COVID-19: Joint Provincial Program Framework for Emergency Response Centres

Ministry of Municipal Affairs and Housing, BC Housing and the Ministry of Health

July 20, 2020

Purpose

Due to the impact of the COVID-19 pandemic, BC Housing, together with local partners, is activating Emergency Response Centres (ERCs) in communities across the province for people who are experiencing or who are at risk of homelessness and are unable to self-isolate. ERCs will support direction from the Provincial Health Officer (PHO) and the BC Centre for Disease Control (BCCDC) to facilitate physical distancing, provide spaces for populations to safely self-isolate, and support thinning of client-density in emergency shelters and congregate housing[1] to allow sites to follow physical distancing recommendations. Preventing the spread of COVID-19 within the homeless population and providing physical distancing spaces through emergency sheltering will reduce risk of spread within the community and pressure on acute care facilities.

Scope

This document outlines a program framework for ERCs. This includes target population, service models, operating principles, referral pathways, and roles of partners, including BC Housing, health authorities, independent congregate housing providers, and local governments.

Objectives

- Reduce transmission of COVID-19
- Mitigate impact of dual public health emergencies (COVID-19 and overdose crises)
- Guide collaborative responses among health authorities, BC Housing and community partners to develop local solutions

Target Populations

- Adults experiencing or at risk of homelessness, including adults sheltering outdoors, residing in encampments, in emergency shelters, or living in SROs, supportive recovery houses, congregate supportive housing or leaving correctional facilities with no return address who are moving amongst temporary housing situations, or do not have their own room or options for self-isolating
- LBGTQ individuals experiencing homelessness
- Youth experiencing homelessness
- New immigrant and refugee communities, including refugee claimants, who are unfamiliar with existing infrastructure, and may have language barriers
- Indigenous communities who – as a result of colonization – are overrepresented in homeless populations and face systemic and interpersonal discrimination accessing supports, housing and resources
- Visible minorities/racialized communities who are overrepresented in homeless populations and face systemic and interpersonal discrimination accessing supports, housing and resources

---

[1] Including single room occupancy buildings (SROs), supportive recovery homes, and other congregate housing.

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

By COVID-19 health status:

- Asymptomatic (but at risk for COVID-19 infection)
- Symptomatic (e.g., cold/flu or COVID-19 symptoms, but not tested for COVID-19, refer to BCCDC list of symptoms)
- Symptomatic and awaiting test results (presumed COVID-19+)
- Confirmed COVID-19+
- Recovered from COVID-19 (i.e., presumed no longer infectious)

Principles

- Trauma-informed, culturally diverse, culturally safe and appropriate care
- Harm reduction approach
- Client-centred, low-barrier access to shelter, care and support
- Offer choice where possible
- Preservation of dignity
- Family-centred (e.g., couples or families can stay together as any other household in self-isolation at home)
- Apply gender-based analysis plus (GBA+) principles to create an atmosphere of safety and respect for diverse populations
- Flexibility and adaptability for local health/housing partnership solutions, allowing for adaptation to local and individual circumstances where possible

ERCs Settings

ERCs are being supported in at least three types of setting[2]: hotels/motels with private rooms and washrooms; repurposed community and recreation centres or other similar options available in the community with shared sheltering spaces and washrooms; and in some cases, temporary encampments in outdoor settings. These settings and uses are evolving. Refer also to Appendix A, Table 1.

Hotels/motels and other sites with similar facilities will be targeted primarily for:

- Confirmed COVID-19+ and who are within the period of ongoing infectivity
- Homeless people who are symptomatic and awaiting test results, who are medically fragile and in need of more support than shelter or congregate housing can provide
- High-risk people who need to self-isolate (e.g., in their own room with dedicated washroom) and cannot safely do so in existing shelters, SROs or congregate housing, due to mental illness, substance use disorders, or other cognitive challenges (e.g., brain injury and/or developmental disabilities) without appropriate health supports
- Youth experiencing homelessness, where shelters are full
- Depending on local approaches, people experiencing homelessness who are asymptomatic (including medically fragile people, seniors age 60+ not exhibiting symptoms)

---

[2]https://www.bchousing.org/COVID-19/community-sites

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

BRITISH COLUMBIA | Ministry of Health

BC Centre for Disease Control

Community and recreation centres and other sites with similar spaces/facilities will be targeted primarily for:

- Homeless people who are asymptomatic – to facilitate thinning and physical distancing, could include older and medically fragile people not exhibiting symptoms
- On an as needed basis, separate spaces (including beds, bathrooms, etc.) may be established within ERCs for groups of individuals who are exhibiting symptoms, and who are able to follow physical distancing and self-isolation precautions

Encampments/tents are an alternate model that may be adapted into ERCs in municipal parks and other outdoor sites in some regions.

- Homeless people who are asymptomatic – to facilitate thinning and physical distancing, could include older and medically fragile people not exhibiting symptoms
- On an as needed basis, separate areas (including sanitation facilities) may be established within ERCs for groups of individuals who are exhibiting symptoms and who are able to follow physical distancing and self-isolation precautions
- On an as-needed basis, separate or dedicated ERCs may be established for groups of individuals who are COVID-19+ or symptomatic and require additional supports but would find it challenging to self-isolate in the hotel/motel setting.

Housing and Health Roles

BC Housing Role

BC Housing will work with partners including local governments to secure ERC sites as appropriate and will fund non-profit providers housing to provide on site support services for vulnerable populations.

- Level of support services will be determined in consultation with partners and supports will include medication management training where possible given human resource constraints
- BC Housing/non-profit to supply bedding and sleeping materials and coordinate laundry services
- BC Housing to coordinate services which will include housekeeping, janitorial service
- BC Housing, non-profit or municipal staff to coordinate food delivery or food preparation and distribution, 2-3 times daily
- BC Housing to offer WiFi (i.e., making internet connectivity available, as infrastructure allows) to facilitate virtual health and social supports where possible
- Non-profit housing providers will provide for the day-to-day operations of ERCs
- Indigenous cultural safety and humility and trauma-informed care to be supported by all housing partners
- BC Housing/non-profit to coordinate on-site security, as well as on-site management/support services, where required
- Non-profit staff to provide support to connect people with appropriate housing and shelter options
- ERCs will have protocols and accommodations for clients with pets and storage for belongings
- Local government and/or non-profit operator to coordinate hand washing stations, portable toilets and other sanitation supplies at sites without existing washrooms

Health Role

Health authority staff—including public health, mental health & substance use (MHSU), primary care, home support—and community primary care practitioners will provide relevant clinical in-reach to ERCs. Some services may already exist and will continue in new ERC settings while others may be new to these sites. Anticipate that regular and frequent (i.e., daily) clinical in-reach may be required for symptomatic/suspected/COVID-19+ populations. Ensuring provision for key health services (especially mental health and substance use supports) before ERCs begin admitting clients will support smooth transitions as well as client retention.

Virtual health supports for clients with technical capacity should be facilitated when available (e.g., First Nations Health Authority have implemented a First Nation Virtual Doctor of the Day program, SPARC BC is facilitating distribution of cell phones in some settings for people experiencing homelessness). Non-profit contracted social service partners and peer outreach groups may support harm reduction and overdose prevention services. Working with health authorities and clinicians, community pharmacies can support medication management and delivery, including various modalities of opioid agonist treatment (OAT) and other prescribed medications. Managed alcohol programs, where available, should be offered in collaboration with clinicians, health authorities, and partner organizations as appropriate. All health services will include Indigenous cultural safety principles and protocols.

Further detail by role is as follows:

Primary Care/Clinical Nurse

- COVID-19+ care (mild to moderate, refer to BCCDC guidance on testing and caring for patients with confirmed or suspected COVID-19
- Management of comorbidities (e.g., diabetes, heart disease, lung disease, HIV/HCV)

Environmental and Public Health

- Infection prevention and control (IPC) information and training, as capacity allows
- Pre-site inspection and guidance
- Support for recommended public health prevention measures (e.g., hand washing, infection control, physical distancing)
- Rapid response for sites with resident who are diagnosed COVID-19+
- Population surveillance – testing, tracing and cluster identification
- Vancouver Coastal Health has been providing infection prevention and control (IPC) training for non-profit staff of new Emergency Shelter Response Centres. BC Housing requests that Health Authorities provide training to new ERC operators on COVID-19 transmission, PPE allocation and procedures, strategies for maintaining physical distancing requirements and cleaning protocols

Mental Health Services

- Access to mental health consultation, treatment, case management and supports/services, including services for people with concurrent mental health and substance use problems and those with complex behaviours due to MHSU
- Access to appropriate cultural support as available
- May include access to on-site psychiatry as available

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

BC Centre for Disease Control

Substance Use Services

- OAT/iOAT/TiOAT (prescriptions, renewals and dispensing/deliveries, as appropriate).
- Prescribed pharmaceutical alternatives to illicit drugs as per new provincial prescribing guidelines for risk mitigation in context of dual public health emergencies
- Treatment of alcohol use disorder or access to managed alcohol programs (as appropriate, where programs are in place and or ad hoc programs can be established, as per forthcoming guidelines from the BC Centre on Substance Use and Canadian Institute for Substance Use Research)

Harm Reduction Services[3]

- Support for establishment of overdose prevention services[4]
- Overdose response guidance (including take home naloxone kits and new OD response protocol education)
- Safer drug use supplies (e.g., sterile syringe distribution/collection, safer smoking supplies)
- Safer sex supplies

Virtual Health

- Virtual health supports for clients with technical capacity should be facilitated when available (e.g., First Nations Health Authority have implemented a First Nation Virtual Doctor of the Day program, SPARC BC is facilitating distribution of cell phones in some settings for people experiencing homelessness).
- BC Housing will make WiFi available, while health authorities will facilitate linkages to virtual primary care and MHSU supports as they become available online.

Links to health services not provided at ERCs

- Triage and transfer to acute care (for both COVID-19 and non-COVID-19 medical emergencies)
- Non-essential primary care and health services

See Appendix A for on overview of linkages between health and housing services for different settings and target populations.

Referral Protocols

Referral pathways to emergency sheltering options will vary by community; however, they will broadly follow:

- Health authorities to lead, with the support of BC Housing and community partners, the prioritization of referrals and placements for COVID-19+ people, people awaiting test results, symptomatic people who are discharged from acute care, and remaining target populations

---

[3] Harm reduction services may be provided by BC Housing or community partners or health authorities based established local partnership and depending on local circumstances.

[4] OPS should be developed on site if physical distancing can be supported or adaptation of episodic OPS (within person's own space) or alternate system to mitigate risks of using alone or leaving community centre. Refer to COVID-19: Provincial Episodic Overdose Prevention Service (e-OPS) Protocol on BCCDC website for guidance on episodic OPS (http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_EpisodicOPSProtocolGuidelines.pdf).

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

BRITISH COLUMBIA | Ministry of Health | BC Centre for Disease Control

- Where possible, use existing processes (e.g., BC Housing Coordinated Access and Assessment (CAA) regional/community tables and partnerships with Indigenous organizations) to support health authorities to coordinate referrals and placement
- In some settings (e.g., congregate housing), partners may work directly with BC Housing to coordinate referral as appropriate

Risk Assessment and Prioritization

Where resources are limited, referrals will be prioritized based on the following criteria:

- Addressing immediate safety of individuals
- Reducing community transmission – prioritize placement of COVID-19 positive individuals in settings where they can safely self-isolate
- Reducing impact on emergency and acute care – transitioning individuals from acute care settings as quickly as possible
- Supporting individual choice and supporting sheltering and self-isolation in place where possible and preferred

Admission/Exit criteria for hotels/motels

- People who have tested COVID-19+ can be discharged from wherever they have been isolating (e.g., hotels/motels or alternatives) after 10 days if they are asymptomatic, or symptoms have improved and they have no fever, whichever is later. If symptoms worsen, primary care should be provided on site to re-assess healthcare needs
- People awaiting COVID-19 test results can be discharged from hotels/motels once negative test results have been received, generally after 72 hours, if the person is able to maintain physical distancing and self-isolate in another setting, such as another ERC or shelter
- People who are medically fragile can be discharged from hotels/motels once health needs have stabilized and safe alternative accommodation has been secured, or when the state of emergency has been lifted, whichever comes first
- If a COVID-19+ or symptomatic person in hotel/motel does not have capacity to follow self-isolation guidelines, the individual can be discharged once safe alternative accommodation with supports has been secured, or when state of emergency has been lifted, whichever comes first.

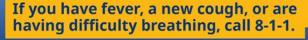## Discharge criteria for community/recreation centres

- Every effort will be made to ensure that individuals sheltering in ERCs have a safe place to go following discharge
- People sheltering in ERCs can be discharged after 30 days to align with broader emergency shelter program framework, or when the state of emergency has been lifted, whichever comes first.

Transportation

Health authority and housing providers will need to work collaboratively and creatively together to develop transportation solutions, especially in regions with large distances between sites (ERCs, testing

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

sites, hospitals, emergency shelters, outdoor encampments, etc.). Transportation coordination could be supported by local transit authority, handyDART services, taxis, and local governments. Transportation from hospital emergency departments or other acute care settings to ERCs will be coordinated by Health Authority staff following relevant guidelines for reducing risk of transmission.

Infection prevention and control

Personal Protective Equipment (PPE)

Refer to Appendix A for a high-level overview of PPE to prevent the transmission of COVID-19 to/from and within ERC sites. Refer to provincial guidance for the latest up-to-date information.

- For Health Care Providers
- For Social Sector
- For OPS/SCS

Staffing related to IPC[5]

- All staff must practice physical distancing to reduce the risk of getting sick. Avoid close contact (within 2 metres) when possible with other staff and sheltering individuals. This includes distancing during staff breaks.
- Staff with potential exposure to COVID-19 (working at sites with known or presumptive COVID-19+ cases) should not work at other sites (e.g., other sites run by the same non-profit housing provider or at another job).
- Advise staff to report respiratory illness and do not return to work for at least 10 days following the onset of cough, fever, fatigue, sore throat, runny nose, difficulty breathing and/or shortness of breath. Advise them to use the COVID-19 self-assessment tool at BC COVID-19 Self-Assessment Tool to help determine if further assessment or testing for COVID-19 is needed; contact 8-1-1 if further health advice is required; and 9-1-1 if it is an emergency.
- Staff with potential exposure to COVID-19, who are asymptomatic, can come to work and self-monitor for 14 days. If masks are available, they should wear a mask. If they develop symptoms, they should put on mask immediately, leave the facility as soon as possible and self-isolate for 10 days.
- Staff working at ERCs without known or presumptive cases should follow up-to-date Provincial Health Officer guidelines regarding social sector staffing. As of April 4, 2020, PHO guidelines for social sector services are that asymptomatic staff may work at more than one site provided they are self-monitoring AND they self-isolate immediately if they develop symptoms; if masks are available, they should wear a mask.

- See Appendix B for more information.

---

[5] https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-social-service-providers.pdf

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

Hand washing protocols

People (staff and clients) should wash their hands with plain soap and warm water or hand sanitizer with at least 60% alcohol content:

- See [BCCDC hand hygiene poster](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_Handwashing%20Poster_MD%20offices.pdf) for more information http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_Handwashing%20Poster_MD%20offices.pdf

Physical distancing recommendations[6]

- Sleeping arrangements should be foot to head, instead of head to head
- Maintain a minimum distance of 2 metres (6 feet) between individuals

In ERCs with multiple clients with respiratory symptoms[7]

- Keep clients with symptoms (e.g., coughing, sneezing) together in the same area as much as possible, ideally in a separate room
- Avoid moving equipment or other items between areas with symptomatic clients and non-symptomatic clients to reduce risk of transmission through indirect contact
- Clients with symptoms should be kept separate from clients who are not symptomatic, by a distance of at least 2 meters and ideally in separate rooms to prevent contact with clients who are asymptomatic
- Cohort all staff as much as possible. Staff working with symptomatic clients should avoid working with clients who are well
- If dedicated staff for symptomatic clients is not available, staff should first work with the well and then move on to care for the ill. Staff should avoid movement between floors and units where possible
- Staff should always practice strict hand hygiene when moving between clients
- If available, provide a dedicated sink, plain soap and warm water for staff hand hygiene

Cleaning Protocols[8]

See Appendix C for more information.

---

[6] https://www.bchousing.org/publications/COVID-19-Bulletin-Homelessness-Service-Providers-Update-March-17-2020.pdf
[7] https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-social-service-providers.pdf

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

BRITISH COLUMBIA | Ministry of Health

BC Centre for Disease Control

Education and Information Sharing

Health authority, municipal services and BC Housing staff should coordinate regular town halls or information sessions for non-profit service providers to ensure up-to-date information, including logistics updates, public health protocol updates, PPE updates, answering questions, etc.

For further information please refer to:

BC Housing: https://www.bchousing.org/COVID-19/community-sites

BCCDC: http://www.bccdc.ca/health-info/diseases-conditions/covid-19

Office of the Provincial Health Officer: https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus

References & Links

PPE Bulletin #1 (March 29, 2020) https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-ppe-health-authority-staff.pdf

Ministry of Health Policy Communiqué #1157713: Infection Prevention and Control for Novel Coronavirus (March 20, 2020) https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/covid-19-infection-prevention-control.pdf

COVID-19: Emergency Prioritization in a Pandemic Personal Protective Equipment (PPE) Allocation Framework (March 25, 2020) https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/ppe_allocation_framework_march_25_2020.pdf

Covid-19 Bulletin - Information for Homelessness Service Providers (March 17, 2020) https://www.bchousing.org/publications/COVID-19-Bulletin-Homelessness-Service-Providers-Update-March-17-2020.pdf

Interim Guidance to Social Service Providers for the Prevention and Control of COVID-19 in their Facilities (April 4, 2020) https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-social-service-providers.pdf

Clinical Guidance: Risk Mitigation in the Context of Dual Public Health Emergencies (March 28, 2020) https://www.bccsu.ca/covid-19/

Operations Manual For COVID-19 management in housing – Vancouver Coastal Health (April 3, 2020): http://ipac.vch.ca/Documents/COVID-19/Community%20Toolkit/COVID%20management_housing_ops_manual_Ver_FINAL_March%2031%202020.pdf

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

BRITISH COLUMBIA | Ministry of Health

BC Centre for Disease Control

BC Centre for Disease Control – COVID-19 Care for Health Professionals http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care

World Health Organization 2019-nCoV Situation Reports for updates and confirmed case counts. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

Vancouver Island Health Authority. "Norovirus and the Hospitality Industry: a guide for hotel operators". www.viha.ca/mho/disease/

Alberta Health Services. "COVID-19 Public Health Recommendations for Hotels, Hostels, and Inns". https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-environmental-guidance-for-hotels-kbk.pdf

US Centres for Disease Control. "Interim guidance for homeless service providers to plan and respond to coronavirus disease 2019 (COVID-19)". https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html

COVID-19: Provincial Episodic Overdose Prevention Service (e-OPS) Protocol.
http://www.bccdc.ca/Health-ProfessionalsSite/Documents/COVID19_EpisodicOPSProtocolGuidelines.pdf

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

BRITISH COLUMBIA | Ministry of Health

BC Centre for Disease Control

Appendix A: Table 1 Overview of Health services and housing supports by site and population

Setting	Target population	Health supports	Housing / other supports
Hotels/motels with private rooms and washrooms (or other community locations with similar facilities)	Confirmed COVID-19+ and within period of ongoing infectivity	• Regular and frequent depending on individual patient need clinical in-reach support for physical and mental health needs as required • Clinical nursing support/Primary Care: clinical management of COVID-19 symptoms, primary care for co- morbidities	Non-profit housing providers will provide for day to day operations: • on-site 24/7 support services for vulnerable populations and their diverse needs, including staff with medication management training where possible given human resource constraints. • bedding and sleeping materials and coordinate laundry services. • include housekeeping, janitorial service. • food delivery or food preparation and distribution, 2-3 times daily. • WiFi to facilitate virtual health and social supports where possible. • Indigenous cultural safety to be supported by all housing partners. • on-site security where required. • support to connect people with appropriate housing and shelter options. • protocols and accommodations for clients with pets and storage for belongings. • local government and/or non-profit
	Symptomatic/Awaiting testing of COVID-19+/Presumptive, untested – unable to safely self-isolate in current setting	• Regular and frequent (depending on individual patient need) clinical in-reach support for physical and mental health needs as required • Clinical nursing support/Primary Care: clinical management of symptoms, primary care for co-morbidities	
	Known close contacts or people from outbreak settings	• Regular and frequent (depending on individual patient need) clinical in-reach support for physical and mental health needs as require • Clinical nursing support/Primary Care: access to primary care and COVID-19 testing as needed.	
	Asymptomatic, Homeless at risk of COVID-19+ (street-entrenched youth, medically fragile)	• Regular and frequent (depending on individual patient need) clinical in-reach support for physical and mental health needs as require • Clinical nursing support/Primary Care: access to primary care and COVID-19 testing as needed.	
Repurposed community and recreation centres with shared sheltering spaces and washroom	Confirmed COVID-19+ and within period of ongoing infectivity	• Regular and frequent (depending on individual patient need) clinical in-reach support for physical and mental health needs as required • Clinical nursing support/Primary Care: clinical management of	

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

BRITISH COLUMBIA | Ministry of Health | BC Centre for Disease Control

(Including supported encampments, where available)		COVID-19 symptoms, primary care for co- morbidities	operator to coordinate hand washing stations, portable toilets and other sanitation supplies at sites without existing washrooms.
	Cohorts of individuals who are COVID+ or symptomatic and require additional supports but would find it challenging to self-isolate in the hotel/motel setting	• Regular and frequent (depending on individual patient need) clinical in-reach support for physical and mental health needs as required • Clinical nursing support/Primary Care: clinical management of COVID-19 symptoms, primary care for co- morbidities • Special care to avoid contact between COVID+ clients and others within same ERC	
	Symptomatic/Awaiting testing for COVID-19 (and able to follow physical-distancing, self-isolation orders),	• Regular and frequent (depending on individual patient need) clinical in-reach support for physical and mental health needs as required. • Clinical nursing support/Primary Care: clinical management of symptoms, primary care for co-morbidities • Access to timely COVID-19 testing	
	Known close contacts or people from outbreak settings	• Regular and frequent (depending on individual patient need) clinical in-reach support for physical and mental health needs as require • Clinical nursing support/Primary Care: access to primary care and COVID-19 testing as needed.	
	Asymptomatic, Homeless/homeless at risk of COVID-19+, recovered from COVID-19	• Regular and frequent (depending on individual patient need) clinical in-reach support for physical and mental health needs as required • Access to timely COVID-19 testing	

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

BRITISH COLUMBIA | Ministry of Health

BC Centre for Disease Control

Appendix B: Infection Prevention and Control

Infection prevention and control

The following provides a high-level overview of key considerations for preventing the transmission of COVID-19 in and from ERC sites. These guidelines are not fully comprehensive. Refer to latest provincial guidance for up-to-date IPC direction.

PPE guidance

The type of PPE required depends on the type of health service offered and/or the location where the service is offered.

- Health Services:
  - Services that do not require direct physical contact with clients (delivery of medications, managed alcohol disbursement, provision of harm reduction supplies, overdose prevention services)
    - surgical masks for clients with symptoms
    - hand sanitizers
    - disinfecting wipes

  - Services requiring direct physical contact with patients who are symptomatic (respiratory symptoms)/suspected/known COVID+ (e.g. Primary Care in reach, Mental Health in reach, Complex Mental Health support)
    - surgical or procedural mask for staff
    - eye protection (i.e., eye goggles or face shield)
    - wash hands or wear gloves (must be changed between patients/clients)
    - surgical masks for clients with symptoms
    - hand sanitizers
    - disinfecting wipes

  - Overdose Response:
    - please see resources on BCCDC's website
      - www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/people-who-use-substances
    - additional information on dual public health emergencies (COVID-19 and the ongoing opioid overdose crisis) is available on BC Centre on Substance Use's website
      - www.bccsu.ca/covid-19/

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

BC Centre for Disease Control

Appendix C:

Cleaning Protocols[9]

To minimize the risk of spreading the virus, enhanced cleaning and disinfecting of common areas where people gather and high touchpoints (i.e., elevators, common amenity spaces, door handles, countertops, and bathroom surfaces) is recommended a minimum of three or more times a day. Cleaning floors, walls, and windows is secondary at this time.

To properly disinfect common areas, follow product directions; see the BCCDC cleaning and disinfectants for public settings poster for more information. Regular cleaning must continue to take place everyday, and terminal cleaning should be completed when clients exit sites.

Table 2 Environmental Cleaning and Food Service Protocols[10,11,12]

Setting	Target Population	Environmental Cleaning and Food Service Protocols	Additional Considerations
Hotels/motels with private rooms and washrooms (or other community locations with similar facilities)	Confirmed COVID-19+ and within period of ongoing infectivity,	Follow guidance included in COVID-19 Guidance to the Hotel Sector	• Consider cleaning high touch surfaces three times per day and when visibly dirty. • For individuals staying in a facility for an extended period of time and who are unable to clean and disinfect their own rooms, cleaning by others should occur at regular, frequent intervals throughout the duration of their stay. • Establish a schedule for changing and laundering bed linens and towels on a regular, frequent basis. • Wherever possible, clients should leave the room during cleaning.
	Symptomatic/Awaiting testing of COVID-19/Presumptive, untested – unable to safely self-isolate in current setting		
	Asymptomatic, Homeless at risk of COVID-19 (e.g., youth experiencing homelessness, medically fragile, seniors age 60+)		
Repurposed community and recreation centres with shared sheltering	Asymptomatic, Homeless/homeless at risk of COVID-19, recovered from COVID-19	Follow guidance included in COVID-19 Guidance to the Hotel Sector	Sleeping Arrangements • In communal sleeping areas, ensure that beds/mats are at least 3 feet apart. Clients should sleep head-to-toe.

---

[10] https://www.bchousing.org/publications/COVID-19-Bulletin-Homelessness-Service-Providers-Update-March-17-2020.pdf
[11] https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-hotel-sector.pdf
[12] https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19_Homeless-H.pdf

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

BRITISH COLUMBIA | Ministry of Health

BC Centre for Disease Control

| spaces and washroom (including supported encampments, where available) | Symptomatic/Awaiting testing for COVID-19 (and able to follow physical-distancing, self-isolation orders),

Cohorts of individuals who are COVID+ or symptomatic and require additional supports but would find it challenging to self-isolate in the hotel/motel setting. | | • In communal areas where clients with respiratory illness are staying, keep beds at least 6 feet apart and use temporary barriers between beds (e.g., curtains), if available. Clients should sleep head-to-toe.

Environmental Cleaning
• Consider cleaning high touch surfaces three times per day and when visibly dirty.
• Do not make towels available for communal sharing.
• Fully clean and disinfect an individual's space at regular, frequent intervals throughout the duration of their stay.

Food and Beverage Services
• Close communal water fountains. Consider offering bottled water instead.
• Set tables to minimize handling of dishware and napkins.
• Create a schedule of staggered meal times to reduce the number of people in dining areas and to support physical distancing.
• Where food is provided, do not provide buffet meal service. Arrange for the preparation and delivery of individual meals.
• Provide pre-packaged snacks only, where applicable.
• Do not provide shared food and seasoning dispenser (e.g., salt & pepper shakers, shared coffee cream dispenser). Provide these items in pre-packaged, single use, individual portions instead. |

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

BRITISH COLUMBIA | Ministry of Health

BC Centre for Disease Control