

OPERATIONS MANUAL

For COVID-19 management in housing

March 15, 2020
Edited March 31, 2020

Purpose: this document provides guidance for implementing and operating a COVID-19 facilities for vulnerable populations (homeless and under-housed residents who are unable to self-isolate) in the Vancouver Coastal Health (VCH) region.

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FINAL DRAFT to Circulate	Version 2020-03-23_v2
	Approved by: Miranda Compton

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Goals and Principles

Goals

- To prevent the further spread of COVID-19 among an already vulnerable community that has a high proportion of immune-compromised individuals; and
- To reduce the burden on acute care facilities.

Target Population

- Homeless and under-housed residents of the Vancouver Coastal Health region who are unable to self-isolate.

Principles and Ethical Considerations

- Respect for the human rights of homeless communities
- Least intrusive measures with protection of community
- Promote an inclusive culture and community, respectful of different perspectives
- Enact principles of trauma-informed practice, recovery-oriented care, cultural safety, harm reduction, and health equity
- Respect and protection of staff, volunteers and partners
- Ensure safety and security of staff and clients
- Mitigate potential for increased trauma to already marginalized population
- Ensure access to safe supply of drugs
- Ensure best practices to prevent gender-based violence
- Ensure adequate mental health supports
- Provide income support, particularly to those participating in underground economies (sex work, street markets, drug trade, etc.)

Pillars for COVID-19 Recovery and Isolation for Vulnerable Populations

A) Operational Requirements

1. Facility
2. Workforce
3. Supplies
4. Medical Care Protocols
 - Mental Health and Addictions
5. Security
6. Food

B) Infection Prevention and Control (IPC)

1. Guidelines
2. Training/capacity Building

C) Coordination/Communication

1. Communication and Community Engagement

Pillar A) Operational Requirements

Facility requirements

Must Have

- ☐ Handwashing facilities
 - i.e. private or shared washroom with liquid soap and/or hand sanitizer and/or portable hand washing station
- ☐ Kitchen or ability to have meal delivery
- ☐ Ability to separate confirmed cases and suspect cases
 - i.e. separate rooms with closing doors.
- ☐ Secure facility with ability to lock doors and enforce quarantine orders
- ☐ Toileting facilities that can be disinfected regularly
 - i.e. with Cavicide wipes or accelerated hydrogen peroxide (AHP) before and after use
- ☐ Showers that can be disinfected daily
- ☐ Suitable ventilation, with ability to open windows without compromising safety of clients
- ☐ Safe and secure storage for medications (for controlled substances including methadone, etc.)
 - i.e. lockable doors and double cabinet (per VCH policy)
- ☐ Reception area for staff with a 2 meter distance between clients
- ☐ Storage area for staff and IPC supplies
- ☐ Private rooms or large sleeping areas with minimum 2 meter distance between beds - ideally separated by gender
- ☐ Ability to operate an (episodic) overdose prevention site and/or managed alcohol program
- ☐ Technology requirements
 - Telephone/cell phone reception
 - Internet access
- ☐ Laundry Facilities
- ☐ Room/space for primary care provision and other healthcare provider visits

Ideal to have

- ☐ Outdoor space for residents to gather
- ☐ Industrial kitchen
- ☐ Social spaces
- ☐ Individual bathrooms and showers for each single person or couple/ family unit
- ☐ Ability to accommodate couples and families
- ☐ Wi-Fi and television facilities
- ☐ Accommodation for needs of pets (or plan to shelter pets of homeless community members who are in isolation)
- ☐ Storage for those who require relocation due to worsening illness or additional isolation, to alleviate concerns about clients having to lose their belongings

Workforce requirements

Required workforce:

- ☐ Peers

- ☐ Clinical supervision
 - Public health nurse, primary care nurse, physician or nurse practitioner
- ☐ Housing support workers with medication management training
- ☐ In-reach support from the following clinical staff:
 - IPC experts
 - public health nursing
 - mental health teams
 - addiction physicians and/or nurse practitioners
 - primary care physicians/nurse practitioners and/or primary care nurses
 - social worker/counsellor
 - building maintenance
- ☐ Access to the following (i.e. via telephone):
 - Medical Health Officer (MHO)
 - Environmental Health Officer
- ☐ Kitchen staff or food distribution plan
- ☐ Housekeeping/Janitor

This can be implemented using a blended staffing model with multiple partners (i.e. housing provider, VCH for clinical staff, City of Vancouver, etc).

Absence planning

Staff (and volunteers) must 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.
- Develop flexible attendance and sick-leave policies.

Supplies Required

Housing:

- ☐ Cots
- ☐ blankets
- ☐ pillows
- ☐ lights

Miscellaneous office supplies

- ☐ Office supplies (pens, paper/notebooks)
- ☐ Telephone/cell phones
- ☐ Laptops
- ☐ Clinical record management process/system

Medical Supplies:

Medications

- ☐ Over the counter medications for symptom management of COVID-19 (Tylenol, cough suppressants, etc.) See Appendix A - Primary Care Clinic Space

- ☐ First aid kit
- ☐ Naloxone

Harm Reduction Supplies

- ☐ These are available by request (to reduce transmission of COVID from handling) and will be pre-packaged. This includes safer inhalation (provided outdoor space is available) and injection kits and safer sex supplies. This also includes naloxone kits and refills. There are no limits on harm reduction supplies. Supplies will be managed by peer staff.

Infection Prevention and Control Supplies

- ☐ Staff occupational health IPC supplies:
 - Gloves
 - Surgical masks
- ☐ Full droplet precaution PPE for staff having direct contact (less than 2 meters) with residents
 - Surgical masks
 - Eye protection (goggles, mask with face shield or visor)
 - Gowns
 - Gloves
- ☐ Hand sanitizer stations throughout the building and near all food and toileting areas. Ensure these are locked to avoid consumption.
- ☐ Disinfecting wipes (e.g. Cavicide) and industrial cleaning supplies
- ☐ Garbage bags
- ☐ Ensure plan in place to access and maintain supplies specific to the environment, including those to support environmental cleaning

For each resident, plan for dedicated supply of:

- ☐ Hand sanitizer
- ☐ Tissues
- ☐ Personal garbage bags for each resident
- ☐ Disinfecting wipes
- ☐ Supply of masks for COVID positive and symptomatic residents

Personal Care Supplies:

All personal care items should be single client use. Wipes should be available for cleaning and disinfecting the supplies.

- ☐ Soap
- ☐ Shampoo/conditioner
- ☐ Toothbrushes
- ☐ Toothpaste
- ☐ Feminine hygiene products
- ☐ Razors
- ☐ Personal towel

Recreation/ mental health support supplies

Consider local partnerships for donations/rentals of the following:

- ☐ iPads for loan
- ☐ TVs
- ☐ Board games
- ☐ Card
- ☐ Books
- ☐ Music
- ☐ Art supplies,(e.g. colouring books and markers) etc.

Facility and Medical Care Protocols

Facility operations

- ☐ Provide any client with new respiratory or gastrointestinal symptoms (cough, sore throat, running nose, difficulty swallowing, vomiting, diarrhea) or fever with a surgical mask and instructions for use, along with information on replacement mask(s) availability. Continue to Follow guidelines for infection prevention and control (see Pillar B: IPC)
- ☐ Counter social stigma and discrimination against people who have COVID-19
- ☐ Each new Recovery and Isolation Strategy requires a facility level IPC plan, supported by an in-person visit from Environmental Health Officer (EHO) or IPC trained clinician.
- ☐ Access personal protective equipment as appropriate.
- ☐ All facility staff/volunteers (including medical and nursing) to complete mandatory COVID-19 training (Appendix B - Education Resources)
- ☐ Bed Bug Protocol.
- ☐ Guidance for facility set up could be taken from [CDC Facility Planning Template](#); however, not all check-list points may be relevant for your particular site. Please consult with you IPC trained clinician.
- ☐ Laundry:
 - Place possibly contaminated laundry into a container with a plastic liner and do not shake
 - Wash with regular laundry soap and hot water (60-90°C) and dry well
 - Clothing and linens belonging to the ill person can be washed with other laundry

Medical Care

- ☐ Staff preparation
 - Site safety orientation
 - Access personal protective equipment as appropriate.
- ☐ Provide space for primary care (Appendix A - Primary Care Clinic Space)
 - Provide space on-site for primary care in-reach to meet the complex medical needs of the population
 - Provide access to immediate telephone support for medical questions.
 - Plans should be made for safe transfer should acuity of a patient change. Please consult [VCH- IPAC Patient ID and Assessment Tool](#).
- ☐ Transportation of clients for non-urgent medical appointments should be temporarily suspended
- ☐ Providing COVID-19 medical care

- Follow VCH/BC COVID-19 diagnostic testing protocols and related [self-monitoring/self-isolation/isolation guidelines](#)
- **Identify clients who could be at high risk for complications from COVID-19** to ensure their needs are addressed.
High risk categories:
 - Those age 60+ with chronic health conditions such as diabetes, heart disease or lung disease, are at higher risk of developing more severe illness.
 - Those with other comorbidities such as under-treated HIV/HepC or long-term substance use.
 - Those who may be younger in age and street-entrenched who have a poor health status.
 - Consideration to exacerbated respiratory depression related to substance use and COVID-19 acquisition.
- **For clients with no symptoms consistent with COVID-19:** Sleeping areas (for those who are not experiencing symptoms), should be at least 6 feet apart, and request that all clients sleep head-to-toe.
- **For clients with respiratory or gastrointestinal symptoms consistent with COVID-19 OR awaiting test results (suspect cases):** Designate a room and bathroom (if available) for the isolation of clients with mild illness who remain at the shelter from other clients, and develop a plan for cleaning the room daily. If it is not possible to provide an individual room, designate a room that is for the exclusive use of people with suspected COVID-19
 - Most people with COVID-19 infections will likely have mild symptoms and not require hospital care. It might not be possible to determine if a person has COVID-19 or another respiratory illness without testing.
 - Provide access to fluids and tissues.
 - Provide plastic bags for the proper disposal of used tissues.
 - Provide disinfecting wipes, instruct clients to flush with the toilet seat down and to sterilize the toilet with a disinfecting wipe before and after each use.
- **For clients with confirmed COVID-19 (Positive Swab results)**
 - All of the same procedures for suspect cases of COVID-19, with the addition of the following:
 - Client will be designated to a room with other people who are confirmed COVID-19
 - Food, water and essential supplies will be provided to the room at scheduled intervals.
 - Support staff will check-in with client(s) on an hourly basis to ensure appropriate psycho-social and medical needs are met.
- **For clients with severe symptoms consistent with COVID-19:**
 - If staff identify a client with severe symptoms consistent with COVID-19, follow emergency procedures and call 9-1-1 immediately Inform 911 operator of client's suspected/confirmed COVID-19 status.
 Severe symptoms could include:
 - Extremely difficult breathing
 - Bluish lips or face

- Persistent pain or pressure in the chest
 - Persistent dizziness or lightheadedness
 - New confusion, or inability to arouse
 - New seizure or seizures that won't stop
- ❑ Medical Emergency Response Procedures
 - In case of a medically unstable client, consult with on-site clinical staff and/or call 911
- ❑ Medication Management
 - Per nursing and VCH standards of practice, the Nurse will dispense and administer prescribed medications per the Medication Administration Record or Pre-Printed Orders.
 - Medications for symptom management of COVID-19 are available, as well as emergency/anaphylaxis, mental health, and substance use.
 - Sexual health and contraceptive medications will not be stored on site, however consideration of access to an STI & CM Certified Practice RN should be given, in order to decrease the burden on NPs and MDs in the current health crisis. An algorithm/contact protocol could be created for this.
 - Medications will be stored in a locked cabinet within a locked room.
 - Narcotics will be stored per VCH narcotic management protocols.
 - Provision of all forms of OAT and AUD and stimulant use disorder treatment; includes consideration of how to provide DWI of OAT (Kadian, methadone) and maintaining iOAT
 - Ability of staff to complete new OAT inductions (e.g. time requirements)
 - Community Pharmacy partnership required
- ❑ Follow guidelines for infection prevention and control (see Pillar B: IPC)

Mental Health and Substance Use Care

- ❑ Develop plans/protocols to manage increased severity of underlying mental health conditions and emerging trauma and stress from quarantine experience.
This includes:
 - Access to 24/7 crisis intervention available by telephone and crisis responders
 - Ensuring staff capacity to conduct suicide risk assessments
 - Critical incident debriefing for staff and clients
 - Case consultation availability of mental health providers/teams
 - Video conferencing preferred method
 - Consider gender-based violence, LGBTQ needs, and safety of vulnerable residents during room assignment
- ❑ Provision of Substance Use Care
 - Awareness of potential for clients to experience withdrawal while in the facility (opioids, alcohol, tobacco, etc.)
 - Awareness of health risks for clients who are in withdrawal, whether related to starting OAT or otherwise.
 - Adoption of [pandemic pharmacotherapy protocols](#) for withdrawal from opioids, stimulants, illicit benzodiazepines, tobacco and alcohol) support clients who may experience withdrawal, cravings and other harms related to substance use, and to support clients' ability to self-isolate. Patients are encouraged to work with their existing or assigned GP/NP who can use the protocols and pharmacy delivery as per their usual

process. For patients who do not have a GP/NP or for whom the GP/NP declines the service, refer to the Overdose Outreach Team (OOT) 7 days per week, 8:00am to 8:00pm at 604-360-2874.

- Adoption of virtual Episodic-Overdose Prevention Site (e-OPS) protocol.
- Availability of a space to designate as a safer use room/OPS, requiring attention to disinfection of surfaces and awareness of transmission spread and/or ability to make this a “virtual” safe space.

☐ Fresh air and social cohesion

Clients with confirmed COVID-19 who feel well are encouraged to get fresh air with the following guidance:

- Hand hygiene before and after donning/doffing PPE
- Mask when leaving your room
- Maintain a 2 meter distance from others at all time (take stairs, don’t get in crowded elevators, avoid line ups, etc.)
- Immediately dispose of tissues
- Cough into your elbow
- Immediately wash your hands after coughing, sneezing or eating or touching your face
- Avoid handshakes, hugs or touching others
- Avoid leaving the immediate area of their shelter

Clients with confirmed covid-19 may take their meals as a cohort with other confirmed positive cases in a shared room to promote social cohesion and mental health.

Security & Safety

☐ Facility-level security plan to be created prior to opening

- Consideration needs to be given to developing a protocol for clients accessing substances – how to support this whilst decreasing them leaving the facility/protecting the public

☐ Visitors to be restricted or severely limited. Any visitors allowed in will be screened by the reception staff to ensure they do not have symptoms consistent with COVID-19. Visitors could be exposed (especially if entering a facility with high concentration of COVID-19) and spread within their home community.

- All symptomatic/positive clients must avoid visitors
- All visitors with symptoms are restricted from entering the facility.
- If visitors are allowed, suggest:
 - Designated space for visitors with 2 meters distancing
 - Designated visiting hours
 - Designated protocol for visitors (e.g.: PPE)
 - Educate on hand hygiene

☐ Maintain compliance with Joint Occupational Health & Safety (JOHS) Guidelines, per Workplace Health

☐ Implement and educate all staff on Critical Incident Protocols (e.g.: Code White)

☐ Designate a safe outdoor area for confirmed or suspect cases to get fresh air

Food

- ❑ Ideally, food is to be individually packaged.
 - Eliminate buffets or shared food if mixing suspect and known cases.
 - In particular for all symptomatic or confirmed positive cases, refrain from food sharing at risk of intestinal illness that may develop in conjunction with COVID-19 (i.e. Norovirus outbreak)

Pillar B) Infection Prevention and Control (IPC)

Guidelines

General IPC guidelines for respiratory illnesses should be adhered to at all times:

- ☐ Wash your hands often with soap and water for at least 20 seconds – Use an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not readily available
- ☐ Avoid touching your eyes, nose, and mouth with unwashed hands
- ☐ Avoid close contact with people who are sick
- ☐ Stay home when you are sick
- ☐ Practice respiratory etiquette
 - cough into your sleeve
 - or cough or sneeze into a tissue, then throw it away
 - wash hands after disposing of used tissues
- ☐ Clean and disinfect twice daily all frequently touched objects and surfaces (e.g.: kitchens, common areas, dining areas, desks, shared sleeping spaces, doorknobs, faucets)
- ☐ Residents with respiratory symptoms should wear a mask when health care workers or other staff are present.
- ☐ Maintain a two meter distance from each other

Guidance on IPC for COVID-19 Recovery and Isolation Centers

- ☐ Prior to every patient interaction, health care providers should conduct a point of care risk assessment (PCRA) to assess infectious risk posed to themselves, colleagues, and other patients.
 - See Appendix C- Point of Care Risk Assessment Tool of COVID-19
- ☐ Minimize the number of staff members who have face-to-face interactions with clients with COVID-19 symptoms.
 - Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g. sneeze guard or place an additional table between staff and clients to increase the distance between them.)
- ☐ Implement PPE by staff for the following areas:
 - Reception
 - Able to maintain 2 meter distance away from clients: no PPE
 - Not able to maintain 2 meter distance: surgical masks, eye protection
 - Shared spaces
 - Surgical mask, eye protection
 - Asymptomatic residents
 - Direct Care: surgical mask, gloves, eye protection
 - Symptomatic and confirmed COVID 19 positive residents
 - Direct Care: surgical mask, gown, gloves, eye protection
 - See Appendix D – PPE Recommendation for Shelter/Housing Facilities
 - See Appendix E - Donning and Doffing of PPE
- ☐ Clients who become sick should be given a clean disposable facemask to wear while outside their room and instructed to wash hands regularly and practice respiratory etiquette

- ☐ Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the facility.
- ☐ If staff are handling client belongings, they should use disposable gloves.
- ☐ Use physical barriers (i.e. partitions) and protocols (i.e. limiting access) to establish minimum 2 meter distance between those with COVID-19 symptoms and others
- ☐ In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 6 feet apart, and request that all clients sleep head-to-toe.
- ☐ Provide access to fluids, disposable paper towels, plastic bags for the proper disposal of used tissues.
- ☐ Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing.
- ☐ 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. If sanitizer is unavailable, encourage vigilant hand-washing with liquid soap.
- ☐ Separate clients with mild symptoms consistent with COVID-19 infection to individual rooms and designated common areas, if possible, and have them avoid common areas shared by clients without COVID-19 symptoms
 - Follow PHAC recommendations for how to prevent further spread in your facility.
 - If individual rooms for sick clients are not available, consider using a large, well-ventilated room.
- ☐ If possible, clients with respiratory illness should be placed in a single bed room, or keep beds at least 6 feet apart and use temporary barriers between beds, such as curtains, and request that all clients sleep head-to-toe.
- ☐ If at all possible, designate a separate bathroom for sick clients with COVID-19 symptoms. Toilet seat should be closed for flushing and bathrooms should be cleaned and disinfected after each use.
- ☐ Equipment and environment should be cleaned and disinfected after every use. Cleaning should be conducted in accordance with PHAC recommendations. Please see Appendix B – Education Resources for cleaning supplies. This includes:
 - Staff engaged in environmental cleaning and waste management should wear appropriate PPE – surgical mask, gloves, goggles and gown. In addition, the use of heavy-duty gloves and boots should be considered.
 - High touch surfaces (e.g. door knobs, hand rails etc.) should be cleaned and disinfected with a health authority approved disinfectants active against viruses; approved product as least twice daily.
 - Regular cleaning followed by disinfection is recommended, cleaning in patient rooms is particularly important for frequently touched surfaces.
 - Clean the entire room/bed space area, including all touch surfaces (e.g. overhead table, grab bars, hand rails) when someone who is suspected or confirmed for COVID-19 has moved.
 - Waste from the facility can be disposed of in regular waste streams. Garbage including PPE can be disposed of in plastic lined garbage bin, tied shut tightly and disposed of in regular waste streams.

- ☐ Post signs on peoples' doors instructing persons **NOT** to enter if they have symptoms such as fever, cough, difficulty breathing.
- ☐ Post signs at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette
- ☐ Signs should be written in languages representative of the community, have a simple message, use a large font, include one or two graphics and focus on actions that should be taken rather than actions to avoid

Staff Education & Capacity Building

Staff will be engaged in intensive education in order to prepare you to care for vulnerable clients during an emergent public health emergency. Clinical Educators will be the main “go-to” during this period, and the site Coordinator will be the ongoing contact to arrange education and training. The facility is supported by other clinical team members and leadership. Please refer to **Appendix B - Education Resources** for relevant documents and additional resources.

Training by VCH and facility providers will be provided on these important parts of providing care:

- Infection Prevention and Control for workers caring for patients with suspected COVID-19 (All Staff)
- Introduction to Substance Use Disorders and Harm Reduction Supplies (All Staff)
- Caring for Vulnerable Populations during an Emergent Public Health Crises. (All Staff)
- Introduction to Mental Health and Crises Intervention. (All Staff)
- Episodic Overdose Prevention Strategies (LPN/RPN/RN)
- Managing overdose, withdrawal and detox in a COVID-19 Pandemic Shelter. (LPN/RPN/RN)

Pillar C) Coordination/Communication

Communication and Community Engagement

Create a facility-level communication plan

Create a facility level communication plan for distributing timely and accurate information.

- ✓ **Identify key stakeholders**
Identify everyone in the chain of communication (staff, volunteers, key community partners and stakeholders, and clients)
 - Daily huddle of clinical and support staff to discuss relevant information
 - Maintain up-to-date contact information for everyone in the chain of communication
- ✓ **Establish systems for sharing information.**
 - Identify platforms, such as a hotline, WhatsApp, automated text messaging or a website to help disseminate information to those inside and outside your organization.
- ✓ **Communicate regularly with residents**, particularly if their quarantine is not voluntary.
 - If no quarantine, offer clear guidance when they will be allowed to leave and update them daily.
 - Allow for residents meetings and as much control and autonomy as possible.
- ✓ **Communicate with resident family members and loved ones.**

Direct staff and residents/family to trusted provincial resources

The [BC Centre for Disease Control \(BCCDC\)](#) website contains the latest information about the disease, particularly as it relates to the health and well-being of British Columbians. Relevant BCCDC resources and channels include:

- [Health information for the public](#)
- [Latest coronavirus disease case counts](#)
- [COVID-19, Harm Reduction and Overdose Response](#)
- BCCDC Social Media channels to follow:
 - Twitter: @CDCofBC
 - RSS feed: <http://feeds.phsa.ca/bccdc-news.xml>

Government of Canada COVID-19 information

- [Public Health Agency of Canada - Coronavirus disease \(COVID-19\)](#)
- 1-833-784-4397 (Interpretation services are available in multiple languages)
- Email: phac.info.aspc@canada.ca

Specific communication tools for the housing sector have been developed and are available here:

<https://www.bchousing.org/covid-19>

Appendix A: Primary Care Clinic Space

(Note: Supplies will not be needed if nursing is provided by in-reach)

This space requires, at minimum:

- To be designated for healthcare provider use only
- Two chairs
- Two tables
- A storage cabinet and/or space for a portable storage cabinet
- Appropriate/additional lighting
- A door that locks
- Privacy (e.g.: if internal windows, need to be able to block them out)

Clinic Stock List (not required if in-reach nursing available):

- Wound care supplies
- Bloodwork supplies
- Other Supplies
 - C&S swab, Caviwipes, VCH approved disinfectant, Cotton balls, Hand sanitizer, HIV POC kit, Pregnancy test, Drug testing strips, UDS, Sterile urine container, fecal specimen collection, FIT, etc.
- Sphygmomanometer, stethoscope, oximeter, glucometer, lancets, glucometer test strips, oral airways, anaphylaxis kit, penlight, otoscope, ophthalmoscope, PAP testing supplies

Wardstock Medications:

- Sexual Health
- Emergency
- Antibiotics (BCCDC and general stock)
- Anti-emetics
- Antihistamines
- Gastrointestinal
- Pain
- Ointments/Creams/Topical
- Other

Appendix B: Education Resources

Online Learning:

Please complete the two follow modules: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/online-training>

1. Infection Prevention and Control (IPC) for novel coronavirus (COVID-19)
2. Introduction to emerging respiratory viruses, including novel coronavirus

Learning Hub:

<https://learninghub.phsa.ca/Courses/8300/infection-prevention-and-control-practices-for-direct-clinical-care-providers>

OR

<https://learninghub.phsa.ca/Courses/8301/infection-prevention-and-control-practices-for-health-care-personnel-not-involved-in-direct-clinical-care>

Infection Prevention and Control (IPC) for novel coronavirus (COVID-19)

- Coronavirus Trainings IPAC: <https://ipac-canada.org/coronavirus-resources.php>
 - This course provides information on what facilities should be doing to be prepared to respond to a case of an emerging respiratory virus such as the novel coronavirus, how to identify a case once it occurs, and how to properly implement IPC measures to ensure there is no further transmission to HCW or to other patients and others in the healthcare facility.

In-Person Learning

The following documents are relevant to your in-person learning sessions.

VCH Policies

- [Management of Suspected Opioid Overdose \(Adults and Youth\) for Nurses, NPs and VC PC physicians,](#)
- [Opioid Overdose: Management of Suspected Opioid Overdoses in Community Settings \(Adults and Youth\) for Allied Health and Unregulated Care Providers](#)
- [Dispensing/Distributing Take Home Naloxone Kits to be used for Suspected Opioid Overdose \(Adults and Youth\)](#)
- [Harm reduction practice](#)

Sources/Additional Resources

- Decreasing social stigma associated with COVID-19 (<https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>)
- BCCSU: Risk Mitigation in the Context of Dual Public Health Emergencies: <https://www.bccsu.ca/wp-content/uploads/2020/03/Clinical-Guidance-Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies.pdf>

- COVID-19: Information for Opioid Agonist Treatment Prescribers and Pharmacists: <https://www.bccsu.ca/opioid-use-disorder>
- BCCDC guidance for PPE when responding to opioid overdose: http://www.bccdc.ca/Health-Info-Site/Documents/OD_BVM_COVID_FINAL.pdf
- Government of Canada Summary of [Transmission assumptions](#)
- Government of Canada [Community-based measures to mitigate the spread of coronavirus disease \(COVID-19\) in Canada](#)
- [WHO Q&A on infection prevention and control for health care workers](#) caring for patients with suspected or confirmed 2019-nCoV

Additional Resources Specific to Homeless Shelters

- City of Toronto's "Infection Prevention & Control Resources for Homelessness Service Settings" <https://www.toronto.ca/community-people/health-wellness-care/health-info-for-specific-audiences/infection-prevention-and-control-guide-for-homelessness-service-settings/>
- Department of Housing and Urban Development Webinar on [Infectious Disease Preparedness](#) Among Homeless Assistance Providers and Their Partners.
- [US CDC Interim Guidance for Homeless Shelters:](#)
- Department of Housing and Urban Development Content on [Infectious Disease Preparedness](#) Among Homeless Assistance Providers and Their Partners.

Additional Resources Specific to Cleaning and Disinfection for Infection Prevention and Control

- [Government of Canada List of Cleaning Supplies to disinfect hard surfaces](#)
- [VCH IPAC: Low Level Cleaning and Disinfecting](#)
- [BCCDC COVID-19 Environmental Cleaning and Disinfectants for Physicians Offices.](#)
- Options for Cleaner Services and Supplies:
[Jan Pro Industrial Cleaning Services](#)
[S.A.H Restoration Services](#)

Appendix C: Point of Care Risk Assessment (PCRA) tool for COVID-19

Source: http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf

Prior to any patient interaction, all health care workers (HCWs) have a responsibility to always assess the infectious risk posed to themselves and to other patients, visitors, and HCWs. This risk assessment is based on professional judgement about the clinical situation and up-to-date information on how the specific healthcare organization has designed and implemented engineering and administrative controls, along with the availability and use of Personal Protective Equipment (PPE).

Point of Care Risk Assessment (PCRA) is an activity performed by the HCW before every patient interaction, to:

1. Evaluate the likelihood of exposure to COVID-19,
 - from a specific interaction (e.g., performing/ assisting with aerosol-generating medical procedures (AGMPs), other clinical procedures/ interaction, non-clinical interaction (i.e., admitting, teaching patient/ family), transporting patients, direct face-to-face interaction with patients, etc.),
 - with a specific patient (e.g., infants/ young children, patients not capable of self care/ hand hygiene, have poor-compliance with respiratory hygiene, copious respiratory secretions, frequent cough/ sneeze, early stage of illness, etc.),
 - in a specific environment (e.g., single rooms, shared rooms/ washrooms, hallway, assessment areas, emergency departments, public areas, therapeutic departments, diagnostic imaging departments, housekeeping, etc.),

AND

2. Choose the appropriate actions/ PPE needed to minimize the risk of patient, HCW/other staff, visitor, contractor, etc. exposure to COVID-19.

PCRA is not a new concept, but one that is already performed regularly by professional HCWs many times a day for their safety and the safety of patients and others in the healthcare environment. For example, when a HCW evaluates a patient and situation to determine the possibility of blood or body fluid exposure or chooses appropriate PPE to care for a patient with an infectious disease, these actions are both activities of a PCRA.

Appendix D: PPE Recommendations for Shelter/Housing Facilities

http://ipac.vch.ca/Documents/Emerging%20Infections%20and%20VHF/Dress%20Codes%20and%20PPE/PPE_Recommendations_%28Community%29.pdf

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN PATIENT CARE - COMMUNITY				
PPE Recommendations for Community Environments				
Environment	Location	Activity	Type of PPE	Comments
Shelter/Housing Facilities	Reception	Able to maintain distance of at least 2 meters from clients	No PPE required	Hand Hygiene upon entry to facility and before/after contact with Clients or client environment
		NOT able to maintain distance of at least 2 meters from clients	Medical mask Eye protection (goggles or face shield)	Extended use of <u>same mask and eye protection</u> for repeated interactions with multiple patients for <u>maximum of one complete shift</u> . <u>Change mask IF</u> it becomes wet, damaged, soiled, or when leaving the unit <u>Clean Eye Protection</u> at the end of shift If <u>ANY item</u> of PPE is doffed, it <u>must be replaced</u> by a clean set Hand Hygiene upon entry to facility and before/after contact with Clients or client environment
	Client Rooms and Sleeping Areas	Direct care of COVID-19-negative and asymptomatic clients	Medical mask Gloves Eye protection (goggles or face shield)	Extended use of <u>same mask and eye protection</u> for repeated interactions with multiple patients for <u>maximum of one complete shift</u> . <u>Change mask IF</u> it becomes wet, damaged, soiled, or when leaving the unit <u>Clean Eye Protection</u> at the end of shift If <u>ANY item</u> of PPE is doffed, it <u>must be replaced</u> by a clean set Hand Hygiene upon entry to facility and before/after contact with Clients or client environment

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN PATIENT CARE - COMMUNITY				
PPE Recommendations for Community Environments				
Environment	Location	Activity	Type of PPE	Comments
Shelter/Housing Facilities	Client Rooms and Sleeping Areas	Direct care of COVID-19-positive clients and clients with symptoms of COVID-19	Medical mask Gown Gloves Eye protection (goggles or face shield)	Droplet and Contact Precautions. Extended use of <u>same mask and eye protection</u> for repeated interactions with multiple patients (regardless of COVID-19 positivity) for <u>maximum of one complete shift</u> . <u>Change mask IF</u> it becomes wet, damaged, soiled <u>Clean Eye Protection</u> at the end of shift If <u>ANY item</u> of PPE is doffed, it <u>must be replaced</u> by a clean set <u>Gowns</u> are to be used as per routine practices and are doffed at the end of each client visit. <u>Gloves</u> must be changed between each client encounter. Hand Hygiene before/after donning/doffing gloves or contact with patient or client environment without gloves.
				Extended use of <u>same mask and eye protection</u> for repeated interactions with multiple patients for <u>maximum of one complete shift</u> . <u>Change mask IF</u> it becomes wet, damaged, soiled, or when leaving the unit <u>Clean Eye Protection</u> at the end of shift If <u>ANY item</u> of PPE is doffed, it <u>must be replaced</u> by a clean set
	Shared Spaces	Any	Medical mask Eye protection (goggles or face shield)	Hand Hygiene upon entry to facility and before/after contact with Clients or client environment
IN ALL AREAS		It is recommended that staff <u>use dedicated footwear</u> while at work, and <u>shower</u> immediately upon returning home after every shift.		

Appendix E: Donning and Doffing PPE

Steps to donning and doffing personal protective equipment

Source: http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf

Steps to donning (putting on) and doffing (taking off) PPE

Donning (putting on) PPE

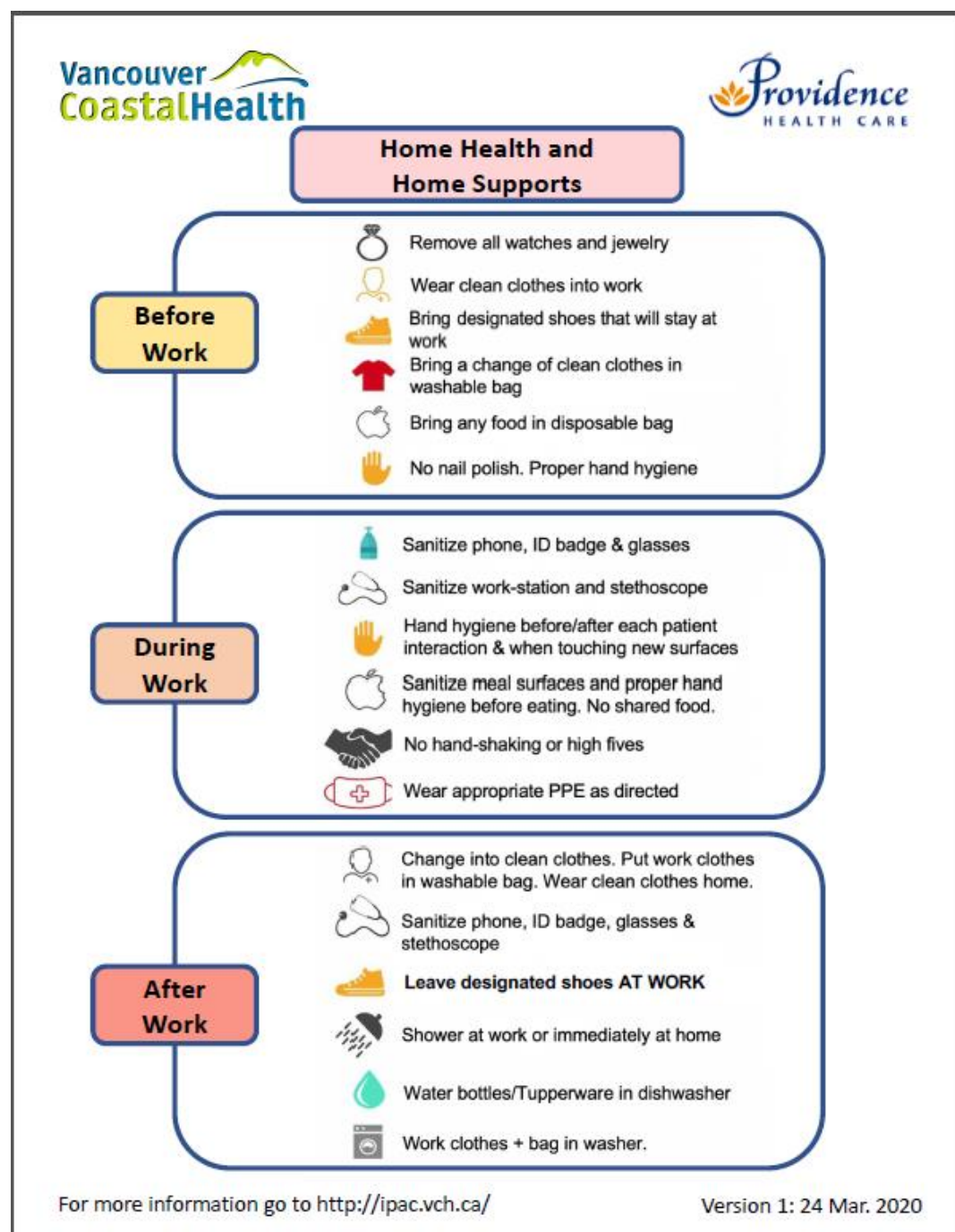
1. Hand hygiene – Clean all surfaces of hands and wrists. Performed before and in between each step.
2. Gown – Cover torso and wrap around back, fasten in back of neck and waist.
3. Surgical/Procedural mask – Secure ties at middle of head and neck, fit nose band to your nose and pull bottom down to completely cover chin.
4. Eye protection (face shield or goggles) – Place goggles or face shield over face and eyes and adjust to fit.
5. Gloves – Extend to cover wrist of gown.

Doffing (taking off) PPE

1. Gloves – Remember, the outside of gloves are contaminated. Grasp palm area of one gloved hand and peel off first glove. Slide fingers of hand under other glove at wrist and peel off. Discard in regular waste.
2. Gown – Unfasten ties, pull gown away from neck and shoulders, touching ONLY the inside of the gown. Turn gown inside out and roll into a bundle. Discard in regular garbage.
3. Hand hygiene – Clean hands and use a paper towel to touch the doorknob to exit the room. If paper towel is not available then clean hands again after leaving room before removing gown. Performed between each step and at the end.
4. Eye protection (face shield or goggles) – Do NOT touch the front of them. Discard in regular garbage or put in receptacle for reprocessing.
5. Surgical/Procedural mask – Grasp ties or elastics at back and remove WITHOUT touching the front. Discard in regular garbage.
6. Hand Hygiene – Clean all surfaces of hands and wrists.

Appendix F: Dress Code for Home Health and Health Supports (IPAC)

<file:///G:/VCH%20Harm%20Reduction-Regional/COVID/COVID%20community%20manual/Resource%20docs/Dress%20Code%20Community.pdf>



Appendix G: Cleaning Guideline For SRO's, Shelters and Supported Housing with COVID-19 Patients

The following is a general guideline only adapted from PHAC Guidance and VCH IPAC Guidance

Daily maintenance cleans:

- Cleaning of all high touch areas at least twice a day. This includes all horizontal surfaces, door knobs and pulls, light switches, handrails, elevator buttons, cabinet handles, faucets.
- Low level surface/equipment cleaning and disinfection is a two-step process:
 - **Step 1: Clean** equipment/surfaces/rooms with a new wipe(s) or cloth using friction (rub/scrub motion) to remove any foreign matter (e.g., dust, soil, food, feces, blood, sputum) immediately followed by Step 2.
 - **Step 2: Disinfect** all equipment/surfaces/rooms using friction (rub/scrub motion) with another new wipe(s) or cloth(s). To complete the disinfection process, item must be wet long enough to maintain the product label stated wet contact or dwell time (stays wet for 1 to 3 minutes, check product label) followed by air-drying. If there are any issues about residual product remaining on and potentially damaging an item, a final rinse can be done with a well-squeezed out clean/new cloth and plain water followed by drying.
- Spot cleaning of walls as required.
- Daily clean of bathroom throughout moving from clean to dirty. Toilet, sink, faucet, shower threshold, shower faucet, countertop, floors, doors.
- Garbage replaced daily and as required.
- Towels replaced every 3 days, if supplied
- Linens replaced at 7 days or if soiled, if supplied. Handle soiled linen with minimal agitation and place directly in linen bag without sorting. Do not overfill bags.
- Floors vacuumed every 3 days but more so are being cleaned as required.
- Use damp cleaning methods such as damp clean cloths, and/or a wet mop. Do not dust or sweep which can distribute virus droplets into the air.

Product use:

- Cleaning and disinfecting agents¹ should meet Health Canada's requirements for emerging viral pathogens²:
- If there is a shortage of hospital disinfectants, decontamination may be performed with
 - 0.1% sodium hypochlorite (dilution 1:50 if household bleach at an initial concentration of 5% is used) after cleaning with a neutral detergent.
 - Surfaces that may become damaged by sodium hypochlorite may be cleaned with a neutral detergent, followed by a 70% concentration of ethanol.
 - If using bleach, also need a product that will clean the bioburden. Need to ensure both products will not mix and cause harm to user

¹ VCH recommends: Accel INTERvention or Ultra Swipes Plus as an all in 1 product that both clean and disinfects with accelerated hydrogen peroxide
<http://ipac.vch.ca/Documents/Cleaning%20and%20Disinfection/Low%20Level%20Cleaning%20Disinfecting.pdf>

Red cross recommends: (1) A single use disposable cleaning/disinfectant wipe which is disposed of after use, and (2) Benefect Decon 30 for mopping and misting (cold fog) applications.

² <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html#tbl1>

- All general cleaning products and infection control project materials should be on hand (garbage bags, kitchen saver bags, etc).
- Contaminated disposable cleaning items (e.g. mop heads, cloths) should be placed in a lined garbage bin before disposing of them with regular waste. Reusable cleaning items can be washed using regular laundry soap and hot water (60-90°C) but disposal as much as possible is preferred.

Terminal cleans (on move out) are as follows:

- Clean the entire room/bed space area, including all touch surfaces (e.g. overhead table, grab bars, hand rails) when someone who is suspected or confirmed for COVID-19 has moved.
- Removal of linens down to poly mattress protector. Pillows to be discarded (not economical to clean).
- Cleaning of ceiling grid track and light fixtures (ladder work).
- Cleaning of all surfaces with the exception of walls which are spot cleaned as required (cold fog to capture the disinfection further to this).
- Cleaning of all fixtures (telephone, coffee maker, TV, etc).
- Bathroom throughout.
- HEPA vac and/or mop floors throughout (including moving furniture to capture full floor).
- Replace mattress pad, fitted sheet, and leave remaining linens and towels on bed.
- Cold fog of all surfaces.

Cold fogging (in Terminal Cleans only):

- Benefect Decon 30 is used as disinfecting agent.
- ULV cold fogging machine used to apply misting treatment.
- All surfaces are captured including mattress (between mattress) and beneath furniture.
- Process is top down and moves slow enough to ensure all surfaces are captured.

Infection control practices & safety:

- Cleaning supplies should be stored in a locked staff area
- At a minimum, a donning/doffing center will be required for cleaning staff.
- All staff are to don full droplet and contact PPE for cleaning and linen (medical mask, eye protection, gown and gloves). The use of heavy-duty gloves and boots should be considered.
- It is recommended that staff use dedicated footwear while at work, and shower immediately upon returning home after every shift.³
- Safety board, first aid kit, eye wash station, fire extinguisher should be onsite.
- Waste can be disposed of in regular waste streams with bags tied tightly shut for disposal. Biohazard waste should be handled in accordance with VCH policy⁴.
- Cleaners should have access to appropriate supervision and oversight with 24/7 contact with supervisor for questions and regular auditing.

³<http://ipac.vch.ca/Documents/Emerging%20Infections%20and%20VHF/Dress%20Codes%20and%20PPE/Dress%20Code%20Community.pdf>

⁴<http://ipac.vch.ca/Documents/Routine%20Practices/Biomedical%20Waste%20Poster%20Sept%202014.pdf>

