

COVID-19 “isolate in place”

Tips for homelessness service settings

As transmission of COVID-19 continues to occur in the KFL&A region, strategies for individuals to self-isolate or “isolate in place” in homelessness service settings will need to be implemented. This will include strategies for “cohorting” or grouping individuals served. Cohorting can be used when single rooms are not available and during outbreak situations. Service providers may need to consider options for cohorting individuals served depending on the population served and the physical layout of the setting. The following are general tips for isolating persons served within a homelessness service setting.

Individuals must self-isolate if they:

- Have COVID-19, or
- Are experiencing symptoms of COVID-19 (e.g., fever or chills, cough, sore throat, difficulty breathing, muscle aches, tiredness)

General advice

- Wherever possible, aim to keep groups of people together (i.e., by floor or program).
- Cohorting is not just for outbreaks. Grouping the same individuals and staff reduces the risk of respiratory infections by minimizing the number of exposures any one person has.
- Provide education and opportunities for persons served and staff to reduce their risk frequently by offering personal protective equipment, information about how to use equipment safely, handwashing stations, and signage throughout the facility.
- Consider the needs of your specific setting and what is practical and possible. Determine what activities can continue in a way that reduces risk and what activities need to stop because they create opportunities for exposure.
- Create policies and procedures that support staff and persons served in the event that someone becomes ill so that everyone knows what to do in advance. This includes having an isolation plan, knowing who your infection prevention and control (IPAC) lead is, and knowing how to arrange for supplies, staffing, and testing.

Planning for physical distancing and cohorting


- Look for ways to maintain distancing within the facility wherever possible.
- Persons served who must have contact with others should practice physical distancing, and keep at least two metres between themselves and the other person, and be encouraged to wear a well-fitted mask.
- If individual rooms are not available, sleeping spaces should be at least two metres apart. Avoid the use of top bunks and consider barriers between beds (i.e., curtains). Encourage head-to-toe or toe-to-head sleeping arrangements to maximize distance between breathing spaces.

Cleaning and disinfection

- Make sure that environmental cleaning and disinfection is performed on a routine and consistent basis, and conduct enhanced cleaning and disinfection of high-touch surfaces (i.e., surfaces that are frequently touched by hands) at least once per day and when visibly dirty.
 - Check the expiry date of products and always follow manufacturer’s instructions and appropriate contact time (i.e., amount of time that the product will need to remain wet on a surface to achieve disinfection). Increase the frequency of cleaning and disinfection during periods of increased illness or outbreak situations.

Tips for cohorting individuals served during an outbreak

- People with COVID-19 should, as much as possible, be placed in a single room with a dedicated bathroom; where that is not possible individuals with COVID-19 should be cohorted together.
- Individuals with COVID-19 symptoms should be placed separately from others until testing can be arranged.
- If an individual needs to go outside to smoke, inform them to keep at least a two metres distance between themselves and others, and not to share their cigarette or drug-use supplies with others.
- People who are self-isolating should not use public transportation, taxis or ride-shares when possible. If necessary, encourage them to don a well-fitted mask and encourage ventilation by opening windows.
- Encourage individuals to wear a well-fitted mask while indoors during periods of increased illness.
- If a single room is not available, consider using a large, well-ventilated room to place persons served who have COVID-19 or symptoms together (i.e., cohorting) away from people who are well.
 - In areas where those who have COVID-19 are staying together, keep beds two metres apart, and consider using temporary barriers between beds (e.g., curtains).
 - When possible, designate a separate bathroom for individuals with COVID-19 when possible.
 - If your setting is a large open space (e.g. respite site), consider designating a separate space for well persons served that is separate from ill persons served and use barriers (e.g., privacy screens) to separate the areas.
- See cohorting guidance chart below for individuals who are ill or positive for COVID-19:

	1 person ill	2 to 10 people ill	More than 10 people ill	Majority of people ill
Ideal  Least ideal	Isolate in separate room.	Accommodate together in separate room.	Accommodate together on separate floor in separate section of facility.	Accommodate throughout entire site.
	Isolate in shared room.	Accommodate together in common area.	Accommodate throughout entire site.	
	Isolate in large shared space.	Accommodate together at one area of space.		

Tips for cohorting staff during an outbreak

- Assign staff to work in areas with the people who have COVID-19 or symptoms.
- Ensure staff assigned are not working in other areas, interacting with other staff, or with well individuals in the setting. When possible, staff should be assigned to work in one area (i.e., staff should avoid crossing over between symptomatic and asymptomatic individuals).
- Establish a break schedule to ensure that staff remain separate.

Personal protective equipment

- Staff should perform hand hygiene before putting on or handling personal protective equipment (PPE), and after removing it.
- PPE should be used based on a risk assessment of the type of care or contact being provided to persons served.
- For staff, follow the relevant directives regarding PPE use; at minimum wear an appropriate medical mask and eye protection.
- For providers who may have people with COVID-19 residing at their settings, provide education to staff on proper PPE use. Staff must be trained on the safe use, care and limitations of PPE, including donning (putting on) and doffing (taking off) personal protective equipment as well as proper disposal. Consider posting signage for staff to review how to properly don and off PPE when needed.
- If direct care or service is being provided to a symptomatic person (less than two metres between the staff and the individual), staff should wear appropriate PPE (e.g. gloves, mask, eye protection).

More information

For more information, visit our website at [kflaph.ca](https://www.kflaph.ca) or call us at 613-549-1232.

References

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