

## COVID-19: Guidance for Homeless Shelters

This document has been updated from the May 8, 2020 version. The following changes have been made:

- Revised the bullet on excluding staff and volunteers in the section **Prevent the spread of respiratory germs, including COVID-19, within your facility**

A new respiratory disease – coronavirus disease 2019 (COVID-19) – is spreading globally and there have been instances of COVID-19 spread in communities across the globe. COVID-19 may be introduced into a homeless shelter through individuals, such as clients, volunteers and staff. Staff members have a critical role to play in identifying and managing potential cases of COVID-19. There are basic steps you can take to help prevent the introduction or spread of viral infections like COVID-19.

For general information regarding COVID-19, visit the [Canada.ca](https://www.canada.ca) and [WHO](https://www.who.int) web site and the Government of New Brunswick (GNB) Coronavirus web site: [www.gnb.ca/coronavirus](https://www.gnb.ca/coronavirus)

For additional guidance from the Government of Canada, please visit: [Guidance for providers of services for people experiencing homelessness \(in the context of COVID-19\)](#)

### Symptoms of COVID-19

- Fever above 38 degrees
- Cough (a new or worsening of a chronic cough)
- Headache
- Sore throat
- Runny nose
- New onset of fatigue
- New onset of muscle pain
- Diarrhea
- Loss of taste or smell
- Children under age 18: purple finger or toes

Most people recover from this disease 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 illness, which can include difficulty breathing and pneumonia. Some people experience mild symptoms like sore throat, fatigue, headache and runny nose.

### Transmission

COVID-19 is spread mainly by coughing, sneezing or direct contact with a person who has the infection or with surfaces they have 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.

## Reporting

The Shelter Operator must contact the Regional Medical Officer of Health (MOH) or designate (Regional Public Health) to notify them of a suspected case **within one hour** of becoming aware. **Refer to Appendix A** for business hours and after hours contact details.

The Regional MOH or designate (Regional Public Health) will work with the Shelter Operator to provide direction on testing, the management of cases and contacts, implementing control measures and work with all involved health care providers for the duration of illness with the facility.

## GENERAL CONTROL MEASURES

### 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 separate cohorting of symptomatic and confirmed-case clients.
- 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.
- Plan for staff absenteeism/shortage due to sickness.
- Limit visitors entering the facility.
- Start screening clients on arrival. Ask questions about recent travel and any respiratory symptoms they may be experiencing. Note if they have any underlying/chronic health conditions that may make them more susceptible to severe COVID-19 symptoms.
- Keep clients, staff and volunteers informed. Ensure that clients receive assistance in preventing disease spread and accessing care, as needed.
- Ensure adequate access to hand sanitizers and other disinfectants.
- Exclude staff/volunteers who:
  - have symptoms of respiratory and or COVID-19 infection
  - have traveled outside of Atlantic Canada on or within the past 14 days (unless for work, where self-isolation would not be required upon return).
- Educate clients, volunteers and employees on importance of and how to practice hand and respiratory hygiene, as well as cough etiquette and encourage them to avoid touching eyes, nose and mouth.
- Provide tissues and garbage bins for use by clients, volunteers and employees. No-touch garbage cans are preferred for disposal of items.
- Encourage everyone to practice physical distancing- maintain 2 metres (6 feet) between people where possible.
- Keep, at a minimum, about 2 metres (6 feet) between sleeping mats with “head to foot” placement. If possible in your space, increase the distance between mats even further.
- 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, ripped or become dirty.
- Monitor for signs of illness amongst clients, volunteers and employees, especially new or

worsening of cough, and fever.

- Encourage clients, volunteers and employees to report any symptoms of illness right away.
- 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 a small number of graphics that communicate actions that can be taken.
- Wipe down all common areas regularly with disinfectant cleaners <https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/CDCOVIDE.pdf>.
- Medical masks should be reserved for use by clients who exhibit symptoms (high fever, cough that leads to shortness of breath).
- Staff and volunteers who have any face-to-face (direct) or indirect contact with clients must wear a surgical/procedure mask continuously, at all times and in all areas of their workplace when a physical distance of 2 metres cannot be maintained and a physical barrier (ie: plexiglass) is not in place to prevent transmission of droplets. It is recommended that staff and volunteers minimize their mask use to two masks per shift, where possible, to preserve supplies while protecting employees and clients.
- The surgical/procedure mask should be immediately changed and safely disposed of whenever it is damaged, soiled/wet.
- Staff and volunteers must take care not to touch the front of their mask. If they touch or adjust their mask they must immediately perform hand hygiene.
- Staff and volunteers will leave the client's room if they need to remove their mask.
- When taking a break or eating a meal, staff/volunteers must remove their mask. If the mask is not damaged, soiled/wet or contaminated, it should be stored safely for reuse. Physical distancing must be maintained while the mask is removed.
- Do not touch the outside of your mask while it is on your face or pull your mask below your chin while you're wearing it. Improperly wearing a mask increases the risk for cross contamination.
- If staff or volunteers are handling client belongings, they should use disposable gloves. Train any staff and volunteers using gloves to ensure proper use.
- Temporarily suspend the transportation of clients during the outbreak (e.g., for non-urgent medical appointments).

## 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 health care 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

### **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**

- Limit the number eating together to ensure adequate social distancing and to discourage sharing of food/beverages.
- Limit the number of people preparing 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, 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.

- 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:
  - [www.gnb/coronavirus](http://www.gnb/coronavirus)
  - <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/CDCCOVIDE.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 to essential activities only. Such essential activities should be defined in advance considering the full spectrum of client care needs (physical, mental, psychological).

## **If a client has symptoms**

- If available, provide a face mask right away to any client exhibiting respiratory symptoms such as fever, and cough.
- Place client away from other clients, in an individual room with four walls and a door, if possible. 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

## **If required to isolate a client**

- 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, 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.
  - 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.
  - Clients suspected or confirmed to have COVID-19 should be cared for in single rooms,

- if possible.
- Consider cohorting clients and staff to affected areas to ensure there is no contact with the staff/clients in the unaffected areas.
- When cohorting each client must be isolated separately. Hand hygiene and a change of gown and gloves is required between contact with each client and/or a client's environment.
- 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.

## Gloves

Disposable single use gloves should be worn when in direct contact with the 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, with 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 they 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 health care 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

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

It is recognized that many of the public health messages being shared on COVID-19 are hard to practice when people are struggling with substance use living outside, in a tent, or in a 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 impacts 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 using 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. If symptoms include a persistent cough, it could be COVID-19.

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

- Stay 2 metres (6 feet) from others. However, remember that using with a friend is safer than using alone.
- Maintain contact with their “buddies” who can bring food, harm reduction supplies, medicine, and substances if needed.
- Do not 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.
- Reduce close contact (e.g. shaking hands, hugging, kissing).
- Wash your hands or use wipes before preparing, handling or using your drugs. Prepare your drugs yourself. Wash your hands every time you meet others, after handling money and after you receive drugs packages.
- Cough or sneeze into your elbow or use tissues. Throw tissues away immediately and wash your hands thoroughly.
- Clean surfaces with soap and water, alcohol wipes, bleach or hydrogen peroxide before preparing drugs if possible.
- Carry naloxone and have an overdose plan. Please use the breathing mask available in the Take Home Naloxone kits if responding to an overdose.
- If you think you're getting sick, avoid going out and have supplies delivered.
- COVID-19 can be spread via saliva and via hard surfaces, try to avoid touching your face.

### **Harm reduction tips for clients using substances**

- Try to have the substances you need to stay well. Know that carrying large amounts may put you at risk by the police and other people looking to take advantage. Consider alternatives to your drug of choice and prepare for potential supply disruptions.
- You may go through involuntary withdrawal if your dealer gets sick. Have backup plans and be cautious if using a new supply.
- Try to have the medications you need; re-fills may be available directly through your pharmacist or by phone without having to see your physician. If you are feeling unwell and require medications, call your pharmacy in advance.
- Have all the necessary medications, food, and drinks needed to help detox. Try to have protein-based and electrolyte drinks on hand.

### **OTHER RESOURCES**

Information related to coronavirus has the potential to change rapidly. The Office of the Chief Medical Officer of Health has developed the resources to support stakeholders and community organization with the outbreak of Coronavirus Disease 2019 (COVID-19).

The resources below have been created to support stakeholders and community organization with community-based measures and planning. 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/resources.html](https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus/resources.html)

Organizations dedicated to housing and homelessness issues may also be good sources of information.

## Appendix A: 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:

[http://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy\\_people/content/public\\_health\\_clinics.html](http://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy_people/content/public_health_clinics.html)

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

**Note: 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)**