

COVID19 and Homelessness in Alberta – Urgent Call to Support our Shelters

Issue

The Calgary community of practice/ Street CCRED urgently calls on policy-makers and funders within all levels of government and Alberta Health Services to be responsive to the needs of individuals experiencing homelessness in light of the COVID-19 pandemic.

Background

COVID-19 has been declared a global pandemic by the World Health Organization. Individuals experiencing homelessness and residing in shelters are a highly vulnerable segment of the population uniquely challenged by the COVID-19 pandemic.

- Shelter environments place clients in close proximity to each other, challenging the recommendation by PHAC to separate those exhibiting symptoms by 2 meters. There is a paucity of sinks, showers, and washrooms for those who may require isolation or quarantine. Calgary has well over a thousand individuals who, often symptomatic, sleep in shelters only inches from each other, each night.
- Individuals experiencing homelessness are more ill and complex at baseline than the general population, putting them at greater risk of a severe disease course, need for ICU, and death.
- Homelessness precludes a place to self-isolate or convalesce, increasing the likelihood of transmission.
- Due to the close-quarter living arrangements with a single space providing upwards of 1000 people shelter, one COVID positive case could impact a large number of medically complex individuals.
- Emergency shelters are operated by non-profit organizations with little if any, internal expertise in health let alone public health or infectious disease management and hence, are at high risk of infection themselves and their families. These non-profit organizations also have limited budgets and thus do not have the ability to put in place structural changes or adequate personal protective equipment, further endangering staff and clients.

Key stages of intervention for individuals experiencing homelessness in regards to COVID-19 management are outlined in the following diagram:

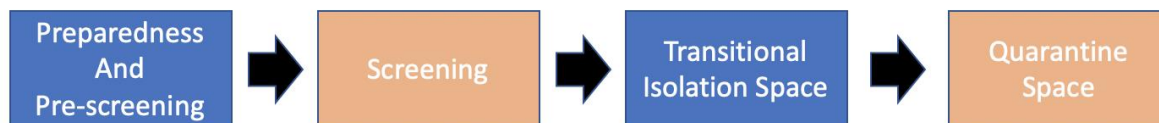


FIGURE 1: Stages of Intervention for COVID-19 management.

Needs of the Health and Social Sectors Addressing Shelter Health and COVID-19. We employ a disaster response framework comprising ‘Staff, Stuff, Space, Systems, and Social Supports’.

*Request 1: We urgently require a **project management team** for planning and program coordination/delivery AND procurement of supplies and equipment. Our team of local, front-line experts from various agencies, can provide ongoing support. Appropriate medical and auxiliary staffing will need to be provided or re-allocated.*

*Request 2: Infrastructure for screening and testing. We need structures (**heated disaster response tents with separators or plastic sheeting**) placed outside of shelters so all clients are screened prior to entry. We need rapid point-of-care assays (as soon as they are available) to avoid overwhelming the transitional isolation space and determine disposition to either the shelter proper or a quarantine area. We strongly*

suggest active case finding. These will require intentional staffing and adequate equipment including for clinical assessment and PPE. Non-hand sanitizer handwashing stations. Transportation for patients who require isolation.

Request 3: Suspected cases must be isolated immediately in a **private transitional space** while awaiting test results (hotel or motel with food, private toilet, and medical and social supports). Shelters are inappropriate for isolation but may have a strong role in providing quarantine space. We suggest appropriate hotel spaces. Food must be delivered and cleaning provided. This facility must have the option of caring for patients who are actively using substances (security and trauma-informed, harm reduction trained staff, overdose prevention, and response). These patients often have active medical and social issues that need to be addressed, especially to prevent ED visits or hospital admissions.

Request 4: Space and staff for **individual or cohort quarantine** and care. This would need to be a sub-acute unit for monitoring and caring for confirmed infected individuals, as well as following their course to resolution. Empty public schools may be used. An urgent ARP or sessional fee to pay clinical staff would be needed. Security supports will be required. Harm reduction and detox and medication-assisted addiction treatment as above, consideration of palliative care, food services. Again, these patients often have active medical and social issues that need to be managed.

TABLE 1: List of Key Supports Required, level of importance, who can provide this support, and explanation of importance.

<u>Support Required</u>	<u>Level of Importance in Days</u>	<u>Stage of Intervention</u>	<u>Who can provide this support</u>	<u>Explanation of Importance</u>
Project Manager	1-3 days	Preparedness	AHS Alberta Health	Planning and program coordination and delivery. Our team of local, front-line experts from various agencies, can provide ongoing support.
Screening Staff for Shelter Spaces	2-4 days	Screening	AHS Volunteers Students	Trained staff can provide screening at the entrance to the shelter space, and direct suspected cases to transitional spaces. Staff can be nurses, physicians, trained volunteers, medical students. Preferably a nurse will be present at each site to provide oversight.
Direct line/process for screening staff to refer for COVID testing	1-2 days	Screening	AHS	Trained staff can refer directly for testing as the mobility, substance use and mental health challenges of some clients is a barrier for them to go through the 811 or online screening process.
Heated Screening Tents	2-4 days	Screening	The City	Provide a heated space for screening clients.

Testing equipment	1-2 days	Screening	AHS	Swabs and equipment for testing
Personal Protective Equipment (PPE)	1-2 days	Screening, transitional isolation spaces, and Quarantine	AHS PCN	PPE is needed immediately to support individuals who are screening as well as those supporting transitional isolation spaces as well as quarantine spaces.
Training for PPE	1-5 days	Screening, transitional isolation spaces, and Quarantine	AHS	Training for workers on basics of donning and doffing PPEs need to be provided for inexperienced workers.
Transportation for clients into transitional isolation space, as well as to quarantine spaces.	2-4 days	Screening and transitional isolation, and Quarantine	AHS Alberta Health DOAP Team City vehicles (smaller buses)	Clients who are identified need to be immediately transported to transitional isolation spaces. From there, if they test positive, they may need to be further transported to cohort quarantine spaces.
Private Transitional Isolation Space	2-4 days	Transitional Isolation Space	The City CHF AHS	Clients who are presumptive positive for COVID but awaiting confirmation can be isolated in these private rooms until their testing returns. Rooms need to be harm reduction focused, private, with private bathrooms. These spaces can be hotels, motels or private spaces in other facilities.
Food, Laundry, and Cleaning Services	3-10 days	Transitional Isolation Space and Quarantine	The City AHS Alberta Health	Continuous services are required to ensure basic necessities and hygiene. Could contract out catering, cleaning and laundry services rather than setting up something onsite.
Staffing Supports/Model	3-10 days	Transitional Isolation Space and Quarantine	The City AHS Alberta Health	Staffing by trauma-informed and skilled staff is required for clients in transitional isolation and quarantine space. Proposed model (but not exhaustive): site manager, food services, building supports/cleaning, admin, 1.0 FTE RN, 1.0 FTE physician, 1.0 FTE social work, shelter support staff x 2.0 FTE, pharmacy support (not necessarily on-site), Alberta Works direct support for medication coverage
Non-hand washing, sanitizer stations	2-4 days	Transitional Isolation Space and Quarantine	The City Alberta Health AHS	Hand sanitizer would be necessary for spaces such as schools that may not have washbasins.

Harm Reduction./ Addiction Supports	3-10 days	Transitional Isolation Space and Quarantine	AHS Alberta Health The City CUPS The Alex	Harm reduction and addiction supports are required for this population as they frequently use substances. Additionally, detox supports may be required to support clients who choose to come off their substances. Harm reduction supports include managed alcohol, opioid agonist treatment, clean paraphernalia supply, supervised consumption services through an Overdose Prevention Site. Cigarettes etc.
Security	2-4 days	Transitional Isolation Space and Quarantine	AHS Alberta Health The City	Security is required to support clients in isolation. As our clients are used to not being confined, adequate support to ensure they remain in isolation or quarantine is key.
Stock medication supplies and equipment	3-10 days	Screening, Transitional Isolation spaces, and Quarantine	Alberta Health AHS	Key medications are required especially for those with substance use disorder who may go through withdrawals. Additionally, equipment for vitals, thermometers, and other medical equipment would be beneficial. Examples of key meds include acetaminophen, gravol, gastrolyte, key antibiotics, benzos, OAT, olanzapine, Seroquel.
Rapid Point of Care Testing Kits (When available)	When available	Screening	AHS Alberta Health	As this population can be difficult to reach at times, rapid testing kits should be a priority for this group to get them into quarantine quickly.
Active Case Finding Support	3-10 days	Screening	AHS CUPS DOAP team Encampment Team CCT	Individuals experiencing chronic homelessness often do not come to shelters or other spaces. They would need to be sought out, screened, and potentially tested.
Alternative Reimbursement Plan (ARP or AHS contractors) for physicians or Nurse	7-14 days	Screening, Transitional Isolation spaces, and Quarantine	Alberta Health AHS	ARP/AHS remuneration for physicians or Nurse Practitioner support would be necessary to support ill clients within transitional isolation and quarantine spaces. 0.5 FTE to start, with possible scaling as necessary.

practitioner support				
Individual or Cohort Quarantine	2-4 days *hospital is the only alternative until this is established.	Quarantine	AHS Alberta Health CHF The City CUPS The Alex	A sub-acute unit for monitoring and caring for confirmed infected individuals, as well as following their course to resolution. Empty public schools may be used. A dedicated shelter may be used as well.
Client supplies	7-10 days	Transitional Isolation spaces, and Quarantine	The City Donations	Clothing, personal hygiene supplies.
Transitional Isolation Space and Quarantine infrastructure supports	2-4 days	Transitional Isolation spaces, and Quarantine	The City Donations AHS	Beds, blankets, pillows, bedding, and cots. Office Supplies, laptops, wifi, desks. Entertainment and TVs

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