

REQUESTING LEADERSHIP & SUPPORT FROM LOCAL PUBLIC HEALTH AUTHORITIES

Homelessness is a Public Health Emergency

In working with homeless-serving systems on response and recovery, local Public Health Authorities (PHAs) must play a lead role in protecting vulnerable populations from COVID-19. Here's why:

PHAC has directed local PHAs to collaborate with providers of homelessness services

Although unable to direct provincial and territorial health authorities to implement specific measures, The Public Health Agency of Canada ([PHAC](#)) [clearly outlines how local PHAs are to collaborate](#) with service providers in planning, responding, and recovering to an outbreak, including the establishment of plans to reduce the risk of transmission and ensure alignment with local or jurisdictional protocols for testing, isolation, and clinical management. PHAC has also instructed organizations that serve vulnerable populations to [contact local, provincial, and territorial public health officials](#) to get relevant COVID-19 information, resources, and guidance. On April 16, [the Chief Public Health Officer of Canada](#) stressed the importance of having resources and supports in place to protect other vulnerable populations including staff, clients, and guests in homeless shelters.

Mitigating spread in shelters protects the entire population

Homelessness service settings, including shelters and drop-ins, are typically overcrowded, have inadequate ventilation, and serve large numbers of transient clients with increased susceptibility to infection and suboptimal access to healthcare. This poses increased risk for spreading COVID-19 throughout a community. Community transmission in emergency shelters could result in a rapid increase of COVID-19 cases that could overwhelm health-care systems. Managing the spread of COVID-19 in homelessness service settings is a key part of protecting the entire population.

People experiencing homelessness are at an elevated risk

People experiencing homelessness will face a disproportionate burden of morbidity and mortality during the COVID-19 pandemic, resulting from pre-existing health conditions, inadequate living conditions, and lack of access to health care. A large proportion of the homeless population is faced with compromised immune systems and chronic illnesses. [PHAC](#) and the [NAEH](#) recognize that those experiencing homelessness are at a higher risk of contracting or developing complications due to COVID-19, and as a result, have a dramatically elevated risk of death.

Homeless populations cannot follow Public Health advice

Most public health advice regarding social distancing, self-isolation, quarantine, and even respiratory and hand hygiene are not possible for people experiencing homelessness, including over 30,000 people living in emergency shelters, 24-hour drop ins, and day shelters across Canada. Self-isolation at home is an oxymoron for people without homes.

Some Ways Local PHAs Can Provide Support

Below are some actions that community leaders can ask or expect of their local PHAs in responding to COVID-19. PHA's can:

- **Plan and execute physical distancing in shelter spaces, establish isolation sites**, inspect shelters or drop-ins to assess need and inform these plans.
 - Some provincial jurisdictions, including Alberta and British Columbia, are provided with powers under emergency or public health legislation to acquire property to use as isolation sites.
 - Check out CDC's Inventory and Planning Tool for Homeless Service Providers that facilitates a conversation between health departments and local providers during a pandemic.
- **Develop screening tools and conduct screening in homelessness service settings** to assist with triage to isolation sites or for cohorting purposes.
 - Check out Toronto's screening tool and referral flowchart for more information on screening.
- **Help to secure Personal Protective Equipment (PPE)** for our most vulnerable neighbours and the staff who serve them.
 - Visit Government of Canada's PPE supply hub for a list of organizations buying and selling PPE.
- **Outline PPE usage requirements for staff** who serve community and help staff to meet these requirements. The proper use of PPE requires training. Although health care workers have clear guidance on the use of PPE from Public Health Canada and by some PHAs, local PHAs should advise on the use of PPE for homeless services staff, as well as provide training for the correct application and disposal of PPE. This is especially important as staff are working with a particularly vulnerable population and organizations are likely experiencing increased absences and a lack of coverage.
 - CAEH's COVID-19 Resource on PPE provides several community examples where local PHAs have provided guidance and training on proper PPE usage.
- **Act as a key source of reliable information** on COVID-19 for the community's Homeless-Serving System. It is increasingly difficult to keep up with news updates, critically analyze piles of incoming information, and differentiate between myth and fact. Local PHAs play an important role in translating information, providing knowledge exchange, and managing expectations.
 - PHAC released a series of awareness resources that can be printed and posted in homelessness service settings. Local PHAs can supplement these with tailored communications that answer commonly asked questions in the community.
- **Prioritize COVID-19 testing for the homeless population and staff or action universal testing in homelessness service settings and encampments.** Priority and universal testing can help prevent spread and recognizes the heightened risk faced by vulnerable populations in contracting COVID-19.

- See [CAEH'S COVID-19 Resource on COVID-19 Testing](#) for a list of which provinces have prioritized testing for the homeless population and staff, and examples of communities that have actioned universal testing in shelters or encampments.
- **Lead or play an integral role as part of response teams or teams working at isolation sites.** Health care workers should be providing health care to people experiencing homelessness and assisting homelessness staff in responding to COVID-19. For example:
 - [Alberta Health Services is supporting Edmonton's 24-7 isolation site](#) through the provision of addiction and mental health support staff and other additional health services.
 - Toronto's Inner City Health Associates have called for clinical nursing and mental health support for isolation sites ([page 32](#)). Moreover, people who have contracted COVID-19 will require additional health services even if they do not need hospitalization.
 - [Ottawa's treatment and isolation centre](#) will offer assessments by nurse practitioners and mental health workers, as well as 24-7 health services to those in isolation.
- **Provide processes and direction to hospitals on discharge planning** to ensure that people experiencing homelessness are not discharged without a plan in place.
 - For example, the [Canadian Association of Emergency Physicians has directed emergency care providers](#) to avoid discharging people experiencing homelessness who are suspected or confirmed to have COVID-19 from hospital without a transitional support plan.
- Provide or support the provision of **harm reduction supplies at isolation sites** or other homelessness service settings. PHAC directs service providers to [consult with local PHAs for advice about harm reduction](#) and responding to medical emergencies in the context of COVID-19.
- **Plan for people who test positive for COVID-19 at isolation sites**, including staffing, supplies, space for quarantine, and associated processes for ensuring people are receiving adequate healthcare.

Tips to Compel Local PHA Support and Leadership

- **Provide clear and compelling rationale.** See “Homelessness is Public Health Emergency” above.
- **Reiterate how PHAC has provided clear direction for local PHAs to work with providers of homelessness services** in outbreak planning, response, and recovery.
- **Outline how specific settings cannot meet minimum PHAC requirements or minimum standards or direction set by provincial or territorial governments without local PHA support.**
- **Be clear about what you need.** List any and all things that require local PHA support.
- **Rally together others who support your ask.** For example, on April 13, over 300 doctors and nurse practitioners in Toronto [called on health leadership in the city and province](#) to immediately issue orders and implement measures to prevent further outbreaks in homelessness service settings.

Disclaimer: This document is a collection of resources and/or ideas compiled by the team at CAEH. Please follow [Public Health Agency of Canada guidelines on COVID-19](#) as the primary resource for all health-related concerns.

CAEH will continue to update this resource as new information or ideas become available. Please refer to the CNH3 website Resources page at cnh3.ca/resources for additional information. If you have an idea or resource to share or are seeking further support, please contact us at info@caeh.ca.