

Purpose:	The Province of British Columbia declared the novel coronavirus (COVID-19) outbreak a public health emergency March 17 th , 2020. The purpose of this document is to offer direction for the ongoing health checking for people experiencing homeless and who are under-housed and unsheltered with decision support for responding to changing health status related to COVID-19.
Scope:	<ul style="list-style-type: none"> • Service providers, health workers, primary care providers • Indications for use: Until direction from the BCCDC/Island Health that there is no longer the need. • Exceptions: None at this time.
Population	<ul style="list-style-type: none"> • Homeless and under-housed residents of the Island Health region who are unable to self-isolate.
Outcomes	<ul style="list-style-type: none"> • Planned approach to prevent contagion of COVID-19

In this document:

- 1.0 Overview**
- 2.0 Principles and Ethical Considerations**
- 3.0 Point of Care Risk Assessment (PCRA) tool for COVID-19 (adapted from BCCDC, VCH)**
- 4.0 Health Checking at Sheltering Sites and Triage Sites**
- 5.0 Providing COVID-19 Care at Sheltering Sites**
- 6.0 Outbreak control measures**
- 7.0 Mental Health and Substance Use Care**
- 8.0 Security & Safety**
- 9.0 Food**
- 10.0 Education Resources**
- 11.0 Appendix 1 – Community Planning Checklist**

1.0 Overview

The dynamic and evolving circumstances of the COVID-19 pandemic require adaptability, resilience and access to accurate, timely and relevant information, health checking, and coordinated community response. Work will focus on continuing to clarify and improve COVID-19 health checking and response for vulnerable populations including homeless and under-housed people. The intention is to:

Maintained by:	MHSU & Public Health – Underserved Community Workstream				
Issuing Authority:	Keva Glynn, ED Portfolio M; Dr. Richard Crow, Executive Medical Director; Dr. Paul Hasselback, MHO Public Health				
Last Revised:	14APR2020	Last Reviewed:	14APR2020	First Issued:	14APR2020
					Page 1/10

- 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.

2.0 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 and violence 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.)

3.0 Point of Care Risk Assessment (PCRA) tool for COVID-19 (adapted from BCCDC, VCH)

Before any client interaction, all health care workers have the responsibility to assess the infections risk posed to themselves and to all other clients and health care workers. The following risk assessment is based on professional judgement about the clinical situation and up to date information on how your health organization has designed and implemented administrative controls along with the availability and use of Personal Protective Equipment (PPE).

A PCRA is performed by the health care worker before every client interaction in order to:

1. Evaluate the likelihood of exposure to COVID-19 – assume exposure from a specific interaction (e.g. face to face clinical and non-clinical interactions. With a specific patient (e.g. people not able to practice hand hygiene/self-care, respiratory hygiene). In a specific environment (e.g. temporary sheltering sites, single rooms, public areas, parks) and;
2. Choose the appropriate actions/PPE needed to minimize the risk of client and health care worker exposure to COVID-19 and;
3. Ensure all staff working in a facility with presumed or known COVID-19 confirmed patients wear full droplet precautions during direct patient care and be supported in proper donning and doffing techniques. All staff should be offered guidance on decontamination procedures recommended at the end of their shift, including removing work clothes and shoes and storing outside the home. Showering immediately upon arrival home.

4.0 Health Checking at Sheltering Sites and Triage Sites

Maintained by:	MHSU & Public Health – Underserved Community Workstream					
Issuing Authority:	Keva Glynn, ED Portfolio M; Dr. Richard Crow, Executive Medical Director; Dr. Paul Hasselback, MHO Public Health					
Last Revised:	14APR2020	Last Reviewed:	14APR2020	First Issued:	14APR2020	Page 2/10

- Provide 2 x daily health checking and monitoring for COVID symptoms
 - New onset of cough or substantial worsening of chronic cough
 - New onset or worsening of shortness of breath
 - Fever (T >= 38.0 degrees Celsius)
 - New onset of sore throat, sneezing, runny nose
 - New onset and moderate to severe gastrointestinal symptoms, particularly diarrhea
- Persons with new onset of such symptoms should be separated from other clients, and asked to wear a mask. All clients should be reminded to remain at least 2 metres away from persons who are not in their family group and this is especially important for symptomatic individuals. A separate room with private washroom is preferable, but may be a separate area in the facility.
- Testing guidelines for COVID-19 have recently been updated. Testing is recommended for people who are homeless, have unstable housing or living in congregate situations if they develop a fever (generally 38°C) and new onset of (or exacerbation of chronic) cough or shortness of breath. In addition people with certain conditions need to be tested even if they show only mild symptoms. Please refer to [BCCDC COVID-19 Testing Guidelines](#) for more information.
- Contact 811 for assessment and referral to testing or a primary care provider.
- Follow guidelines for infection prevention and control available from the BCCDC.
- Access personal protective equipment as appropriate.

5.0 Providing COVID-19 Care at Sheltering Sites

- Provide space for primary care (at Triage Centres) and access to primary care for residents at sheltering sites for persons developing illness:
 - Provide space on-site for primary care (in person or by phone/video) or 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 from street/shelter to housing facility as well as from housing to hospital should acuity of a patient change (to designated facility, higher level of care).
- Identify clients who could be at high risk for complications from COVID-19 to ensure their needs are addressed.
 - **High risk categories:** At higher risk of developing more severe illness are those age 60+ with chronic health conditions such as diabetes, heart disease or lung disease; those with other comorbidities such as under-treated HIV/HepC or long-term substance use; or, those who may be younger in age and street-entrenched who have a poor health status. Consideration should be given to individuals prone to respiratory depression related to substance use as well.
 - **For clients with no symptoms consistent with COVID-19:** Sleeping areas (for those who are not experiencing respiratory symptoms), should be at least 12 feet apart, in order to be able to maintain a

Maintained by:	MHSU & Public Health – Underserved Community Workstream					
Issuing Authority:	Keva Glynn, ED Portfolio M; Dr. Richard Crow, Executive Medical Director; Dr. Paul Hasselback, MHO Public Health					
Last Revised:	14APR2020	Last Reviewed:	14APR2020	First Issued:	14APR2020	Page 3/10

physical distance of 6 feet once individuals are up and moving around their sleeping area. Request that all clients sleep head-to-toe.

- **For clients with respiratory symptoms consistent with COVID-19 OR awaiting test results (suspected cases):** Designate a room and bathroom (if available) for the isolation of clients with mild illness who remain at the shelter, and develop a plan for cleaning the room twice daily with a disinfecting agent, and ideally every time after the index patient uses bathroom. 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 so it is paramount to continue to maintain social distancing measures and hand hygiene for both symptomatic and asymptomatic clients.
 - Provide access to fluids, tissues and plastic bags for the proper disposal of used tissues. Garbage should be stored in a lidded receptacle and emptied regularly.
 - Provide handwashing stations and/or hand-sanitizer, disinfecting wipes, and instruct clients to flush with the toilet seat down and to clean the toilet with a disinfecting wipe before and after each use.
 - Clean all high touch surfaces (door knobs, handrails etc.) at least twice daily or more often if able.
 - Follow BCCDC Guidelines for Environmental Cleaning
- **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
 - If connected to a primary care provider, contact for consult
 - Food, water and essential supplies will be provided to the room at scheduled intervals.
 - Support staff will check-in with client(s) on multiple times daily to ensure appropriate psycho-social and medical needs are met.
 - If the person appears to be in respiratory distress, has chest pain or is increasingly confused, contact BC emergency health services through 911. BC ambulance has the discretion to provide some intervention and treatment on site without transporting to the hospital if this is appropriate.
 - For clients with severe symptoms consistent with COVID-19:
 - If staff identify a client with severe symptoms consistent with COVID-19, follow Medical Emergency Response Procedure 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

Maintained by:	MHSU & Public Health – Underserved Community Workstream					
Issuing Authority:	Keva Glynn, ED Portfolio M; Dr. Richard Crow, Executive Medical Director; Dr. Paul Hasselback, MHO Public Health					
Last Revised:	14APR2020	Last Reviewed:	14APR2020	First Issued:	14APR2020	Page 4/10

- Persistent pain or pressure in the chest
- Persistent dizziness or light-headedness
- 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, on-site primary care providers (if available) and/or call 911

- **Medication Management**

- Per nursing and Island Health 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 should be made 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.
- Medications will be stored in a locked cabinet within a locked room.
- Narcotics will be stored per narcotic management protocols.
- Provision of all forms of OAT and treatment for AUD and stimulant use disorder; includes consideration of how to provide DWI of OAT (Kadian, methadone) and maintaining iOAT and providing managed alcohol program (MAP).
- Ability of staff to complete new OAT inductions (e.g. time requirements)
- Community Pharmacy partnership required

6.0 Outbreak control measures

- Where a site/program believes they are experiencing an increases in respiratory (or other) illness, contact the local Communicable disease hub or Medical Health Officer (phone numbers to be provided) as well as the MRP (Most responsible physician) for the affected patients as well as the medical director of the site/program. The investigation team may be aware or seek other surveillance information to determine illness clusters happening in proximity to the service. Such information may include:
 - Emergency department utilization
 - Known respiratory illness in the community
 - Known circulating viruses/organisms
- If a cluster of new illnesses is identified, the investigation/response team may identify interventions specific to the site that may contribute to control. This may include intervention for ill persons such as:
 - Enhanced personal protective equipment

Maintained by:	MHSU & Public Health – Underserved Community Workstream					
Issuing Authority:	Keva Glynn, ED Portfolio M; Dr. Richard Crow, Executive Medical Director; Dr. Paul Hasselback, MHO Public Health					
Last Revised:	14APR2020	Last Reviewed:	14APR2020	First Issued:	14APR2020	Page 5/10

- Moving ill persons to a separate location
- Establishing clear non-ill and ill areas within a facility
- Enhanced disinfection/cleaning requirements
- Seeking supports for additional staff to provide service on site if that is appropriate

7.0 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. Plans should include:
 - 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
 - Consideration of 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 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.
 - Education of patients and staff on appropriate overdose response in the context of COVID-19, i.e., use only Naloxone and do not use bag-valve-mask ventilation or chest compressions unless responders have N95 masks available.
 - Consider quarantining/isolating symptomatic individuals in pairs and provide Naloxone to each patient such that they can respond to overdose within isolation quarters.

- **Fresh air and social cohesion – Clients with confirmed COVID-19 who feel well are encouraged to get fresh air with the following guidance:**
 - 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

Maintained by:	MHSU & Public Health – Underserved Community Workstream					
Issuing Authority:	Keva Glynn, ED Portfolio M; Dr. Richard Crow, Executive Medical Director; Dr. Paul Hasselback, MHO Public Health					
Last Revised:	14APR2020	Last Reviewed:	14APR2020	First Issued:	14APR2020	Page 6/10

- Avoid leaving the immediate area of their shelter
- Do not share food, utensils, and personal items, including drug paraphernalia

8.0 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
- 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

9.0 Food

- Food is to be individually packaged. Food should not be shared to reduce the spread of other food borne illnesses such as norovirus. For example, eliminate buffets style food services.
- Do not share food, utensils, and personal items, including drug paraphernalia
- 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.

10.0 Education Resources

All (including medical, nursing, social work and peer support) to complete mandatory COVID-19 training

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

Trusted sources of information about COVID-19:

A. Online sources (frequently updated):

Island Health Internet	Infographics on handwashing Medical Health Officer's newsletter Patient handouts	Medical Staff site Information for Community Partners
------------------------	--	--

Maintained by:	MHSU & Public Health – Underserved Community Workstream					
Issuing Authority:	Keva Glynn, ED Portfolio M; Dr. Richard Crow, Executive Medical Director; Dr. Paul Hasselback, MHO Public Health					
Last Revised:	14APR2020	Last Reviewed:	14APR2020	First Issued:	14APR2020	Page 7/10

BC Centres for Disease Control	Prevention Screening Symptoms Self-isolation Environmental Cleaning Personal Protective Equipment- Donning and Doffing	BCCDC site BCCDC Surgical Masks BCCDC Donning PPE BCCDC Doffing PPE
BC Centre for Disease Control	Environmental Cleaning	http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_MOH_BCCDC_EnvironmentalCleaning.pdf
Government of BC	Guidance for Social Service Sector	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
HealthLink BC	Prevention Handwashing Self-monitoring Self-isolation Resources in other languages	Health Link BC site
Island Health	Donning PPE Doffing PPE	https://vimeo.com/392259790 https://vimeo.com/392260043
Province of BC	Self Assessment Tool	https://covid19.thrive.health/
BC Centre for Disease Control Harm Reduction Service	Harm Reduction Information Take Home Naloxone Facilities Overdose Response	http://www.bccdc.ca/health-info/diseases-conditions/covid-19/vulnerable-populations/people-who-use-substances Toward the Heart
BC Centre on Substance Use		BCCSU

Maintained by:	MHSU & Public Health – Underserved Community Workstream				
Issuing Authority:	Keva Glynn, ED Portfolio M; Dr. Richard Crow, Executive Medical Director; Dr. Paul Hasselback, MHO Public Health				
Last Revised:	14APR2020	Last Reviewed:	14APR2020	First Issued:	14APR2020
					Page 8/10

APPENDIX 1: Community Planning Checklist

Purpose: To reduce the risk COVID 19 spread and support the needs among vulnerable people who are unhoused Developing effective strategies to support the underserved/homeless population during the current Public Health Emergencies requires a collaborative approach from multiple agencies and government organizations. This checklist is intended to provide initial guidance on key considerations when planning local supports and services for this population.

Sheltering Locations

Purpose: To enable social/physical distancing of 2 metres (6 feet) and the provision basic needs of those who are unhoused (hygiene, handwashing, food, shelter)

- Identify locations where people can ‘shelter in place’
 - Eg. designated camping/tenting areas with accessible services
 - Eg. indoor locations (publicly owned, hotels etc)
- Identify supports required to limit movement around the community that can provided/delivered to the site to meet basic needs
 - Eg. medications, food, supplies, harm reduction services
- Consider and plan for ancillary supports required such as security and [hand washing stations](#)
- Identify sheltering locations and work with community partners ([BC Housing](#), Island Health, community organizations) to provide and fund services
- Link with [Island Health](#) to access Public Health, urgent primary care, Addiction Medicine and [Mental Health and Substance Use services](#) that may be required

Infection Prevention and Control

Purpose: Prevent and reduce the spread of COVID 19.

- Stay informed on infection, prevention and control measures and share this information with vulnerable populations Information is available through [BCCDC](#)
- Ensure individuals can follow the Public Health guidance for [physical distancing](#), [hand washing](#), respiratory etiquette, and [isolation](#) for those with respiratory symptoms See URL
- Adhere to environmental cleaning instructions as outlined [here](#)

Health Monitoring and Testing

Purpose: Establish processes to identify those who are sick and how to access services

Maintained by:	MHSU & Public Health – Underserved Community Workstream					
Issuing Authority:	Keva Glynn, ED Portfolio M; Dr. Richard Crow, Executive Medical Director; Dr. Paul Hasselback, MHO Public Health					
Last Revised:	14APR2020	Last Reviewed:	14APR2020	First Issued:	14APR2020	Page 9/10



- Know [who should be tested](#) and where the testing can occur. Current information is available at: [BC COVID-19 Self-Assessment Tool](#)
- Know the symptoms and share information at sheltering sites on [health monitoring](#)
- More information available at XXXX

Isolation Locations

Purpose: Support/care for those are COVID positive but do not require hospital care

- Identify and provide locations where people who are symptomatic can isolate
- Provide storage of belongings of those who are ill
- Know how to recognize respiratory distress and contact emergency responders by dialing 911

Overdose Response

Purpose: Enable life-saving overdose response measures to manage both declared Public Health Emergencies (COVID and Overdose)

- Work with Island Health to provide Harm Reduction and Addiction Medicine services as needed to maintain Opioid Overdose responses
- See [BCCDC](#) for more ideas

Maintained by:	MHSU & Public Health – Underserved Community Workstream					
Issuing Authority:	Keva Glynn, ED Portfolio M; Dr. Richard Crow, Executive Medical Director; Dr. Paul Hasselback, MHO Public Health					
Last Revised:	14APR2020	Last Reviewed:	14APR2020	First Issued:	14APR2020	Page 10/10