

1.0 Introduction

In response to the COVID-19 pandemic and risk associated with transmission, City of Hamilton is working collaboratively to develop a multi-tiered response to support individuals experiencing homelessness access to safe space to practice social distancing or formally self-isolate for 14 days.

This procedural manual is intended to act as a general guide and framework, and to support the existing public health protocols to ensure people experiencing homelessness are supported in preventing the transmission of COVID-19. This framework continues to be a work in progress and will be amended as required.

1.1 Target Population

The Isolation Hotels Program is targeted to support homeless single adults, unaccompanied youth (16+), and families. Hotel rooms may be filled for the following purposes:

1. Individual is instructed by a health professional to self-isolate due to exposure to someone positive for COVID-19
2. Referral from shelter to promote social distancing and reduce shelter occupancy. The City and social service agencies collectively identify priority populations for these rooms.

If there is an increase number of individuals and households instructed by health professionals to self-isolate, hotel rooms will be prioritized for this purpose.

Individuals who test positive for COVID-19 during their isolation period will transfer to the Isolation Centre (Recreation Centre address not shared with the general public).

1.2 Values and Culture

1.2.1 City Pillars

The City of Hamilton is committed to following 5 pillars:

- Collective Ownership
- Steadfast Integrity
- Courageous Change
- Sensational Service
- Engaged and Empowered Employees

The Isolation Centre and Isolation Hotels program is an unprecedented measure being taken to ensure the health and safety of our most vulnerable clients. It is a time when City and Agency staff can unite together in the midst of crisis and demonstrate leadership in our community.



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Staff efforts, skills and compassion are valued and integrate into vast network of emergency measures put in place across divisions and across the community.

To promote a collaborative and positive experience for both clients and staff, staff will treat a person with kindness, respect and dignity. Have patience for oneself and others—this is a new experience for all involved.

Some aspects of the work or choices of the clients may be new. Apply a non-judgemental approach to the circumstances.

1.2.2 Harm Reduction Approach

Harm Reduction is a practice and perspective to adopt in the Isolation programs. Not only limited to substance use, in our efforts to ensure clients self-isolate remember that every hour a person stays in their unit is a win and is important.

1.2.3 Client-Centred Approach

Client-Centered care meets people where they are at and ensures that the client is an active participant in their stay. Acknowledge the limitations imposed by this program and more broadly in the community and empathize with a person's feelings towards it. Our goal is to see everyone remain healthy.

1.2.4 Trauma-Informed Care

Many clients accessing services have experienced trauma in their lives. Homelessness itself is traumatic. Our language and interactions should be conducted in a way to promote a trauma-informed approach. Ask yourself, *is what I am doing or saying trauma-inducing or trauma-informed?*

Finally, we must apply an anti-racism and anti-oppression perspective to our work. We do our part to counteract and ensure that we are not contributing or exacerbating discrimination that exists in our society based on a person's race, gender expression or orientation, age, education, housing status, etc. We must value people.

1.3 Building Locations

The Isolation Hotels Program Consists of three hotels and an Isolation Centre. People access these locations through the hotel/direct referral process. Specific locations are not shared with the general public.

Hotel #1 (Staff onsite)

Population: Single women, lesbian couples no children, transgender persons

Hotel #2 (Staff onsite)



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Population: Men, Couples no children, transgender persons

Hotel #3 (No staff onsite)

Population: Families with children

Isolation Centre: Recreation Facility (Staff onsite)

Population: Single Adults, unaccompanied youth with COVID-19 diagnosis by a health professional/ positive swab.

2.0 Right to Receive Services

The City of Hamilton affirms that individuals and households experiencing homelessness have the right to access sheltering services and have a right to housing, regardless of their race, ethnicity, religion, sexual orientation and gender expression.

2.1 Client Confidentiality

Hotel Shelter Staff will maintain client confidentiality. This includes but is not limited to:

- Phones: if a person calls the staff suite asking for a client, staff will say “I cannot confirm or deny who is staying here.” If the client has a release on file for communication, staff can proceed with the call. If there is no release on file, offer to take a message stating: “I can take a message, and if I have contact with this person, I will pass the message on.”
- Police Calls:
 - If police call the Hotel Suite asking about a client in hotel, state “I cannot confirm or deny who is staying here.” Ask for the officer’s name, badge number and which police service (Hamilton Police, OPP, RCMP, etc.) Let the officer know that you need to verify their identity but offer to take a message. If the woman is in the Hotel, pass on the message from the officer.

If the officer has a warrant, please notify the Isolation Centre Coordinator or On Call to support navigating this conversation with police.

3.0 Access Criteria

3.1.1 Clients Served

Clients are referred to the Isolation Hotels program through the Hotel Referral process (Section 3.2) Clients served in the Isolation Hotel Programs are families, individuals or couples who:

- Are homeless with no safe alternative accommodation; be not yet tested positive for COVID-19;

AND

- Are instructed by a health care professional to self-isolate for 14 days due to exposure to a person positive with COVID-19.

OR

- Are referred to hotel to promote social distancing for the individual and reduce shelter occupancy.

3.1.2 Suitability

Clients will be assessed for suitability for a hotel room setting. This assessment includes but is not limited to active substance use that cannot be managed well in the environment, aggressive behaviours, medical conditions that cannot be managed or fire risks.

Clients who use substances will be provided an opportunity to have a consult with Shelter Health Network doctors who focus on harm reductions strategies. Harm Reduction plans may be put in place to help the client manage in the location and have a comfortable stay free from withdrawal symptoms.

Presently, additional onsite withdrawal management supports are being offered overnight by WomanKind (St. Joseph's Healthcare Hamilton).

3.1.3 Positive COVID-19 test

Clients who test positive for COVID-19 during their stay will have an immediate transfer to either the Isolation Centre (singles, couples no children) or to a designated isolation apartment (families). The client or household will remain under strict self-isolation orders until safe transportation can be arranged.

3.1.4 Grounds for early discharge

It is important for staff to acknowledge that self-isolation and social distancing can be difficult for many people. It may even exacerbate underlying anxieties or otherwise impose more stress on a person. If a client is displaying more restlessness and agitation, staff will work with the client to attempt to calm the person. This may involve providing the client with some space, offering the client to go for a walk, offering an activity or book, or supportive listening over the hotel phone.

There may be times when a client's hotel stay is ended abruptly, and the client is asked to leave the property. Staff are encouraged to connect with the Isolation Centre Coordinator or on-call to consult about client stay.

Reasons for early discharge may be due to:

- Repeated substance use in the hotel room that cannot be managed

- Damages to the unit
- Violence or threats towards staff, hotel staff, other residents or hotel guests
- Repeated unapproved visitors to the hotel room
- Repeated discriminatory or oppressive language towards other residents or hotel guests, staff, or hotel staff.

When asking a client to leave, staff will inform the client:

- The reason for discharge
- That the client needs to leave the property, either at a set time if safe to do so, or immediately.
- That staff will bag up client belongings and arrange a time for the client to access them.
- That staff cannot guarantee the client that they can secure a shelter bed or alternative accommodation. If appropriate, staff may make reach out to other shelters in search of a vacant bed.

If the client poses a threat, staff may call for police assistance in removing the individual from the premises. Alert hotel staff of this need so they are aware that police are arriving on scene.

In the event of escalating and violent behaviours, staff are to lock themselves in the staff suite, or the closest empty hotel room, and call police immediately. If able, communicate to other residents to lock themselves in their rooms, not to enter the hallway area and not to intervene with the client. When safe to do so, staff can call supervisors and On-Call supports.

3.2 Hotel Referral Process

Refer to Hotel Referral Flowchart

The hotel referral process is currently being discussed and will be shared once it is finalized. Regardless, referrals to hotels will undergo screening by Housing Services city staff to ensure the client is able manage in an environment with limited case management support. The referring agencies will follow their internal bed bug protocols to ensure clients do not arrive with bedbugs.

Transportation

Case Management staff will be notified of a new intake and which room the person is assigned. Transportation will be arranged by the Housing Services city staff or the afterhours Contact Centre with the referring shelter.

3.3 Intake Duties

3.3.1 Forms

When the client arrives, staff will go through the intake package:

1. Pre-Screening Form → optional
2. Limits to Confidentiality
3. Isolation Hotel Intake Form
4. Medication Log
5. Emergency Summary Sheet

Additionally, the following forms can be used to communicate and share client information:

1. *Homeless-Serving System Common Consent Form*: Clients registered in HIFIS will already have this completed; clients arriving from Street Outreach, Drop-ins or the YWCA may not have this completed. Please attempt to complete this consent form
 - a. The consent form allows fluid communication with the Isolation Centre; Emergency Shelters; Intensive Case Management and Rapid Rehousing Providers; YWCA Transitional Living; YWCA Carol Anne's Place; Mission Services Willow's Place; City of Hamilton Social Housing. The exception is the Violence Against Women's shelter system.
2. *Authorization for the Disclosure of Information* form: This form must be signed by the client to allow staff to disclose information with outside parties, including Violence Against Women Shelters.

3.3.2 Facility Tour

The client will be provided information on key aspects of the hotel:

- a) Staff suite and how to connect with staff
- b) Fire exits
- c) Designated smoking areas

3.3.3 Self-Isolation and Social Distancing Requirements and Expectations

All clients are reminded that they are expected to spend as much as their day as possible on site, in their units. This ensures alignment with Provincial orders to stay home and social distance.

All clients leaving and returning to the site will sign in and out with staff. The hotel will have a curfew of 11pm.

Shelter Overflow Clients

Clients will be reminded that social distancing requires:

- Staying in your unit
- No socializing with others in hotel rooms, hallways, lobby or smoking area
- A 2-metre distance between people is maintained
- Frequent handwashing is required



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Clients who are at the hotel as shelter overflow / social distancing purposes, are free to run their own errands.

Clients with mandatory self-isolation periods

Clients mandated to undergo self-isolation will experience a greater degree of restrictions, and will be instructed to not leave their unit, unless to specific areas of the hotel as approved, such as laundry and the smoking area. Clients who leave the site will have their name flagged across the homeless-serving system and be temporarily barred from other sheltering or drop-in services.

3.3.4 Substance Use Supports

Some clients may disclose substance use and require support to ensure a safe and comfortable stay. Case Manager staff may arrange a harm reduction consultation Network.

3.3.5 Food Allergies / Dietary Restrictions

Staff will ensure that any food allergies or dietary restrictions are recorded and communicated to the Coordinator and/or food provider.

3.3.6 Elements for Enjoyable Stay

Clients will be asked if there are any pressing needs that would require them to leave the site and attempt to problem-solve a reasonable solution. Client will be offered items to help make their stay more enjoyable such as books, puzzles, etc.

4.0 Hotel Shelter Staff Role

The Hotel staff teams consist of two employees, one from the City and one Agency staff. Recognizing the skills and leadership of those who work in the shelter system, Agency staff members will take the lead in directing the work on site. Redeployed City Staff will provide additional support to ensure smooth operations. Together, staff will over see the daily operations of the hotel, address client needs and promote self-isolation and social distancing. Below further explains the Case Manager – Isolation Hotels role description. Some aspects of the work may adjust as the project begins to operationalize.

Reference: Role Description: Case Manager – Isolation Hotels

4.1 Shift Duties

Both City and Agency staff form one team onsite at the hotel. Duties are shared and collectively, both staff members problem-solve as requests and situations arise. Each site will have a lead to help guide the team through daily activities, and an afterhours On Call support is available overnights, weekends and holidays. This information is posted on the communication board in the staff hotel suite.

1. Staff shall complete a Residential List Line daily for clients in mandatory self-isolation (Form provided by Public Health). This requires basic assessment of physical symptoms. Note that it is assumed that this assessment is completed by a non-medical professional.
2. Ensure all residents are accounted for on each shift
3. Basic tracking of case management and personal needs of the individual, including hygiene needs, laundry, prescription refills, etc.
4. Discharge planning should commence upon arrival of the client at the hotel. These activities may be more limited with clients requiring self-isolation. (can we define discharge planning ie: attempting to find housing for them, setting up OW benefits etc)
5. Provide storage to client medications as requested or required, and provide reminders
6. Coordinate access to supports on behalf of the client, as required, to promote continual self-isolation.

4.2 Record Keeping and Reporting

Simple client files will be kept by Isolation Hotels Programs. Some programs may be adapted to include HIFIS, and further training would be provided.

Basic record keeping includes:

- Utilizing a Log Book to document tasks, calls and other relevant information
- Daily Bed log, and accounting for clients on each shift
- Case Management client notes
- Daily completion of a List Line for clients in mandatory self-isolation stays
- Inventory site supplies, including Personal Protective Equipment, cleaning supplies, office supplies
- Adhere to computer and phone technology policies, as required. Both City and Agency staff will have access to generic Isolation Account. This account provides a shared inbox and access to the desktop to store documents, training videos and other communications

4.3 Support Services

Clients will be provided access to different types of support to promote a safe and comfortable stay.

4.3.1 Psycho-social Supports

Assistance in connecting clients via phone to existing formal and inform support services

- a. Offer of supportive listening by staff via phone or from a safe distance.
- b. Referral to volunteer MSWs for phone counselling
- c. T.V. in room (no pay per view options), access to crafts, crosswords, books, puzzles and other supplies if available.

4.3.2 Medical Support

Clients served in hotel will be asked if they have a family doctor following their care. Staff will assist clients with connecting to their doctor for medical issues that may arise during their stay or as needed.

Clients without a family doctor will be referred to the Shelter Health Network for medical supports.

Those individuals who are at the hotel due to self-isolation will be seen by medical professional from the Shelter Health Network to track and monitor any change in symptoms, and to assess if swabbing for COVID-19 is required.

A first aid kit will be supplied in the staff office and staff may supply the client with items as needed. Harm reduction supplies are also provided and can be give to the client as requested. In the event of a client overdose, staff are not required to administer naloxone. Staff will be provided an opportunity to complete training for naloxone and kits will be available on site. ****Note:** Public Health has identified injection naloxone kits to be a preferred option opposed to the nasal application. Public Health is seeking additional guidance on the use of nasal naloxone.

CPR is not to be done with a client at this time. Instead, staff is to call 911 and request paramedics.

5.1 Health and Safety

The Isolation Hotels Program wants to promote a safe space for clients, staff, and other hotel guests. The operational procedures will be developed in consultation with Public Health Infection Control specialists. When a health and safety risk is identified, notify your manager, Isolation Centre Coordinator or the On-Call manager to problem-solve a safe alternative and /or initiate a workorder to address the issue. Both City and Agency staff will adhere to Health and Safety policies from their respective employers.

5.1.1 Handwashing, Sanitizing and Personal Protective Equipment

Refer to Hamilton Isolation Centre Training- March 2020; at 4 minutes 46) to cover the following procedures:

- Correct Handwashing Procedure
- Correct Hand-Sanitizing Procedure
- Putting on Personal Protective Equipment (PPE)
- Removing PPE

5.1.2 Safe Sharps Disposal

Should you encounter a used needle or other *Sharp*, ensure you safely dispose of it. Never try to recap a needle. Do not throw needles and other sharps into the garbage or flush down the toilet. Here the steps to safely dispose of a sharp:

Step 1: Put on gloves

Step 2: Obtain a sharps container or a container that has solid walls, such as a coffee can or pop bottle.

Step 3: Place the sharps container on a flat surface near the sharp.

Step 4: using your hands or a tong, pick up the sharp from the end. DO NOT attempt to recap the needle

Step 5: Place the sharp into the container sharp end first.

Step 6: ensure sharp container is closed

Step 7: place the container in a safe place for disposal, such as the staff office.

Step 8: Remove gloves inside out and dispose

Step 9: Wash your hands.

A video showing these steps can be found at: “How to Pick Up Sharps, City of London, Ontario”

<https://www.youtube.com/watch?v=Tgop8QsDqoo>

5.1.3 Fire Evacuations

In the event of a fire, staff are to take the clients’ need to know sheets that are all together in one binder and exit the building via fire exits. Client information can be relayed to Emergency services, particularly for individuals requiring assistance to exit.

Under no circumstances are staff to re-enter the fire or building until it is deemed safe to do so by emergency services.

5.1.4 Professional Boundaries

All staff are expected to maintain professional boundaries with clients. Agencies and City staff will adhere to their respective professional boundaries policies.

5.1.5 Security

Hotel locations may have a security guard stationed on the floor to assist with monitoring the floor for non-residents and support with medical or behavioural incidents.

Some hotel locations may have emergency exits fitted with sound alarms, to alert residents when the doors are being accessed. The alarms do not prevent the safe movement of people through doors in the event of fire or evacuation.

5.1.6 Room Keys

Clients at some hotel locations will not have room keys. Clients will notify staff when going and returning to the hotel. Staff will have a master key and let individuals into their hotel rooms.

- Staff will keep 2m distance from the client and insert master key into door lock
- Staff will back up 2m to allow the client to approach and open the door.

6.0 Operational Procedures

This section outlines various operational procedures for staff to follow. All procedures have been assessed by City of Hamilton Public Health, Infection Control specialists.

6.1 Food Delivery

Upon a new client intake, staff will ask about food allergies or food restrictions and update the Catering Service as required. Caterers will log the temperature of the food prior to delivery, and staff receiving will also log the temperature of the food upon arrival.

If food is delivered early, it should remain in the closed hotbox.

Using a roly cart, staff will take the food to clients' room. Placing one meal on the top of the cart, staff will knock on the door and step back. The client will take the meal from the top of the cart. Food that is not collected will be placed in the staff fridge and dated. Clients can request an additional meal or snack if it is available.

6.2 Laundry

6.2.1 Hotel Linens and Towels

Linens will be collected once a week for laundering, and towels are collected daily or every other day, as required.

- Towels to launder: Staff will use roly bin and place a clear plastic bag inside. Staff will go door to door, asking residents to place spoiled towels in the bag. The bag is then tied with knot and carefully removed. Staff will try not to shake or ruffle bags unnecessarily. PPE required: none required by infection control, but gloves can be worn. Sanitize the roly bin as would be done for high touch surfaces. Staff wash hands after the procedure.
- Towels replenishment: Staff will place fresh towels by the door, knock on the door, and move on.
- Linens to Launder: Staff will provide clients with a large clear, plastic bag. Clients will place linens in the bag, knot it and place it outside of their door. Staff will go with the roly bin and place the bags carefully inside. PPE Required: none required by infection control, but gloves can be worn. Sanitize roly bin as would be done for high touch surfaces. Staff wash hands afterwards.



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6.2.2 Personal Laundry

Clients have access to the onsite laundry room. Clients will pay for their laundry, but staff can provide clients with laundry soap per load.

Staff will include the laundry area as a high touch area to clean regularly and encourage clients to wash their hands after loading and unloading the machines.

Clients in self-isolation and are displaying symptoms will bag up personal laundry in a clear bag. Staff will arrange with Hamilton Cleaners to have the clothes laundered safely 1x per week.

6.3 Garbage

Staff will collect garbage once per day from clients in the hotel room. Staff will encourage clients to not have extra food open in the hotel room. Using a roolly bin, staff will follow these steps:

- Knock on door and request garbage
- Ask the client to put garbage in a garbage bag and tie a knot
- Place the roolly bin in front of the client door, while staff backs up 2m.
- Client places garbage bag directly in the bin.
- Once all clients have put in their garbage, staff sanitizes the high touch areas of the bin.
- The bin is given to hotel staff to dispose.

No PPE is required by infection control for clients not in isolation and not displaying symptoms. Gloves may be used. Staff to wash their hands after the activity.

If a client is in isolation and is displaying symptoms, have the client put on a mask and gloves, and place garbage in the roolly bin. Ensure bin is wiped down as per usual practice.

6.4 Cleaning

Hotel staff and an outside contractor will assist staff in cleaning on the floor. Staff will be expected to do some basic cleaning tasks on shift, and may occasionally support with a room turnover as required. As much as possible, start with the cleanest area and work towards the dirtiest areas.

For clients not self-isolating, or self-isolating but asymptomatic:

- Each room will be cleaned twice a week: wipe down high touch surfaces, cleaning bathroom, vacuuming. No specific PPE is required by infection control. PPE may be required depending on the chemicals used and would be indicated on a product's SDS sheet.
- Daily cleaning tasks include: vacuum the hallways and staff room, disinfect surfaces including desk/phones/keyboards/elevator buttons, and staff bathroom.

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- Paper towel should be used instead of reusable cloths. If reusable cloths are used, they must be soaked in a disinfectant after cleaning session.
- Disinfectants used onsite must have Drug Identification Number (DIN) which is typically located on the container. A supplementary SDS sheet must be printed and kept on site.
- The best way to manage carpet or other fabric surfaces, such as couches or chairs, is to vacuum frequently.
- If a cleaning contractor is cleaning, the client must vacate the room. Staff can offer the client a chair in the hallway for the duration of the cleaning. Ensure that the chair is sanitized between clients.

If a person is in self-isolation and is demonstrating symptoms, do not enter the room. If a person is discharged from hotel due to a positive COVID-19 test, full PPE is required for turning over the unit. Follow the same bagging process for the laundering of linens.

6.5 Repairs in Units

Staff will be required to complete a unit check daily for clients who are not self-isolating, or those who are self-isolating but are asymptomatic. No PPE is required by Infection Control. Room checks are done to ensure there is no accumulation of food, damages or other maintenance issues. Ask the client to wait in the hallway while the unit check is being completed.

For clients who are demonstrating symptoms, do not enter the room.

Clogged Toilets: If a toilet is clogged or overflowing, if the person is not self-isolating, or is self-isolating but is asymptomatic, ask the client to keep a 2m distance from the staff member and enter the bathroom. Attempt to fix the toilet. If no fix can be made, phone hotel staff and if needed, afterhours on call.

For clients who are demonstrating symptoms, full PPE will be required to enter the room.