaces and keypads)
 - Common areas (e.g., dining rooms, sleeping quarters, bathrooms)
 - Shared equipment (e.g., telephones, computer keyboard, walkie-talkies)
 - **See Appendix D** for general cleaning and disinfecting recommendations.
- Consider all surfaces in the client environment as contaminated. Start at the cleanest part of the equipment or surface and move towards the dirtiest.
- Use only disinfectants that have a Drug Identification Number (DIN). A DIN is an 8 digit number given by Health Canada that confirms it is approved for use in Canada.
 - Store all disinfectants out of the reach of children, pets and confused individuals.
 - Check the expiry date of products you use and always follow manufacturer's instructions.
- Ensure manufacturer recommended wet-contact time is achieved.

- Wet contact time is the minimum time required for items to be in contact with the disinfectant to ensure germs are killed.
- Place equipment on a clean surface to air dry. Do not actively dry with a cloth towel or other device.
- Clean client care areas on a regularly scheduled and frequent basis.
 - Keep a tracking chart to assist in creating cleaning routines and checkpoints.
- Clean and disinfect all non-critical equipment and environmental surfaces between client use (e.g. shared equipment, treatment surfaces such as mats, platforms and tables)
- Clean and disinfect sleeping mats/cots after every use.

Laundry Recommendations

- Wash client bedding frequently.
- Staff handling laundry or other client items should use gloves.
 - Ensure staff is trained in how to put on, remove and dispose of [gloves](#)
 - If no gloves are used when handling dirty laundry, be sure to wash hands afterwards. **See Appendix E** for [recommendations for the use of personal protective equipment](#).
- Use care when handling laundry:
 - Have a system to keep dirty laundry separate from clean laundry.
 - If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
 - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.

FOOD HANDLING

Viruses from ill clients/staff (or from contaminated surfaces) can be transferred to food or serving utensils. Facilities should reinforce routine food safety and sanitation practices. Where possible, minimize clients handling of shared food and items that may touch another client's food, such as:

- Dispense food onto plates for clients/residents.
- Minimize client/resident handling of multiple sets of cutlery.
- 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/residents and use pre-packaged snacks only
- Ensure that food handling staff are in good health and practice good hand hygiene.
- Place [handwashing posters](#) by the sinks they will be using in the food preparation area.
- Ensure that all surfaces of the tables and chairs (including the underneath edge of the chair seat) are cleaned and disinfected after each meal.
- Staff assigned to housekeeping duties should not be involved in food preparation or food service, if possible.
- Ask clients/participants to not share items that come into contact with the mouth or nose.

Strategies to reduce transmissions during meals

- Physical distancing should be followed in communal eating areas
- For those programs that offer shared meals, eliminate buffet-style eating.
 - Consider temporarily closing dining rooms and communal eating spaces. Create temporary closure and protocol signage.
- Consider using paper plates, disposable cups and utensils.
- Consider closing dining rooms and delivering meals to clients' rooms.
 - If it's not possible to shut down communal dining spaces, consider staggering mealtimes or providing one full meal and meal supplements (snack bars, Ensure, sandwiches) that clients' can take away, so client's don't travel to multiple agencies to eat.
 - Discuss arrangements with your kitchen and/or food supplier to package individual meals.
- Run dishwashers at the highest temperature settings.
- **Clients who are symptomatic or self-isolating:**
 - All effort should be made for clients to eat in their own room and not with others.
 - A mask should be worn by the client when opening the door and collecting food to prevent infection.
 - Staff should maintain physical distance from the client if they are present when they open the door.

Ensure clients receive assistance in preventing disease spread and accessing care, as needed:

- Educate clients about what they can do to help prevent the spread
 - Ask clients to increase [physical distance](#) and refrain from touching, kissing, hugging and handshaking from one another.
 - Encourage hand washing and proper cough etiquette.
 - For sole support parents, talk to them about identifying a temporary caregiver for their children if they become ill and explore solutions to prevent further spread between family members
 - Talk to children about the [virus and precautions](#) they can take and supporting their [mental health](#) needs during this time.
 - Support clients with [managing stress and anxiety](#).
- In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 3 feet apart, and request that all clients sleep head-to-toe.
- Provide access to fluids, tissues, garbage cans/plastic bags for the proper disposal of used tissues.
- Ensure bathrooms and other sinks are consistently stocked with soap (liquid preferably) and drying materials for handwashing (paper towels preferably). Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas.

- At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask. Remove them from the general group and follow your organization's protocols for clients with symptoms.
- Monitor clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly if possible.
- Isolate clients with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.
- Follow your organization's guidelines/protocols for symptomatic clients in how to prevent further spread in your setting.
- **If individual rooms for symptomatic clients are not available consider the following:**
 - Use a large, well-ventilated room.
 - In areas where clients with respiratory illness are staying, keep beds at least 6 feet apart, use temporary barriers between beds (such as curtains), and request that all clients sleep head-to-toe. Avoid placing clients without symptoms into this room with them.
 - If possible, designate a separate bathroom for sick clients with COVID-19 symptoms.
 - Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to ill persons to 'as-needed' cleaning (e.g., of soiled items and surfaces) to avoid unnecessary contact with those who are sick.

Decisions about whether clients, with mild illness due to suspected or confirmed COVID-19, should remain in the shelter or directed to alternative housing sites should be made in coordination with your agency and York Region Public Health.

- If you identify any client with severe symptoms, arrange for the client to receive immediate medical care. If this is a client with suspected COVID-19, notify EMS or primary care provider before they attend the client.
- Ensure that all common areas within the facility follow good practices for environmental cleaning. Refer to the Environmental Cleaning section within this document.

Planning for Future Cases and Outbreak

- Homeless service providers should collaborate, share information, and review emergency plans with community partners and York Region to ensure measures in place to help protect their staff, clients, and visitors.
 - Collaborate with York Region Public Health on emergency planning. Your input helps ensure that your York Region Public Health emergency operations plan can provide your organization with the support and resources needed to respond effectively.
 - Consider additional services that may be required e.g. mental health services, drug and addictions support/programming, social workers.
 - Work with community networks in advance to secure additional shelter spaces in order to accommodate the requirements of physical distancing.

- Coordinate with affiliated shelters or congregate living facilities in the community to plan supports for both symptomatic and asymptomatic clients in need of supports.
- Anticipate an increase in emergency shelter usage. Consult with community partners and agencies, York Region and other community based organizations about places to refer clients if your shelter space is full. Identify key partners and agencies that can support staffing as shelters with more usage or alternate sites. Consider the need for extra supplies (e.g., food, toiletries) and surge staff.
- Plan to have appropriate supplies on hand, such as personal protective equipment for those who are providing care to COVID-19 symptomatic clients (e.g., gloves and gowns).
- Set a time to discuss what homeless service providers should do if cases of COVID-19 are suspected or confirmed in their facility. Identify if alternate care sites are available for clients with suspected or confirmed COVID-19 or if service providers should plan to isolate cases within their facility.
- Anticipate an increase in absenteeism among homeless service provider staff. Develop flexible attendance and sick-leave policies. Staff (and volunteers) may need to stay home when they are sick, caring for a sick household member, or caring for their children in the event of school dismissals.
- Identify critical job functions and positions, and plan for alternative coverage by cross-training staff members.
- Ensure that staff and/or clients are aware of financial and other support programs available through federal, provincial/territorial and local governments to those with financial instability related to COVID-19 (e.g. for those who are not able to work due to illness/exposure, isolation/self-isolation, or loss of job/income).

Further Information

Infection Control and Prevention Resources for Staff and Visitors

- **York Region Public Health:**
 - Resource: [A Public Health Guide for Group Living Residences](#)
 - Website: www.york.ca/COVID19
- **Public Health Ontario:**
 - [Updated IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)
 - [Putting on Full Personal Protective Equipment](#)

Community Resources and Supports for Clients during COVID-19

- **York Region Food Network:**
 - Resource: [York Region Emergency Food Resources During COVID-19](#)
 - Website: <https://yrfn.ca/>
- **Ontario 211:**
 - Website: <https://211ontario.ca/>

Appendices:

- **Appendix A:** York Region Public Health COVID-19 Resources and Factsheets
- **Appendix B:** York Region Public Health Infection Control and Prevention Resources
- **Appendix C:** COVID-19 Self-Isolation Shelter
- **Appendix D:** Public Health Guidelines for Environmental Cleaning of Public Facilities during Respiratory Illnesses in the Community
- **Appendix E:** Infection Prevention and Control Summary of Recommendations

References

- Alberta Ministry of Health. (2020). Guidance for Providers of Services to Albertans (or at-risk of) Homelessness: 2019 Novel Coronavirus (COVID-19) Prevention and Preparation. Accessed on March 31, 2020. Retrieved from <https://www.alberta.ca/assets/documents/covid-19-guidance-for-shelters.pdf>
- British Columbia Housing. (March 18, 2020). Covid-19 Info Bulletin for Housing Providers Marc 18th 2020. Accessed March 31, 2020. Retrieved from <https://www.bchousing.org/publications/Covid-19-Info-Bulletin-for-Housing-Providers-March-18th-2020.pdf>
- Centers for Disease Control and Prevention. (2020). Coronavirus Disease 2019: Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease (COVID-2019). Accessed on March 23, 2020. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>
- Government of Canada. (2020). Community-based measures to mitigate the spread of coronavirus disease (COVID-19) in Canada. Accessed on March 31, 2020. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html>
- Government of Canada. (2020). Guidance for providers of services for people experiencing homelessness (in the context of COVID-19). Accessed on March 31, 2020. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/homelessness.html#a1>
- Ontario Ministry of Health. (2020). The 2019 Novel Coronavirus (COVID-19). Accessed on March 31, 2020. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/homelessness.html#a1>
- [Ontario Ministry of Health. \(2020\). COVID-19 Guidance: Homeless Shelters. Accessed on April 2, 2020. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.a.spx](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.a.spx)
- Public Health Ontario. (2018). Public Health Guidelines for Environmental Cleaning of Public Facilities during Respiratory Illnesses in the Community. Accessed on March 31, 2020. Retrieved from <https://www.publichealthontario.ca/-/media/documents/bp-environmental-cleaning.pdf?la=en>
- Regional Municipality of York. (2020). COVID-19. Accessed on March 31, 2020. Retrieved from www.york.ca/covid19

Appendix A: York Region Public Health COVID-19 Resources and Factsheets

Signage

- COVID-19: [How to Prevent Respiratory Illness - Français](#) | [தமிழ்](#) | [العربية](#) | [فارسی](#) | [简体中文](#) | [繁體中文](#)
- COVID 19: [Information Poster: Break the Chain of Transmission](#) (11 by 17 size)

Factsheets

- COVID-19: [Practicing Physical Distancing](#)
- COVID-19: [Self-Isolation Advice](#)
- COVID-19: [Waste Management](#)
- COVID-19: [Travel Information to COVID-19 Testing](#)

Information is updated frequently and often on www.york.ca/covid19

Appendix B: York Region Public Health Infection Control and Prevention Resources

- [Correct Handwashing Procedures](#): Poster showing step by step how to wash your hands
- [Correct Hand Sanitizer Guide](#): How to correctly use hand sanitizer
- [Cover your Cough or Sneeze](#): A printable poster providing infection prevention information on what to do when you cough or sneeze
- [Personal Protective Equipment](#): An instructional poster for putting on and taking off personal protective equipment
- [Proper Cleaning and Disinfection Practices](#): Cleaning and disinfecting poster

Appendix C: COVID-19 Self-Isolation Shelter

York Region, in collaboration with local hospitals, emergency housing providers, and community partners, opened a dedicated site where individuals experiencing homelessness can self-isolate if they are suspected or confirmed to have COVID-19. The COVID-19 Self-Isolation shelter opened on April 3, 2020.

Purpose of the Self-Isolation Shelter:

The shelter's purpose is to:

- Decrease transmission of COVID-19 among individuals experiencing homelessness in York Region
- Provide COVID-19 self-isolation to individuals experiencing homelessness that have been advised to self-isolate by a medical professional and:
 - have been tested and are awaiting results (people under investigation) OR
 - may have COVID and are asymptomatic or have only mild symptoms

Eligibility Criteria:

To be eligible for entry into the shelter an individual must be:

- Currently experiencing homelessness in York Region
- Referred by a representative of a hospital in York Region who contacted Social Services Branch
- Confirmed as positive for COVID-19 by a medical professional at a hospital in York Region or be suspected to have COVID-19 by a medical professional at a hospital in York Region and be required to self-isolate pending COVID-19 test results

Shelter Services:

- Individuals experiencing homelessness who need to self-isolate at the shelter will be provided with services to meet their basic needs as well as monitoring and care in accordance with public health standards
- The Region coordinates services at the shelter and the day-to-day delivery of the shelter component is provided by Blue Door

Appendix D: Public Health Guidelines for Environmental Cleaning of Public Facilities during Respiratory Illnesses in the Community

The [Public Health Guidelines for Environmental Cleaning of Public Facilities during Respiratory Illnesses in the Community](#) provides information to support owners and operators of public facilities with general cleaning and disinfection considerations as it relates to COVID-19:

- Increase daily cleaning and disinfection of common areas and surfaces.
- Pay particular attention to doorknobs, light switches, staff rooms, desktops and washrooms, and other high touch surfaces.
- Cleaning refers to the removal of visible dirt, grime and impurities.
- Cleaning does not kill viruses but helps remove them from the surface.
- Disinfecting refers to using chemicals to kill germs/viruses on surfaces. This is most effective to be done after surfaces are cleaned.
- Both the cleaning and disinfecting steps are important in order to reduce the spread of COVID-19.
- Use a disinfectant that has a Drug Identification Number (DIN) and a virucidal claim.
- Be sure to follow the instructions on the label to disinfect effectively.
- Alternatively, you can prepare a bleach water solution with 100 ml of unscented household bleach per 900 ml of water.
- Be sure to use the appropriate precautions when using chemicals for cleaning and disinfecting. Consult the products' Safety Data Sheets.

Appendix E: Infection Prevention and Control Summary of Recommendations

INFECTION PREVENTION AND CONTROL SUMMARY OF RECOMMENDATIONS FOR USE OF PERSONAL PROTECTIVE EQUIPMENT FOR CARE OF INDIVIDUALS WITH SUSPECT OR CONFIRMED COVID-19 IN EMERGENCY HOUSING SERVICE SETTINGS

Key Findings

- Droplet and Contact Precautions are recommended for supporting clients with suspected or confirmed COVID-19. Personal protective equipment that may be required include:
 - Facial protection such as surgical masks and N95 respirators (N95 respirators are not needed unless performing an aerosol generating procedure)
 - Eye protection such as safety glasses, face shields or masks with visor attachments,
 - Gloves, and/or
 - Isolation gowns.
- No personal protective equipment is required for supporting clients who are asymptomatic.
 - Strategies for providers to implement to reduce the risk of acute respiratory illness transmission are to continue to practice physical distancing as outlined in the [Interim Guidance Document for Emergency Housing Service Settings Providers](#).

Background

Coronaviruses are a large family of viruses known to cause illness ranging from the simple common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). COVID-19 which was originally identified in Wuhan, China is a new (novel) strain that experts are learning more about every day. More information can be found on www.york.ca/COVID19

Knowledge about COVID-19 is continually evolving and what is currently known to date is:

- COVID-19 cases and clusters demonstrate that Droplet/Contact transmission are the routes of transmission.
- The majority of cases are linked to person-to-person transmission through close direct contact with someone who is positive for COVID-19.
- There is no evidence that COVID-19 is transmitted through the airborne route.

Purpose

The personal protection of individuals in Emergency Housing Service Settings where support and care is provided is vital. Emergency Housing Service Settings in York Region includes:

- Seasonal shelters
- Adult Emergency Housing Facilities
- Women and Children Shelters
- Family Shelters
- Youth Shelters

Objective

This summary of recommendations document is intended to support the use of Personal Protective Equipment (PPE) planning and varied recommendations for the following groups who may be present at emergency housing services:

1. **Visitors/Volunteers** who are individuals that may enter emergency housing and drop-in settings to support programs and services, but who do not rely on those services for meeting their shelter and housing needs,
2. **Staff** employed in emergency housing service operations and/or drop in settings, and
3. **Clients** that access shelter services and drop-ins and rely on these settings for housing, food, and other services

When working with individuals who access shelter services and drop-ins and are:

1. **Asymptomatic without exposure to COVID-19**
2. **Asymptomatic with exposure to COVID-19**
3. **Symptomatic with or without exposure to COVID-19**
4. **Symptomatic and test results are pending, negative or positive**

This guidance document provides basic information only and is not intended to take the place of medical advice, diagnosis, or treatment. For general IPAC Guidance in Emergency Housing, click [here](#).

Please check the Ministry of Health at www.Ontario.ca/covid19 regularly for updates related to this document, case definition, frequently asked questions and other information or visit York Region website at www.york.ca/covid19.

As additional evidence emerges, this document will be amended.

Self-Isolation Recommendations and Discharge Guidance

Client Description	Self-Isolation Requirement
Without symptoms AND no exposure	No self-isolation requirement. Provide reassurance and refer them to COVID-19 websites www.york.ca/covid19 and www.Ontario.ca/covid19 . A self-assessment tool is available online for all individuals to complete in case they develop symptoms.
Without symptoms AND with exposure	Provide information on continued self-monitoring and self-isolation for 14 days from exposure risk. If symptoms develop then follow guidelines below
With symptoms AND no known exposure to COVID-19	Should self-isolate for 14 days after onset of symptoms.
With symptoms AND exposure to COVID-19	Shelter contacts and other close contacts while the individual was ill OR in the 48 hours prior to onset of symptoms should self-isolate for 14 days and monitor their symptoms.
With symptoms and tested for COVID-19 AND results are pending/negative/positive	

*Close contact can result from: providing care for a positive case (e.g., healthcare workers, family members or other caregivers), living with a case, or having similar close physical, or prolonged face-to-face contact with a positive case while the case was ill.

Personal Protective Equipment

Personal Protective Equipment (PPE) is the most visible control precaution against COVID-19 transmission **but should not be** relied on as a stand-alone primary prevention strategy.

PPE refers to the availability, support and appropriate use of physical barriers between a person and an infectious agent/infected source to minimize exposure and prevent transmission. Examples of PPE barriers include:

- Protection such as surgical masks and N95 respirators,
- Eye protection such as safety glasses, face shields or masks with visor attachments,
- Gloves, and/or
- Isolation gowns.

York Region will assist to support **initial** access to PPE for Emergency Housing Service Settings Providers, including resources to ensure competency on the appropriate selection, use and disposal of PPE to prevent exposure to infection. Ongoing access and management of PPE will need to be determined by providers.

Client Accommodations

Clients who are self-isolating should stay in a separate room, away from other people within the housing setting, as much as possible. Other clients should stay in a different room and use a separate washroom. Clients who are self-isolating should avoid sharing with others any personal items that can come into contact with saliva, such as toothbrushes, eating utensils, cups/bottles, towels, and bedding.

Cleaning and disinfecting of all frequently touched surfaces and objects within the self-isolating client's room should be completed daily, in addition to bathroom and toilet surfaces and any areas that are contaminated with respiratory secretions. Clean with detergent (soap) and water and then disinfect with an over the counter disinfectant. Cleaning and disinfecting frequently touched surfaces and objects within the facility (kitchens, common areas, dining areas, desks, shared sleeping spaces, doorknobs, and faucets) is also imperative.

Summary of PPE Recommendations

This summary of recommendations is intended to inform minimum expectations for PPE. However, emergency housing service settings should follow their own institutional or organizational infection prevention and control policies and procedures on PPE.

Asymptomatic Individuals in Emergency Housing Service Setting		
Individual	Activity	Type of PPE or Procedure
Staff	All	No PPE equipment required Staff, volunteers and clients should continue strategies to reduce the risk of acute respiratory transmission as outlined in the Interim Guidance Document for Emergency Homeless Service
Visitors/Volunteers		
Clients		

		<i>Settings for Providers</i>
Confirmed Positive and/or Symptomatic Individuals in Emergency Housing Service Settings		
Individual	Activity	Type of PPE or Procedure
Staff	Providing direct care to suspect or confirmed COVID-19 clients	Droplet and Contact precautions, including: <ul style="list-style-type: none"> • Surgical/procedure mask • Isolation gown • Gloves • Eye protection
	Preliminary screening/admitting clients not involving direct contact	If able to maintain spatial distance of at least 2 metres or separation by physical barrier <ul style="list-style-type: none"> • No PPE required Otherwise, droplet precautions, including: <ul style="list-style-type: none"> • Surgical/procedure mask • Eye protection
	Administrative tasks that do not involve contact with clients suspected or confirmed to have COVID-19	<ul style="list-style-type: none"> • No PPE required
	Activities in hallways/areas where clients may be transported or passed through and there is no activity that involves contact with client suspected or confirmed for COVID-19	Routine practices and Additional Precautions based on risk assessment (anticipated interaction with client).

	Environmental services/cleaning within the client's room while the client is in the room	<p>Droplet precautions if coming within 2 meters of the client, including:</p> <ul style="list-style-type: none"> • Surgical/procedure mask • Eye protection <p>Contact precautions if contact with the client's environment is anticipated (e.g., bedding, high touch surfaces)</p> <ul style="list-style-type: none"> • Isolation gown • Gloves
Individual	Activity	Type of PPE or Procedure
Visitors/Volunteers	Entering the room of a suspect or confirmed COVID-19 client should be kept to a minimum	<p>Droplet and Contact precautions, including:</p> <ul style="list-style-type: none"> • Surgical/procedure mask • Eye protection • Isolation gown • Gloves
	Activities in hallways/areas where clients may be transported or pass through, and there is no activity involving contact with symptomatic or confirmed COVID-19 client	Routine practices and Additional Precautions based on risk assessment (anticipated interaction with client).
Clients (symptomatic or confirmed to have COVID-19)	Any activity within the isolated setting. (Clients should ideally be staying within their own room to self-isolate).	<p>Maintain spatial distance of at least 2 metres or separation by physical barrier.</p> <p>Wear surgical/procedure mask if within 2 metres of others (if tolerated).</p> <p>When no mask is worn, cough or sneeze into your sleeve or into a tissue and perform hand hygiene.</p> <p>Perform hand hygiene frequently</p>

		and prior to contact with staff/visitors, after washroom use, prior to eating and after coughing and sneezing.
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The following resources provide direction on putting on (donning) and taking off (doffing) PPE:

- [Link to PPE Poster](#)
- [Poster on how to wear a mask](#)
- [Visit this link for a video on removing PPE safely](#)

Should the situation arise that PPE is limited or unavailable; providers can refer to the following resources:

- [World Health Organization's Rational use of personal protective equipment for coronavirus diseases \(COVID-19\): Interim Guidance](#)
- [Public Health Ontario Risk Algorithm to Guide PPE Use](#)

Or contact York Region Public Health, Infection Prevention and Control Program at 1-800-361-5653.

