

**New Brunswick Public Health  
COVID-19 Guidance: for Persons  
Working with Individuals  
Experiencing Housing Instability**



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## **COVID-19: GUIDANCE: FOR PERSONS WORKING WITH INDIVIDUALS EXPERIENCING HOUSING INSTABILITY**

The following guidance is intended for service providers of people experiencing homelessness (including overnight emergency shelters, day shelters, meal service providers, and transitional houses). Each organization must develop an operational plan. **Refer to Appendix A** for guiding questions for plan development.

COVID-19 is caused by the SARS-CoV-2 virus. Current understanding of COVID-19 suggests that it is like other viral respiratory viruses with regard to transmission. Some people experience mild symptoms like sore throat, fatigue, headache and runny nose, and then recover without needing special treatment. Those who are older and those with other medical problems (such as high blood pressure, heart disease, lung disease, cancer or diabetes) are more likely to develop serious symptoms which can include difficulty breathing and pneumonia. They are more likely to become hospitalized and potentially die. According to global statistics, the COVID-19 virus has caused approximately 6 times more deaths than influenza.

COVID-19 can be introduced into a homeless shelter or transitional house by clients, volunteers, staff or by a combination of these. Staff members have a critical role to play in identifying and managing potential cases of COVID-19. Homeless shelters and transitional houses pose many challenges due to their unique environment. Particular challenges include vulnerable populations, ability to implement restrictions on client or resident movement, and limited staff. Those who are clients or residents of homeless shelters and transitional houses are at higher risk of contracting COVID-19 or developing complications due to COVID-19 due to barriers to accessing traditional services and standard resources. These circumstances may affect their ability to follow public health advice, such as being able to effectively quarantine (self-isolate), practice physical distancing and perform proper hand hygiene. The Canadian Medical Association Journal reported that homeless people in Ontario were 20 times more likely to be hospitalized with COVID-19 than the general public, 10 times more likely to end up in intensive care and five times more likely to die within 21 days of a diagnosis.

### **TRANSMISSION**

COVID-19 is spread mainly by coughing, sneezing or direct contact with a person who has the infection or with surfaces that have been recently touched by someone with the virus. COVID-19 can also be spread when droplets (like from a cough or a sneeze) land on a surface and then someone touches that surface. If that person puts their hands near their mouth, nose or eyes, the person may get infected with the virus.

### **SYMPTOMS OF COVID-19**

- Fever
- Cough (a new or worsening chronic cough)
- Headache
- Sore throat
- Runny nose
- New onset of fatigue
- Diarrhea
- Loss of taste or smell
- Difficulty breathing
- Children under age 18: purple finger or toes

### **TESTING (REFER TO APPENDIX B)**

The quickest way to access testing is to book a test online by registering [here](#) or calling 811.

[https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory\\_diseases/coronavirus/coronavirusexposure.html#/app/symptom-checker/guides/399/what-to-do](https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus/coronavirusexposure.html#/app/symptom-checker/guides/399/what-to-do)

All staff and residents are encouraged to access testing if they have one or more symptoms. If a person has 2 or more symptoms, they should self-isolate and access testing at the nearest assessment center. If a person develops one symptom while a zone is in the provincial red phase of recovery or in lockdown they should self-isolate and seek testing.

In addition, staff working at a homeless shelter or transition home are encouraged to access asymptomatic testing every two weeks to possibly identify an asymptomatic infection early. Early detection is an important aspect of containing an outbreak quickly.

## **EXPERIENCING SYMPTOMS**

The facility operator must contact the Regional Medical Officer of Health (MOH) or designate (Regional Public Health) to notify them **within one hour** when a client is experiencing 2 or more symptoms in yellow or orange phase and 1 symptom in lockdown or red phase. **Refer to Appendix C** for business hours and after-hours contact details.

The Regional MOH or designate (Regional Public Health) will work with the facility operator to provide direction on testing, management of cases and contacts, implementation of control measures; they will work with all healthcare providers involved while the illness is in the facility.

Individuals experiencing 2 or more symptoms in yellow or orange phase and 1 symptom in lockdown or red phase will be required to self-isolate while waiting for test results. Facility operational plans should identify where clients will self isolate while waiting for test results. **Refer to Appendix D** on how to request hotel or motel accommodation for clients or other members of the population with no housing.

Typically, Public Health will call people who test positive and/or people can access MyHealthNB online for test results; however, these methods of communication may be difficult for individuals without access to a phone or/ and computer with internet. A shelter employee can assist the client in setting up the testing appointment and the shelter number can be provided as mode of contact. If the test is positive, Public Health will call the shelter to speak with the client in order to provide test results and additional direction to shelter personnel.

## **PROMT**

The Provincial Rapid Outbreak Management Team (PROMT), led by EM/ANB under the direction of the Regional Medical Officer of Health (RMOH), will be activated in the event of a COVID-19 outbreak in a vulnerable population in the province, such as an adult residential facility, nursing home, homeless shelter, transition house, correctional facility, or First Nations community.

These teams will work with and support existing on-site resources as they enact their pandemic plans. The PROMT will be flexible and will tailor its response to each outbreak and setting.

The goal of the PROMT is to ensure rapid isolation and containment at the point of the first identified case, while providing quality, on-site patient-centred care and support to the staff.

## **GENERAL CONTROL MEASURES:**

### **Prevention**

Prevent the spread of respiratory germs, including COVID-19, within your facility

- Work with community partners and other shelters to identify additional space that may be required to enable the cohorting of symptomatic and confirmed-case clients away from the general population.
- Work with community partners and other shelters to identify additional space to accommodate potential increased demand for emergency shelter services (e.g., hotels, community centres, recreation facilities), Similarly, consider the potential need for additional food, supplies, and staff.
- Follow Color Phase requirements as they relate to the facility and outlined in the NB recovery plan
  - <https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/recovery.html#triggers>
- Ensure Mandatory masking requirements.
  - Masks are required in all indoor public spaces

- Masks are required in all outdoor public spaces that 2 meters (6 feet) can not be maintained between people
- Masks can be removed when eating or drinking
- Masks should be changed when dirty or damp
- Ensure physical distancing by keeping, at a minimum, 2 metres (6 feet) between sleeping mats with “head to foot” placement. If possible in your space, increase the distance between mats even further.
- Screen clients on arrival using GNB screening questions appropriate for colour phase.
  - Be diligent in monitoring for signs of illness amongst clients, volunteers and employees.
  - Encourage clients, volunteers and employees to report any symptoms of illness right away.
- Educate clients, volunteers and employees on the importance of and how to practice hand and respiratory hygiene and cough etiquette; encourage them to avoid touching eyes, nose and mouth.
  - Ensure adequate access to hand sanitizers and other disinfectants.
  - Provide tissues and garbage bins for use by clients, volunteers and employees. (No-touch garbage cans are preferred for disposal of items.)
  - If using disposable gloves for any tasks, handwashing is still important and should be done before putting on and after removing the gloves. If using gloves, change often, especially if soiled or ripped.
- Post signs and fact sheets about COVID-19 and proper handwashing technique in public areas and bathrooms. Signs should use simple messaging in appropriate language, large font and graphics that communicate actions that can be taken. (See Appendix B)
- Wipe down all common areas regularly with disinfectant cleaners.  
<https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/CDCOVIDE.pdf>

### **Hand hygiene**

Hand washing is an effective way to reduce microbial contamination of hands and should be part of the daily routine of clients, staff and visitors. Soap and water should always be used if hands are visibly soiled and after personal toileting. Use an alcohol-based hand sanitizer that contains at least 60% alcohol (note: in healthcare settings, hand sanitizer must be at least 70% alcohol).

- Ensure access to handwashing facilities following toileting and before meals or food preparation.
- Educate clients, volunteers and employees on how and when to wash their hands.
- Ensure alcohol-based hand sanitizer is available for the client.
- Ensure alcohol-based hand sanitizer is located and maintained at entrances to the facility.
- Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.
- Post signage directing all persons entering the building to wash their hands.

### **A good hand-washing technique is easy to learn**

- If there is visible soiling, hands should be washed with soap and water.
  - Wet hands with warm water.
  - Apply soap for 20 seconds – all surfaces including front and back of hands, between fingers, around nails (especially cuticles), thumbs and wrists.

- Rinse well.
- Dry with a paper towel.
- Turn off faucet without re-contaminating hands; for example, use towel to turn off taps.
- Follow these simple instructions when using an alcohol-based hand sanitizer:
  - Apply a measured pump of the product (enough of the product to cover all surfaces of the hand) into your open palm.
  - Rub into hands covering all surfaces including front and back of hands, between fingers, around nails (especially cuticles), thumbs and wrists.
  - Rub until dry.
- When to clean your hands:
  - before meals
  - before feeding children, including breastfeeding
  - before and after preparing food
  - before and after visiting with people who are sick
  - after using the toilet
  - after changing diapers or helping someone toileting
  - after blowing your nose, coughing or sneezing
  - after playing with shared toys or electronics
  - after handling animals or their waste

### **Gloves**

Disposable single-use gloves should be worn when in direct contact with an ill person, cleaning contaminated surfaces and handling items soiled with body fluids, including dishes, cutlery, clothing, laundry, and waste for disposal. Gloves are not a substitute for hand hygiene; staff/volunteers must perform hand hygiene before and after putting on and taking off gloves.

- Gloves should be removed, hand hygiene performed, and new gloves applied when they become soiled during care.
- To remove gloves safely, use one of your gloved hands pull off your glove for the opposite hand from the fingertips; as you are pulling, form your glove into a ball within the palm of your gloved hand. To remove your other glove, slide your ungloved hand in under the glove at the wrist and gently roll inside out, and away from your body. Avoid touching the outside of the gloves with your bare hands.
- Gloves must be changed, and hand hygiene performed when gloves are torn.
- Discard the gloves in a plastic-lined waste container.
- Perform hand hygiene.
- Double-gloving is not necessary.

Reusable utility gloves may be used; however, they must be cleaned with soap and water and decontaminated after each use with a bleach solution of one-part bleach with nine parts water (to make a 0.5% sodium hypochlorite solution).

### **Supplies to have on hand**

- ✓ medical/surgical/procedure masks for cases/staff
- ✓ disposable gloves



- ✓ eye protection
- ✓ thermometer
- ✓ fever-reducing medications
- ✓ running water
- ✓ hand soap
- ✓ alcohol-based hand sanitizer (abhs) containing at least 60% alcohol (note: in healthcare settings, hand sanitizer must be at least 70% alcohol)
- ✓ tissues
- ✓ waste container with plastic liner
- ✓ regular household cleaning products
- ✓ bleach (5% sodium hypochlorite) and a separate container for dilution
- ✓ alcohol (70%) prep wipes
- ✓ regular laundry soap
- ✓ dish soap
- ✓ disposable paper towels

### **Respiratory hygiene**

- Respiratory hygiene should be encouraged for clients who have respiratory symptoms.
- Contain respiratory secretions by using tissues to cover the mouth and nose during coughing/sneezing, with prompt disposal into a no touch waste receptacle.
- Cover the mouth and nose during coughing/sneezing against a sleeve/elbow if tissues are not available.
- Turn the head away from others when coughing/sneezing.
- Maintain separation of 2 meters (6 feet) between clients.

### **Food preparation**

- Follow colour phase guidance for restrictions on gathering sizes.
  - Limit the number of people preparing and eating meals together at one time.
- Do not allow anyone who is ill to prepare a meal or do dishes/clean.
- Avoid offering buffet or self-serve style meals.
- Remove shared food containers from dining areas (e.g. shared pitchers of water, shared coffee cream dispensers, salt & pepper shakers)
- 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.
- 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.
- Clean/sanitize kitchen counters and commonly used surfaces and let them air dry (e.g. toaster, kettle) regularly/after each meal.

### **Communication**

- Prepare and practice calm, reassuring and accurate communication with clients. Acknowledge the seriousness of the situation and the feelings of fear and anxiety that might produce. Share only the facts from trusted sources:
  - <https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19.html>

- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>
- Keep clients and employees informed if a case of COVID-19 is identified in the facility.
- Describe what actions the facility is taking to protect them, including answering their questions and explaining what they can do to protect themselves and their fellow staff and clients.
- Inform staff and clients about [federal](#), [provincial](#), and local financial supports that have been made available due to COVID-19.

### **Environmental cleaning**

Environmental cleaning products registered in Canada with a Drug Identification Number (DIN) and labelled as a broad-spectrum viricide are sufficient for use. All surfaces, especially those that are horizontal and frequently touched, should be cleaned and disinfected at least twice daily and when soiled <https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/CDCOVIDE.pdf> .

- Attempt to have additional cleaning supplies on hand.
- Conduct frequent cleaning and disinfection of the facility, especially high-touch surfaces like door knobs, light switches, railings, tables, chairs, etc.
- Consider all surfaces in the client environment as contaminated. Start at the cleanest part of the equipment or surface and move towards the dirtiest.
- 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 towel or other device.
- Store all disinfectants out of the reach of children and confused individuals.
- Clean and disinfect sleeping mats after every use.
- Wash client bedding frequently.
- The labels of the cleaning and disinfecting products you are using will likely identify what protective equipment staff or volunteers should use. Increased frequency of cleaning and disinfecting high-touch surfaces is significant in controlling the spread of microorganisms during a respiratory infection outbreak.

### **Laundry**

- Contaminated laundry should be placed into a laundry bag or basket with a plastic liner and should not be shaken.
- Gloves and a surgical/procedure mask should be worn when in direct contact with contaminated laundry.
- Clothing and linens belonging to the ill person can be washed together with other laundry, using regular laundry soap and hot water (60-90°C).
- Laundry should be thoroughly dried.
- Hand hygiene should be performed after handling contaminated laundry and after removing gloves.
- If the laundry container comes in contact with contaminated laundry, it should be disinfected.

### **Communal or social activities**

- Minimize activities and follow the phase guidance outlined in the NB Recovery Plan. Activities should be defined in advance considering the full spectrum of client care needs (physical, mental, psychological).

### **If a client has symptoms**

- Place client away from other clients as soon as possible, in an individual room with four walls and a door, when available. See below for additional measures regarding isolation.
- Follow the guidance provided by Regional MOH or designate (Regional Public Health) and the control measures outlined in this document. The RMOH will make the determination to activate PROMT if required

### **If required to isolate a client (refer to Appendix B)**

- Identify any needs the client may have that might impede their ability to remain in isolation from the community (e.g., social supports, substance dependencies, mental health supports).
- Provide client with the identified option for self-isolation for your facility.
- If client agrees to isolation:
  - Place client away from other clients.
  - Place client in an individual room with four walls and a door, when available. Each symptomatic client should be placed in their own room if possible.
  - When necessary, provide appropriate monitoring to ensure that the client is able to remain in isolation.
  - If individual rooms are not available, consider using a large, well-ventilated room with physical barriers (curtains, plastic sheeting etc.) between symptomatic and asymptomatic clients.
  - Space beds apart as much as possible - 2 metres (6 feet) or greater, have clients sleep head-to-toe, and put up temporary barriers between beds, such as plastic sheeting.
  - If possible, designate specific washrooms for symptomatic clients only.
  - Consider identifying dedicated employees to care for COVID-19 patients.
  - Whenever possible, implement cohorting of symptomatic clients and assigned staff to one affected area to minimize contact with the staff/clients in the unaffected areas.
  - Hand hygiene and a change of gown and gloves is required between contact with each client and/or a client's environment.
- If a client needs to self-isolate at a location other than the shelter - transportation to the location and monitoring of compliance with self-isolation should be identified in the Shelter COVID-19 Operational Plan. **Refer to Appendix B**
- If the client refuses to self-isolate despite best efforts to persuade them, the facility should consult with the Regional Medical Officer of Health (MOH) or designate (Regional Public Health) who will do a risk assessment and provide guidance on next steps. **Refer to Appendix A** for business hours and after hours contact details.

### **Guidance for clients using substances**

It is recognized that many of Public Health's COVID-19 measures are difficult to practice when people are struggling with substance use, living outside, or living in a tent or shelter. We need creative solutions to slow down the spread of COVID-19 and protect people who use drugs, who often have underlying health conditions and/or may be elderly.

### **People that use substances are at increased risk of becoming seriously ill or dying if infected with COVID-19.**

- COVID-19 infection will worsen breathing conditions of those that use substances.
- Fentanyl and other opioids can slow your breathing rate, so COVID-19 may increase the risk of overdose death when using opioids. Opioid withdrawal may worsen breathing difficulties.

- Smoking drugs makes breathing problems worse.
- Most drug-use behaviours can increase the risks of COVID-19 transmission
- BE AWARE that some early symptoms of withdrawal and COVID-19 infection are similar. These include fever and muscle soreness. Both possibilities need to be actively considered and appropriately managed.

#### **Precautions for clients using substances**

- Stay 2 metres (6 feet) apart from others; however, it is important to balance this against the risk of isolation and its impact on mental health and drug use (for example, using substances with a friend may be safer than using alone).
- Encourage clients to avoid close contact (e.g. shaking hands, hugging, kissing).
- Encourage clients to maintain contact with their “buddies” who can bring food, harm reduction supplies, medicine, and substances if needed.
- Encourage clients not to share supplies, such as cigarettes, joints, pipes, injecting equipment, containers for alcohol, utensils, and other supplies. If clients must share, wipe pipes with alcohol wipes or use new mouthpieces. Advise clients of services to access clean drug using supplies if required. Link to [Needle Exchange programs](#).
- Encourage clients to wash their hands or use wipes before preparing, handling or using their drugs. Clients should prepare their drugs themselves. Clients should wash their hands every time they meet others, after handling money and after receiving drugs packages. Encourage clients to have a bottle of hand sanitizer to use when handwashing facilities are not available.
- Carry naloxone and have an overdose plan. Please use the breathing mask available in the Take Home Naloxone kits if responding to an overdose.

#### **COVID-19: GUIDANCE FOR FOOD BANKS AND OTHER EMERGENCY FOOD PROGRAMS**

Food banks and other emergency food programs provide essential services to vulnerable populations in our communities. It’s important for food banks and other emergency food programs to continue to support clients, especially at times when need is greater than usual.

Please take time to educate volunteers/staff and discuss the many things that they can do to keep everyone healthy, including:

- Keep your facility clean:
  - Follow cleaning and disinfection protocols, paying extra attention to high touch surfaces and use appropriate cleaners.
  - If possible, place alcohol-based hand sanitizer (minimum 60% alcohol content) dispensers in prominent locations.
- Consider adjusting schedules:
  - Suspend all non-essential programming in your facility.
  - Schedule only essential volunteers/staff; ask others to be available to be called in, if necessary.
  - Try to rely on volunteers/staff who are not in an at-risk population (such as people over 60 years of age and/or with underlying medical conditions).
- Limit the number of people in your facility:
- Ensure adequate physical distancing between people (2 meters or 6 feet).
- For short periods of time, when physical distancing is not possible, wearing a non-medical mask is required. Physical distancing should be re-established as quickly as possible.

- Wearing a non-medical mask (e.g., homemade cloth mask) in the community is an additional measure you can take to protect others around you and may be required in public spaces depending on the provincial color phase of recovery at the time.
- Avoid gathering people in groups, for example cooking classes and waiting areas, as these do not allow adequate physical distancing and may not comply with the Mandatory Order.
- Eliminate self-serve/buffet style service.
- If you offer meals, provide a take-away option instead of eating in groups.
- If possible, arrange for clients to enter the facility individually to pick up their orders. Ask that clients limit the number of family members coming inside the facility to pick up the food.
- Clients who have symptoms of COVID-19, should be encouraged to stay where they are away from others and call 811 or their healthcare provider. See **Appendix D** on how to arrange a room for a COVID -19 positive client or one who requires isolating and has no place to do so safely list of symptoms and self-assessment tool can be found at [www.gnb.ca/coronavirus](http://www.gnb.ca/coronavirus)
- If clients are sick, consider delivering food to their door or have a healthy person pick it up on their behalf.

### **COVID-19: GUIDANCE ON PROVIDING INFORMAL SUPPORT TO FAMILY AND FRIENDS EXPERIENCING HOUSING INSTABILITY IN ORANGE RED AND LOCKDOWN PHASES OF THE NB RECOVERY PLAN**

It is recognized that providing informal support to friends and family members who are experiencing housing instability reduces the stress on the provincial healthcare system and on other organizations during all phases of the NB Recovery Plan for COVID-19. Providing informal support to friends and family experiencing housing instability needs to be done in a safe way.

Following the Public Health Guidance and the Mandatory order are key in stopping the transmission of COVID-19:

- mandatory masking
- practice physical distancing (2m or 6 feet).
- ensure that high touch surfaces are cleaned frequently with an appropriate cleaner
  - keep extra cleaning supplies on hand
- restrict contact with others where possible
  - avoid large gatherings
- wash your hands frequently or use hand sanitizer when not able to use soap and water
  - wearing gloves is not a replacement for handwashing
- contact 811 or fill out an online COVID-19 test request form online immediately if you develop symptoms, get tested for COVID-19 and self-isolate until your test results come back

### **OTHER RESOURCES**

Information related to coronavirus changes rapidly - the following COVID-19 resources have been developed to support stakeholders and community organizations. The materials available here will be updated regularly and as required. Visit frequently to ensure access to the most up-to-date information.

**We encourage you to print, post and share these materials and ensure a process is in place so materials are replaced when information changes.**

[https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory\\_diseases/coronavirus/re\\_sources.html](https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus/re_sources.html)

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/homelessness.html#a1>

## **APPENDIX A: GUIDING QUESTIONS IN DEVELOPMENT OF SHELTER AND TRANSITIONAL HOMES OPERATIONAL PLANS**

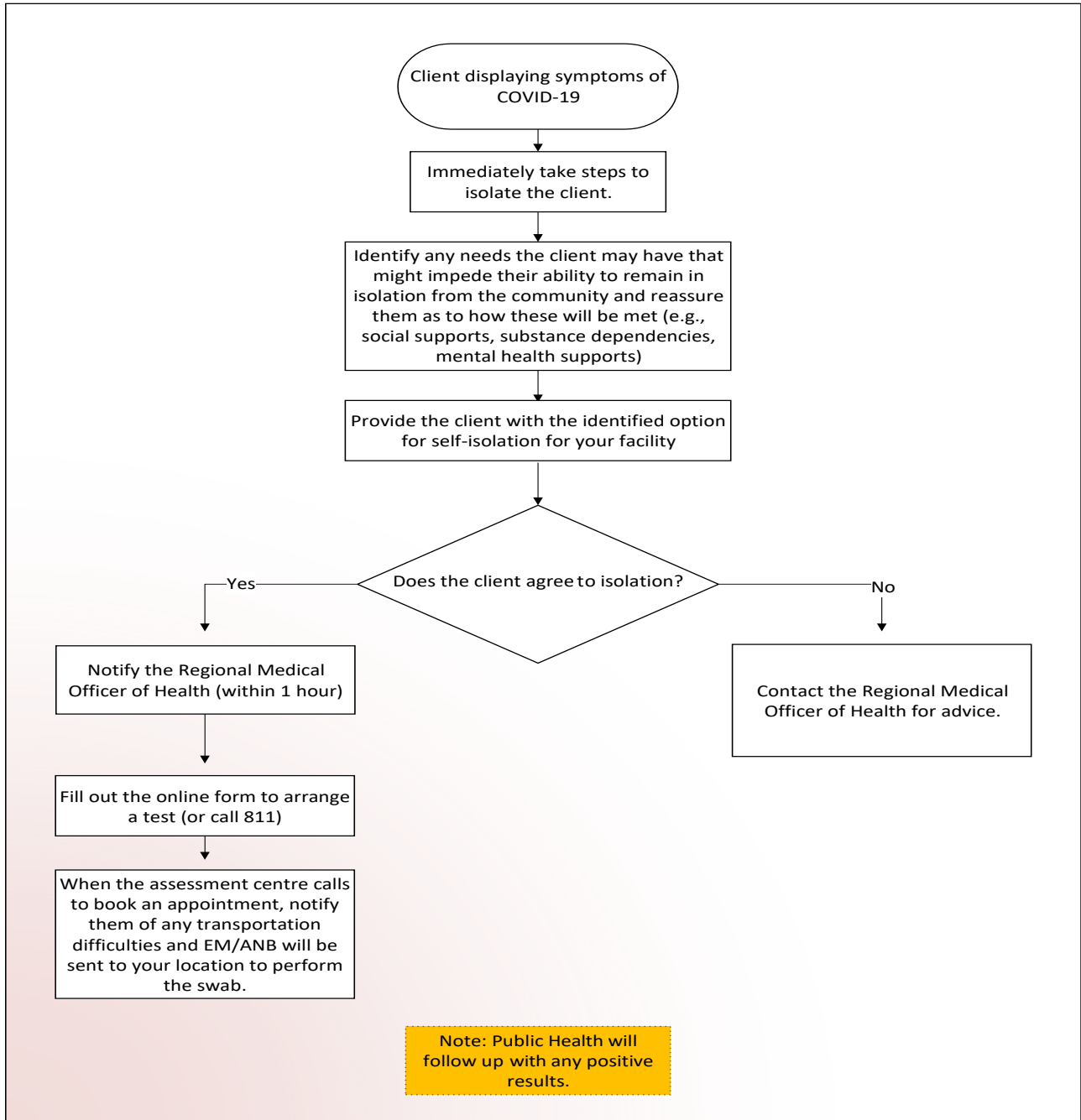
A pandemic plan will help you to outline how you will implement the Public Health Guidance, both in terms of preventing an outbreak and keeping your staff and clients as safe as possible during the COVID-19 pandemic. Each shelter is different, and each plan will also need to be different to take your unique client group, physical location, and staffing mix into consideration. The questions below are intended as a guide to help in this planning process.

- Do you have a protocol in place for screening staff, clients, and visitors?
- Do you have a protocol in place for mask use?
- Do you have a protocol in place for when clients refuse to wear masks?
- Do you have protocols in place to encourage physical distancing, for both staff and clients?
- Do your staff know how and when they should get tested?
- Do you have a protocol in place for referring clients for testing?
- If a client is symptomatic, has tested positive for COVID-19, or has been required by public health to isolate, do you have a plan for where they will stay during their isolation?
  - Is this a single room with a dedicated bathroom? If not, how will you implement the public health guidance on isolation?
  - Does your planned isolation site have capacity for all your clients, if required?
  - Do you have a protocol in place if a confirmed positive client refuses to follow isolation guidelines?
  - How will you reassure clients that their needs (e.g., social supports, substance dependencies, mental health supports) will be met while they are isolating?
  - How will you provide essential services such as food, cleaning, and laundry services to clients in isolation? Would security services be required? What additional supplies might you need?
  - How will you continue to support clients if staff are split across two locations, ill, or required to isolate? How will you bring additional staff on? Do you have a process in place for work refusals?
  - If your plan is to isolate clients at another location, such as a hotel, do you have a plan for how you will transport them there?
  - Do you have a protocol to prevent or manage potential overcrowding?
- Do you have a protocol for enhanced cleaning, in line with the public health guidance?
- Is there a notification protocol in your plan in the event that a client or staff member tests positive or has been told to self isolate by Public Health?





## APPENDIX B: TESTING PATHWAY





**APPENDIX C: PUBLIC HEALTH COMMUNICABLE DISEASE TEAM CONTACT LIST**

Contact information for the RHA Public Health Offices is listed below and is also available on the Office of the Chief Medical Officer of Health’s website.

Regular hours are 8:15 am - 4:30 pm Monday-Friday. The after-hours emergency number is to report notifiable diseases after 4:30 pm on weekdays and on the weekends and holidays. The pager is intended for emergency reporting only – operators are asked to keep the after-hours pager number confidential within the facility (only for operators and staff)

Department of Public Safety Public Health Inspectors	Regional Health Authority Public Health Nurses
<b>Central Region</b> Fredericton (Regular hours): Main office (506) 453-2830 Communicable Disease Line (506) 444-5905	<b>Zone 3</b> Fredericton (Regular hours): Main office (506) 453-5200 Communicable Disease Line (506) 444-5905
<b>Central Region After Hours Emergency Number 1-506-453-8128</b>	
<b>South Region</b> Saint John (Regular hours): Main office (506) 658-3022 Communicable Disease Line (506) 658-5188	<b>Zone 2 - Saint John (Regular hours):</b> Main office (506) 658-2454 Communicable Disease Line (506) 658-5188
<b>South Region After Hours Emergency Number 1-506-658-2764</b>	
<b>East Region</b> Moncton (Regular hours): Main office (506) 856-2814 Communicable Disease Line (506) 856-3220	<b>Zone 1 - Moncton (Regular hours):</b> Main office (506) 856-2401 Communicable Disease Line (506) 856-3220  <b>Zone 7 - Miramichi</b> Main office (506) 778-6756 Communicable Disease Line (506) 778-6104
<b>East Region After Hours Emergency Number 1-506-856-2004</b>	
<b>North Region</b> Edmundston (Regular hours): Main office (506) 737-4400  Campbellton (Regular hours): Main office (506) 789-2549  Bathurst (Regular hours): Main office (506) 549-5550	<b>Zone 4 - Edmundston (Regular hours):</b> Main office: (506) 735-2065 Communicable Disease Line: (506) 735-2626  <b>Zone 5 - Campbellton (Regular hours):</b> Main office: (506) 789-2266 Communicable Disease Line (506) 790-4769  <b>Zone 6 - Bathurst (Regular hours):</b> Main office: (506) 547-2062 Communicable Disease Line (506) 547-2062
<b>North Region After Hours Emergency Number 1-506-789-2428</b>	



**APPENDIX D: PROCESS FOR SECURING HOTEL ACCOMMODATIONS FOR COVID RELATED REQUIRED SELF ISOLATION**

Send request to [NB.isolation@redcross.ca](mailto:NB.isolation@redcross.ca)

You will receive an auto reply with the following list of questions (see sample below)

Fill in the answers and return to [NB.isolation@redcross.ca](mailto:NB.isolation@redcross.ca) for approval and processing.

The inbox is monitored daily.

**Sample of questions look like from the email auto reply**

Thank you for contacting the Canadian Red Cross' New Brunswick Isolation Support team.

\*In order to proceed with the request, please provide us with the following information about the beneficiary:

1. First, Middle, Last (Names)
2. Language spoken: English? / French?
3. Date of Birth (mm/dd/yyyy)
4. Phone number:
5. Personal Email address:
6. Full Address including postal code:
7. Check in date (mm/dd/yyyy)
8. Check out date (mm/dd/yyyy)
9. Any food allergies or restrictions?
10. Do they have their own vehicle?
11. Are they a smoker?
12. Preferred isolation location / city
13. Do they need a wheelchair accessible room?
14. Do any additional members of the household require isolation support?
15. Any other information?

**Reason for requiring Isolation support** (please indicate at least one category):

- 1) Has tested positive for Covid-19
- 2) Is a close contact with a person with Covid-19
- 3) Has recently travelled outside NB
- 4) Other reason (please specify)

**In addition,**

Please send along your best contact information so we may respond to this request:

**Your Name**

**Your Phone#**

**Your work email  
address**

**Your Agency  
Name**



**APPENDIX E: PROCESS ON HOW TO TRANSPORT INDIVIDUALS EXPERIENCING HOUSING INSTABILITY THAT ARE COVID -19 POSITIVE OR SUSPECTED TO BE POSITIVE FOR COVID-19**