

# Isolation Site for Individuals Who Are Homeless: High Level Policies and Procedures Overview

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# 1 Authors

Tomislav Svoboda MD  
Inner City Health Associates  
St. Michael's Hospital  
Toronto

Lead author, first draft, final draft, conceptual design,  
scientific input and review, design of staffing model

Stefan Baral MD  
Inner City Health Associates  
St. Michael's Hospital  
Toronto

Additional drafting, scientific input and review,  
drafting staffing model

Paul Perlas RN  
Inner City Family Health Team  
Toronto

Critical input, review of protocols, design of staffing  
model, instruction and flow sheets

Andrew Bond MD  
Inner City Health Associates  
St. Michael's Hospital  
Toronto

Determination of need for site, critical input, staffing  
model design input, review of drafts

Aaron Orkin MD  
Inner City Health Associates  
St. Michael's Hospital  
Toronto

Determination of need for site, critical input

Leslie Jardine  
Family Residence  
Shelter Housing and Support  
City of Toronto

Critical input, review of design, staffing model  
design, review of drafts

Gord Tanner  
Shelter Housing and Support  
City of Toronto

Determination of need for site, critical input

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## 3 Introduction and Background

In response to the global COVID19 Pandemic and risks associated with local transmission in municipal settings, the Inner City Health Associates and the City of Toronto are collaboratively developing a plan to support people who are homeless during times with heightened risk of infection. This collaborative plan includes the establishment of a dedicated site where individuals who are homeless can be safely and effectively isolated and/or quarantined consistent with public health standards as well as appropriate procedures to manage admission and transfer to this site. These policies and procedures are intended to serve as a general guide and framework to supplement existing public health protocols to ensure individuals who are homeless are supported in preventing acquisition and transmission of COVID19. This framework was done in very short order and continues to be a work in progress and will need to be adapted to jurisdictional needs and needs that will become apparent as programmers more fully implement isolation sites. We hope to get a lot of input, comments and suggestions. We tried as much as possible to avoid putting in recommendations that are available in official documents and encourage readers to always go to more current sources for ICP and control measure protocols.

## 4 High Level Requirements

The high level requirements represent an overview of the quarantine site protocol. Greater level of details of individual requirements and protocols are provided in the appendices or are available in existing guidelines and protocols. Existing guidelines and protocols from official bodies should always supercede this program model and continue to be sources of information for infection control and outbreak control measure recommendations.

### 4.1 Physical / Building Requirements

The isolation site must have units that are self-contained.

1. Each unit must be a standard apartment type unit with:
  1. toilet, sink and shower/bath
  2. refrigerator
  3. microwave/basic kitchenware
  4. storage for short term clothing/personal effects
  5. bed
  6. separate doorway

7. a means of entering and exiting unit with minimum opportunities for interacting with others
2. Units do not require:
  1. negative pressure isolation
  2. separate ventilation systems
  3. separate floors unless risk of interaction with others is identified as a risk

## 4.2 Staged Approach to Quarantine Provision

### 4.2.1 Phases of Quarantine Provision

There are three phases proposed for this protocol including Phase 1 which will support up to five individuals designated as PUI (person under investigation) or confirmed infected with COVID or with Phase 2 focused on up to 50 people in the shelter system designated as PUI (person under investigation) or confirmed infected with COVID. Phase I is being implemented immediately with Phase II being planned for over the coming five days depending on local transmission during Phase 1. Phase III represents widespread community transmission necessitating engagement of additional sites to support group isolation strategies for those infected and engagement of other strategies and social distancing approaches.

Phase I. Immediate Implementation including space for five individuals meeting criteria for quarantine if under investigation or isolation if confirmed

Phase 2. Dedicated space for up to 50 isolation units in response to transmission in Toronto during Phase I implementation

Phase 3. Additional centers engaged in the case of more widespread community transmission within the shelter system in Toronto

### 4.2.2 Grades of Individual Needs

Characterizing the level of individual needs will inform strategies to match appropriate nursing support to meet client needs. There are five grades ranging from minimal needs to those that are not appropriate candidates for management of their quarantine/isolation needs within the shelter system. It is also noted that Grade level may be dynamic over the time of isolation and quarantine and should be re-evaluated as needed. Triage and assessment forms are available in Appendix 8 and 9 of this document

Grade 1 -- These are candidates with a mild clinical course to date, no identifiable risks for severe COVID disease or for challenges in complying with quarantine/isolation protocols

Grade 2 -- These are candidates with mild clinical course to date, but have identified risks including being above 55, underlying heart or lung disease, or diabetes requiring additional nursing support

Grade 3 -- These are candidates with identified minimal specific risks for challenges in complying with routine quarantine/isolation requirements requiring Level 1 mental health and addictions peer worker, case management and nursing support

Grade 4 -- These are candidates with significant risks for challenges in complying with routine quarantine/isolation requirements requiring Level 2 mental health and addictions peer worker, case management and nursing support with greater likelihood of flight from room (not more than once or twice per week) or individual requiring more trauma informed care

Grade 5 -- These are individuals with a more severe clinical course, have been identified as being at significant risk for a severe clinical course, or have very significant challenges in complying with quarantine and isolation requirements and are likely not candidates for outpatient shelter based care during isolation or quarantine. Such individuals will be referred to hospital or rehab facility for quarantine as appropriate.

### 4.3 Timing

- Immediate roll out of Phase 1 (3-5 units) quarantine site as of writing of report (0-1 days)
- 2-5 day roll out of Phase 2 quarantine site (5-50 units).

### 4.4 Role of the Site

1. To serve as the primary location for isolation and quarantine during Phase I
2. To stop or slow down transmission of COVID19 among individuals who are homeless in Toronto
3. To serve as a site for high needs quarantine support if Phase II is activated and other shelters begin providing general quarantine support
4. To serve as hub / triage / central access for quarantine/isolation sites for subsequent phases

### 4.5 Minimum Staff Requirements

#### 4.5.1 Minimum Staff Training

1. Basic training in droplet-based infectious disease transmission including personal protection and control measures
2. Training in correct use of personal protective equipment (PPE) for droplet-based transmission with additional information available here:

<https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en>

3. Isolation/quarantine support operational requirements including, but not limited to, the delivery of food, laundry support, cleaning, and general medical needs
4. Crisis intervention in response to mental health or compliance events (e.g. individual leaving room against medical advice or requiring first aid) while maintaining infection

## 4.6 Staffing Needs for Different Grades of Care

The goal of support staff is to leverage peer and case management support services as much as possible and then leveraging additional clinical supports including nursing and physician supports.

Type of Staff	Hours Needed	Number Needed	Notes
Shift leader	24 hours	1 for 50 units	To assist with critical incidents, admissions and discharges, support and manage staff
Counsellor staff (Grade 1-4)	16 hours	1 for every 25 units	To assist with admission assessments
Client Service Worker (Grade 1-4)	24 hours	1 for every 25 units	To assist with room service, meals
Peer/Case Manager (Grade 1)	NA	NA	NA
Peer/Case Manager (Grade 2)	NA	NA	NA
Peer/Case Manager (Grade 3)	16 hours	There is one peer worker needed per 15 clients.	To provide light mental health and addictions support, support nurses when they enter units if needed
Peer/Case Manager (Grade 4)	24 hours	There is one case manager needed per 15 clients.	Ideally, there is 1 peer worker for every case manager, observation of hallway
Clinical Nursing	For Grade I clients,	One nurse per 40	Mostly for admission

Support (Grade 1)	there will be 16 hours of daily nursing	clients	of new clients
Clinical Nursing Support (Grade 2)	For Grade 2 clients, there will be 16 hours of daily nursing	One nurse per 20 clients	For twice per day vital sign monitoring and medication dispensing as needed
Mental Health Nursing Support (Grade 3)	For Grade 2 clients, there will be 16 hours of daily nursing	One nurse per 20 clients	Must be supported by peer and case manager support
Mental Health Nursing Support (Grade 4)	For Grade 2 clients, there will be 16 hours of daily nursing	One nurse per 20 clients	Must be supported by peer and case manager support

### 4.7 Minimum Isolation/Quarantine Support

Phase I of this plan includes an immediate need for five rooms available for isolation/quarantine support.

#### 4.7.1 Indications

The indications for admission to the dedicated site during Phase I including meeting either the following Criteria 1 or 2 and Criteria 3,4, and 5 representing Grade 1 candidates. Grade 2 and above candidates require higher levels of dedicated clinical nursing or mental health supports and would be candidates for engagement during Phases II and III.

1. Individuals who are persons under investigation (PUI)
2. Individuals who are confirmed infected with COVID19
3. Individuals without risks for severe COVID19 including being older than 55, previously diagnosed with heart disease, lung disease, or diabetes.
4. Individuals without specific risks for challenges in complying with routine quarantine requirements including high risk mental health comorbidities, significant cognitive or behavioural impairments, or active substance use disorder
5. Individuals with mild or non-existent respiratory symptoms

#### 4.7.2 Trigger

No trigger. Phase 1 is being implemented as the basic level of isolation/quarantine support for individuals with homelessness in Toronto

### 4.7.3 Components

Minimum isolation/quarantine support will consist of:

#### 4.7.3.1 Activities of Daily Living

- 1) At door delivery of basic toilet and hygiene needs (e.g. toilet paper)
- 2) Provision of clean bed linens and bedding
- 3) At door delivery of food and groceries
- 4) Laundry – at door pick up, laundering and return of laundry to each quarantine unit (weekly) using ICP practices below

#### 4.7.3.2 Psychosocial Support

1. Telephone room service type support and telephone to make calls outside of site
2. Entertainment – books, TV, movies if possible

#### 4.7.3.3 Infection Control

COVID19 represents a coronavirus without evidence of the need for any specific infection control measures transcending standard ICP approaches including for cleaning/disinfection of vacated room, handling of laundry, handling of items removed from quarantine unit

1. Laundry – at door pick up, laundering and return of laundry to each quarantine unit (weekly). Laundry machines can be used with regular soap and do not require cohorting.
2. Garbage removed daily using general waste streams with appropriate ICP practices as per regular handling of garbage
3. Rooms will be cleaned weekly with standard cleaners including 1:9 dilution of bleach without need for spraying of furniture or ceilings

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html>

### 4.7.4 Admission and Discharge Planning

#### 4.7.4.1 Admission Plan Overview

The overview of admission and discharge planning are provided below:

1. An on call MD will receive referral calls from assessment centre sites and emergency departments and determine meeting of eligibility criteria and make a medical assessment of the referred person. In Toronto, the calls are pre-screened by hospital locating.

2. Referrals are entered in a line list and then passed on to counselling staff if the referral is appropriate.
3. Counselling staff will contact case management and shelter staff that best know the client to determine what levels of residential support are required by the client to ensure a successful isolation at the site given grade of staffing support available. Counselling staff will fill out assessment form started by physician.
4. Each potential person considered for admission will be discussed among the COVID19 response team within ICHA to confirm eligibility and appropriateness for admission during Phase I and II
5. The client will be moved to the site using an appropriate transport vehicle that can provide droplet transmission ICP. This is currently in development but appears to require a dedicated vehicle and trained staff as non-emergency medical transport companies do not appear to be sufficient for the needs of the isolation site (do not provide transport for those with risk of COVID19 or response time is >24 hours).
6. To minimize risks of transmission upon arrival at the site, the hallway will be cleared after the client has entered the private space as a means of maintaining isolation during entry into quarantine site and delivery and entry into unit by clinical or residential staff depending on training and comfort level of staff and grade of support required by client. Any surfaces touched by individual will be wiped down (e.g. doors, handles).

#### 4.7.4.2 Discharge Planning Overview

1. The current guidance from the National Institutes of Allergy and Infectious Diseases is that one should be asymptomatic and then have two negative tests for COVID 24 hours apart for individuals that initially tested COVID19 positive. Discharge criteria are still in evolution
2. Individuals that are PUI whose initial test results are negative will be discharged without further testing.
3. Discharge planning for support back to their regular bed or to the community will be made following isolation/quarantine

#### 4.7.5 Admission Plan Detailed Protocol

#### 4.7.6 Step 1: Hospital Assessment

1. **Individual Identified in Community as PUI or Confirmed Infection:** Individual may be identified in community clinic or health/services provider as having (confirmed) or potentially having (PUI) COVID19 infection.
2. **Individual Transported to Hospital Emergency Department/Assessment Centre:** Individual transported to local hospital as per current community guidelines (e.g. hospital called, patient transported in private vehicle or ambulance)
3. **Individual Assessed in Hospital Emergency Department/Assessment Centre:** Individual is assessed for COVID19 as per current community guidelines in hospital. Individuals identified as being homeless.

4. **Contacting Public Health and Relevant Homeless Service Providers:** Emergency Department Staff Contact Homeless Health Lead Agency MD on call (in Toronto Inner City Health Associates through St. Michael's Hospital locating (416) 864-5431, Shelter and Case Management Service providers as per local memos and guidelines.

#### 4.7.7 Step 2: In-Hospital Isolation Assessment

5. **MD/Nurse Initial Call to Assessment Centre/Emergency Department:** Provider on call will phone the Emergency Department or Assessment Centre referral site and speak to the MD to assess isolation candidates for purposes of adequate support and appropriateness for the site. Provider will call shelter contact to determine who best knows the individual and contact that shelter to get additional health information relevant to isolation. Provider will fill out an assessment form. Provider will also call the individual case manager to discuss the isolation and obtain additional mental health/substance use information.
6. **MD/Nurse Remote Assessment of individual at Assessment Centre/Emergency Department:** The MD/Nurse will fill out assessment form (see appendix) and obtain any other relevant clinical information required for the appropriate care and admission of the individual (see [4.2 Homeless COVID19 Assessment Form](#))
7. **MD/Nurse assessor to contact Isolation Site Shift leader:** Shift leader at Isolation Site will be called to discuss referral. If individuals requiring isolation support require a higher level of support than currently implemented at Isolation Site, this will trigger escalation of care protocol at Isolation Site to increase the available support at the site (see [5 Escalation of Available Support](#)).
8. **Accept Referral From Hospital:** When both MD/Nurse Assessor and Isolation Site Shift Leader agree on accepting the referral, the referring Assessment Centre/Emergency Department will be notified that the referral has been accepted and transportation is being arranged.

#### 4.7.8 Step 3: Transportation of Individual to Isolation Site

9. **Call to Transportation Service:** MD/Nurse assessor will request that Isolation Site shift leader call transportation service and arrange pick up of individuals from Assessment Centre/Emergency Department and notify Assessment Centre/Emergency Department of the pickup and transportation being arranged. Shift leader will explain the arrival protocol to the Transportation Service. Transportation Service to be given shift leader phone number to be called on arrival.
10. **Transportation to Isolation Site:** The client will be moved to the site using an ambulance with strict maintenance of isolation during transport to quarantine site consistent with droplet-based transmission prevention.
11. **Preparation for Arrival of Individual:** Shift leader at Isolation Site will inform Isolation Site staff to prepare for arrival of individual at Isolation Site.

#### 4.7.9 Step 4: Arrival and Entry into Isolation Unit Protocol

- 12. Transportation Service Arrival:** When transportation service arrives at Isolation Site, Transportation Service to call Isolation Site shift leader
- 13. Clearing of Path to Isolation Unit:** Shift leader will direct staff to have the hallway will cleared and cleaned after the client has entered the private space as a means of maintaining isolation during entry into quarantine site and delivery and entry into unit and clear path to vacant isolation unit room where individual is to be taken.
- 14. Shift Leader/Health Care Staff Led Admission:** When path is prepared, the shift leader/health care staff will don PPE (surgical mask, and gloves) and go to Transportation Service in the parking lot and greet the isolation candidate, ask them to don surgical face mask and then welcome them to the isolation site. The individual will be led to the Isolation Site Unit staying at a distance from the individual. The individual will be asked as much as possible not to touch surfaces along the way.
- 15. Entry into Isolation Unit:** Individual will enter the isolation unit and be familiarized with amenities (bath, TV, telephone) and be provided with number to call if individual requires anything and be informed that they will have all needs delivered to their room (food, toiletry supplies, bedding, change of clothes if required).

#### 4.7.10 Discharge Planning

Using [4.7.4.2 Discharge Planning Overview](#) criteria, clients will be discharged back to their former shelters when confirmed to no longer be at risk for onward transmission of COVID19.

72 hours before expected discharge, there will be a discussion between the shift leader of the original shelter or site of residence, the existing case manager, the clinical support team during the quarantine to discuss

- 1) Expected discharge date
- 2) Changes to baseline clinical, cognitive, or mental health during the time of quarantine/isolation

24 hours before expected discharge, final details regarding time of discharge and relevant details will be provided with the shelter shift leader.

The client will be supported by commercial transfer to the original shelter without specific PPE requirements for people involved in the transfer

#### 4.7.11 Monitoring

Daily staff check in with quarantined individuals:

Staff will obtain the following information twice daily from individuals in isolation:

1. Do you have any worsening cough?
2. Do you have any difficulty breathing?

3. Do you have any shakes, chills or sweats?

#### 4.7.11.1 Self-care suggestions for Grade I Clients from Toronto Public Health

[Novel Coronavirus \(COVID-19\)](#)

#### 4.7.11.2 PHAC Guidelines Precautions for Caregivers

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-cases-contacts.html#ph>

#### 4.7.12 Additional Resources For Individuals about COVID19 from PHAC

##### 4.7.12.1 Primary resources from PHAC

[Coronavirus disease \(COVID-19\) outbreak updates, symptoms, prevention, travel, preparation](#)

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-how-to-isolate-at-home.html>

##### 4.7.12.2 Secondary Resources from US CDC

[Print Resources](#)

#### 4.7.13 Health Care Supports

The primary clinical support model is driven by nursing care with additional clinical support available by MD on call

1. **Self Reported Worsening symptoms:** Individual in isolation can call Isolation Site staff at any time if they experience any worsening of symptoms
2. **On Call Health Providers:** Isolation Site Staff can Health Provider on call at any time (24/7) if there are any concerns with the admitted individual in isolation at 289-212-6843.
3. **Delivery of personal medications:** Isolation Site staff will receive medications delivered from local pharmacies as ordered by On call health providers as required or patient, if independent, can take their own medications.

#### 4.7.14 Worsening Illness Procedure

1. If there is clinical deterioration including increasing shortness of breath, increasing fever, or worsening level of consciousness, call ambulance and inform emergency services that this is a client infected or under investigation with COVID19.

2. To minimize risks of transmission upon movement to the ambulance, the hallway will be cleared and cleaned after the client has exited the private space as a means of maintaining isolation during exit from the quarantine site and movement to the ambulance

#### 4.7.15 Deteriorating Health Status While at Isolation Site

There will be assessments of health condition of clients every 12 hours including monitoring vitals monitoring and recording HR, RR, O2sat, BP, Temp as required based on symptom identification by client or staff. A COVID specific vitals flow sheet will be used for all clients to facilitate transfer between different nursing and support teams.

If a client is clinically deteriorating, they can be moved from Grade 1 support which is passive to Grade 2 or above support which includes greater level of clinical support.

The on call MD will be called if any of the following criteria are met:

- 1) O2 sat <92% or 5% lower than baseline
- 2) Systolic BP < 105
- 3) RR >20
- 4) HR>100
- 5) Tympanic Temp >37.6

An assessment will be made as to whether to maintain current level of care, increase clinical support, increase non-compliance mental health support, or ask for the person to be transferred via ambulance back to a tertiary care center

### 4.8 Grade 2 Clients Nursing Isolation/Quarantine Support

Higher levels of nursing support will be required for Grade 2 clients with a greater risk of severe illness from a COVID19 infection but where there are no identified risks for difficulties in following isolation/quarantine including cognitive impairments or conflict with staff. Grade 2 individuals may require greater level of monitoring or support in case of worsening illness. Triage and detailed assessment forms are available in the appendix to guide an assessment of service needs to maintain quarantine and isolation during the time of the epidemic of COVID19 with a range from being able to manage independently to requiring case management with either less than or greater than six hours, or long-term care equivalent support 24/7. If the client is determined to be Grade 5 requiring the equivalent of 24/7 support, then they are likely not an appropriate candidate for shelter-based care during the time of local transmission.

#### 4.8.1 Indications for Grade 2

1. Individuals with risk factors for severe COVID19 illness ( $\geq 55$  years old, presence of high risk physical health comorbidities (e.g. heart disease, lung disease, diabetes)
2. Individuals who are able to take their own medications and accurately self monitor for worsening symptoms

3. Individuals who have no history of conflict with staff and are expected to be compliant with isolation or quarantine requirements

#### 4.8.2 Trigger

- Referral of individual to isolation/quarantine site representing Grade 2 based on assessment form available in appendix which includes clients with risk factors for severe COVID19 illness requiring additional nursing support but able to take medication and follow instructions

#### 4.8.3 Components

Grade 2 nursing isolation/quarantine services will consist of:

- All components of Grade 1 isolation/quarantine support

Plus:

##### **Health Care Support**

1. 0800 to 2359 (16 hours per day) presence of an onsite nurse
2. Personal medication dispensing as required
3. 24 hour physician on call support to nursing team

##### **Monitoring to assess changes in Grades**

1. Similar to Grade 1 clients with monitoring every 12 hours vitals monitoring and recording (HR, RR, O2sat, BP, Temp) or as required based on symptom identification by client or staff

##### **Admission Planning**

Based on the results of the assessment form, the intake team will develop a differentiated management plan during admission to ensure appropriate level of nursing support in place with sufficient monitoring to assess changes in clinical status.

##### **Discharge Planning**

Discharge planning will leverage a similar process to that proposed for Grade 1 clients

## 4.9 Grade 3 Support for Level I Mental Health and Substance Use Isolation/Quarantine Support

Grade 3 individuals include those requiring specialized mental health and addictions support services given a history of poorly controlled mental illness or substance use disorders. Without adequate supports, Grade 3 individuals with active and or poorly controlled mental illness or

addiction could be at risk of failing to heal and successfully complete self-quarantine. Notably, Grade 3 individuals may or may not have identified risks for a more severe clinical course of COVID with the assessment facilitating the evaluation of differentiated clinical and mental health services.

#### **4.9.1 Indications**

1. Poorly controlled mental illness requiring monitoring (at least weekly and as often as daily), more frequent assessments and adjustments to treatment (at least weekly)
2. Poorly managed substance use requiring monitoring (at least weekly and as often as daily), more frequent assessments and adjustments to treatment (at least weekly and as often as daily)

#### **4.9.2 Trigger**

Individual referred for quarantine meeting represents a Grade 3 client

#### **4.9.3 Components**

High risk nursing quarantine support will consist of:

- All components of Grade 1 self quarantine support
- The individual will be assessed if also requires the clinical support for Grade 2 clients including high risk nursing support

Plus:

#### **Admission Planning**

1. The intake process will include a similar assessment to Grade 2 clients with addition of a physician experienced in mental health or substance use disorder care or specialized nursing admission assessment form completed facilitating planning for differentiated services.
2. Differentiated services including mental health or substance use supports organized prior to admission
3. Depending on assessed need, Grade 3 clients may be accompanied by mental health support worker in PPE throughout the transfer from the hospital to the shelter system

#### **Discharge Planning**

1. Discharge planning will include the processes proposed for Grade 1 clients
2. Depending on assessed need, Grade 3 clients may require being accompanied by support staff without specific needs for PPE during the transfer process

## **Mental Health and Substance Use Supports**

1. Nursing will be available at the same level as for Grade 2
2. Peer support workers and or mental health and substance use disorder case management staff will provide support as per the staff matrix table [4.6 Minimum Staffing Needs](#)
3. Experienced primary care mental health MD or psychiatrist with shelter based experience will be available as on call support
4. On a weekly basis, an on site assessment of mental health symptoms will be completed by experienced primary care mental health MD or psychiatrist with shelter based experience

## **Specialized Substance Use Supports**

1. Specialized safe supply harm reduction prescribing of opiates, stimulants or alcohol as required

## **4.10 Grade 4 Support for Level II Mental Health and Substance Use Isolation/Quarantine Support**

Grade 4 clients represent those with higher levels of trauma, DBT (Dialectical Behaviour Therapy), and neuropsychologically informed mental health and addictions support will be provided for individuals who are at significant risk of difficulties such as aggression, self harm, disorganization, or impulsivity. Such outcomes or incidents could put the individual at higher risk of morbidity and mortality related to COVID and for not successfully completing their isolation period. Underlying reasons for individuals to be classified as Grade 4 include severe mental illness, severe cognitive impairments, heavy uncontrolled substance use, or a combination of these. Notably, Grade 4 individuals may or may not have identified risks for a more severe clinical course of COVID with the assessment facilitating the evaluation of differentiated clinical and mental health services.

### **Indications**

1. Mild to low moderate risk of aggression, self harm, disorganization or impulsivity
2. Mild flight from room risk

### **Exclusions**

1. Moderate to severe aggression, disorganization or impulsivity
2. Moderate to severe flight from room risk
3. Active ideation of self harm or harm to others

### **4.10.1 Components**

High risk nursing quarantine support will consist of:

- All components of Grade 1 self-quarantine support
- All components of Grade 3 mental health and substance use self quarantine support
- The individual will be assessed if also requires the clinical support for clients receiving Grade 2 and 3 support including high risk nursing support

Plus:

### **Monitoring**

1. Monitoring of door or hallway for individual leaving the room by peer worker

### **Mental Health Support**

1. Case Manager or peer support worker will be available for up to 16 hours per day with a daily assessment of mental health symptom or as per [4.6 Staffing Needs for Different Grades of Care](#)
2. On site 24-7 trauma informed staff on site, skilled in de-escalation

### **Admission Planning**

1. The intake process will leverage a similar assessment to Grade 2 clients with addition of mental health and substance use physician or specialized nursing admission assessment form completed facilitating planning for differentiated services.
2. Differentiated services including mental health or substance use supports organized prior to admission
3. Grade 4 clients will be accompanied by mental health support worker in PPE throughout the transfer from the hospital to the shelter system

### **Discharge Planning**

1. Discharge planning will include the same process to that proposed for Grade 3 clients
2. Grade 4 clients are expected to require being accompanied by support staff without specific needs for PPE during the transfer process

## **4.11 Grade 5 Client Isolation/Quarantine Support**

Grade 5 individuals include those individuals with severe clinical courses or Level III Mental Health and Substance use necessitating 24/7 institutional care which exceeds what is possible to provide in community settings. Such individuals will be referred to stay in a hospital or secure institutional quarantine e.g. WestPark hospital.

## 5 Escalation of Available Support

At the opening of the isolation site during Phase I or early Phase II, program developers will be starting with minimum levels of support while additional resources are being identified.

Individuals requiring higher grades of support will preferably be cared for in hospital while the isolation site is escalated. At times individuals will refuse hospital care and may return to their shelter which is suboptimal and could expose further individuals who are homeless. This and other factors will force escalation to higher grades of support. Escalation involves identifying the staff, obtaining contracts with agencies and individuals for the support required. This will present administrative challenges that will be uniquely solved in different jurisdictions.

## 6 Additional Strategies and Phase III Planning

In the context of widespread community transmission, additional infrastructure will be necessitated beyond what is described for Phase I representing planning for up to 5 individuals and Phase II representing planning for up to 50 individuals. In the context of widespread transmission, additional strategies may include:

1. increasing capacity by cohorting 2-3 individuals per room who have been confirmed to have COVID19.
2. cohorting individuals with similar levels of care requirements into same area (e.g. on one floor/level or part of building)
3. using additional buildings available to the city to further cohort those infected or, separately, those under investigation.

# 7 Appendix 1 Triage and Assessment Forms

## 7.1 Homeless COVID19 Triage Form

The following questions will determine eligibility for support options available through the City of Toronto's programs for those experiencing homelessness

- 1) Status of Diagnosis
  - a) Is the individual a person under investigation for COVID 19
  - b) Does the person have a confirmed diagnosis of COVID 19
- 2) Does the client meet any of the following identified risks including being older than 55, previously diagnosed with heart disease, lung disease, or diabetes.
- 3) In your best estimation, what level of support would this individual (due to mental illness, substance use difficulties, cognitive impairment etc.) require in order to maintain quarantine/isolation during the outbreak (please check):
  - \_\_\_ Level 1: This person is independent in the community and requires no special support.
  - \_\_\_ Level 2: Case management: This individual would require 1-5 hours case management support per week in the community
  - \_\_\_ Level 3: Case management: This individual would require 6 hours or more per week in the community (ICM, ACT, FACT etc.)
  - \_\_\_ Level 4: [ ] 24/7 non-clinical: This individual would require presence of 24/7 on site staffing without full time nursing or full time behaviour therapists (boarding home; tolerates co-living)
  - \_\_\_ Level 5: Long-Term Care equivalent: This individual would require presence of 24/7 on site staffing including full time nursing and or full time behaviour therapists
  - \_\_\_ Level 6: Institutional based care This individual would require presence of 24/7 on site staffing specially trained to support individuals who experience frequent and severe conflicts or difficulties with staff in average programs with 24/7 staffing.
- 4) Does the client have mild or non-existent respiratory symptoms?
  - a) Yes
  - b) No

## 7.2 Homeless COVID19 Assessment Form

### Individual Identification

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

OHIP # \_\_\_\_\_ version code: \_\_\_\_\_

Date of Referral: \_\_\_\_\_ Time of Referral: \_\_\_\_\_

Date of Test: \_\_\_\_\_ Time of test: \_\_\_\_\_

### Sources of Information:

Discharge Hospital No [ ] Yes [ ]

Name of Hospital/Assessment Centre: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ : phone: \_\_\_\_\_

Shelter/Site of Residence No [ ] Yes [ ]

Name of Shelter/Site: \_\_\_\_\_

Name of Shelter Staff source: \_\_\_\_\_

Phone number: \_\_\_\_\_

Existing Case Manager No [ ] Yes [ ]

Name of Case Manager: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Clinical History and Medication List

Family Doctor Identified No [ ] Yes [ ]

Medication List Received No [ ] Yes [ ]

Discharge Summary from hospital Received No [ ] Yes [ ]

### Potential for Overt Conflict Assessment:

a) Severity of Conflict: [Unknown] 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 [Known] see *scale below*

b) Frequency of Conflict: Daily [ ] Weekly [ ] Month [ ] Yearly [ ]

**Severe Mental Illness:** No [ ] Unlikely [ ] Don't Know [ ] Likely [ ] Yes [ ] Yes with Problems [ ]

### Substance Use:

- a) Tobacco Smoking? No  Unlikely  Don't Know  Likely  Yes  Yes with Problems  comments: \_\_\_\_\_
- b) Marijuana Smoking? No  Unlikely  Don't Know  Likely  Yes  Yes with Problems  comments: \_\_\_\_\_
- c) Alcohol Use? No  Unlikely  Don't Know  Likely  Yes  Yes with Problems  comments: \_\_\_\_\_
- d) Opioid Use? No  Unlikely  Don't Know  Likely  Yes  Yes with Problems  comments: \_\_\_\_\_
- e) Stimulant? No  Unlikely  Don't Know  Likely  Yes  Yes with Problems  comments: \_\_\_\_\_

**Cognitive Impairment?** *Prominent issues with either memory, executive functions, orientation, language*

No  Unlikely  Don't Know  Likely  Yes  Yes with Problems

**Developmental Disability (DD)?** *Considerable cognitive-functional impairment with roots in developmental period*

No  Unlikely  Don't Know  Likely  Yes  Yes with Problems

**Brain Injury?** *Presence of brain damage due to head trauma, stroke, substance toxicity*

No  Unlikely  Don't Know  Likely  Yes  Yes with Problems

**Dementia?** *Presence of gradually deteriorating cognitive functioning over time*

No  Unlikely  Don't Know  Likely  Yes  Yes with Problems

**Adaptive functioning Issues?**

- a) Basic ADL *Prominent issues with bathing, dressing, mobility, self-care*  
No  Unlikely  Don't Know  Likely  Yes  Yes with Problems
- b) iADLs *Prominent issues with Navigation, Meds, housekeeping, Finances, Reading*  
No  Unlikely  Don't Know  Likely  Yes  Yes with Problems

**Medical considerations:**

- a) Medical care needs? Has chronic complex medical problems (e.g. difficult to control seizures, diabetes)  
No  Don't Know  Yes

Provide List of Active Medical Problems:

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- b) ED visits (past year) 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 – more than 10
- c) Hospitalizations (past year) 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 – more than 10

**Expected Housing support Needs During Outbreak:**

- I Level 1:  **Independent:** Suggests the individual can live independently
- I Level 2:  **Case management:** 1-5 hours per week in the community
- I Level 3:  **Case management:** 6 hours or more in the community (**ICM, ACT, FACT etc.**)
- I Level 4:  **24/7 non-clinical** staffing (boarding home; tolerates co-living)
- I Level 5:  **24/7 Long-Term Care equivalent** (needs nursing, behavioural therapy)
- I Level 6:  **24/7 Intense behavioural support and rehabilitation care**  
(Needs include addiction, & behavioural/psychological services)

**Chronically homeless (6 months+)**      No  Don't Know  Yes

Transportation Service used: \_\_\_\_\_

Car # \_\_\_\_\_ phone of driver: \_\_\_\_\_

Date of Admission to Isolation Unit: \_\_\_\_\_ Time of Admission: \_\_\_\_\_

# 8 Appendix: Instruction Materials

## 8.1 Instruction Materials for Nursing Staff

### Family Residence Quarantine Site

#### **NURSING INSTRUCTIONS**

This booklet is to be given to Nurse upon arriving to the reception.

As there may not be medical personnel or other staff from ICHA in regards to your Nursing responsibilities this booklet will provide you with all the necessary resources you need.

- Get KEY and Walkie Talkie from Reception
- Go to Nursing Station - (currently 318)
- Review "Master list" on Nursing Med cart - names and room numbers and grade

#### **CHART**

NOTE - Currently YOUR SHIFT IS from 0800 to 2359

Chart will include:

- COVID ASSESSMENT FORM
- COLLATERAL/PMHX
- MAR
- WELLNESS CHECK FLOW SHEET VS FLOW SHEET
- EXTRA SUPPORT FLOW SHEET (grades 3 and 4)
- PROGRESS NOTES
- SHIFT REPORT

#### **RESPONSIBILITIES:**

GRADES - You'll notice the clients are graded. These grades will indicate the frequency of assessments you will need to do. Below is a generalized description on what this means for your Nursing responsibilities

There is also a more detailed document on "Grading" that you can review for more information in this booklet.

## **GRADES AND NURSING**

### **GRADE 1**

**WELLNESS CHECKS** are VERBAL checks via phone or in front of room with door closed.  
TWICE DAILY - Using your cell phone to call main office who will transfer your call to the room  
OR use a landline phone in offices or use a previously emptied and cleared room

Using the Wellness Check flow sheet ask the following questions:

1. Do you have any worsening cough?
2. Do you have any difficulty breathing?
3. Do you have any shakes, chills or sweats?

If the client answer YES to any of these questions. Do an in person assessment and take Vital signs. Record Vital Signs in Vitals signs flow sheet, consult with on call MD.

If a client is clinically deteriorating, they can be moved from Grade 1 support which is passive to Grade 2 or above support which includes greater level of clinical support.

## **GRADE 2 / 3 / 4**

**WELLNESS CHECKS** : Perform Verbal Wellness minimum BID throughout your shift.

**AND**

### **VITAL SIGNS CHECKS:**

- Check your patients chart if any increase in Frequency of VS checks. If not noted Grade 2, Grade 3 and Grade 4 clients will have minimum of BID VS checks during your 12 hour shift.
- As your shift is from 0800 to 2359 and there is No Nurse on duty from 2400 to 0659 you should do your VS BID at beginning and near end of shift.
- Record Vitals signs in Flow sheet of patients chart

## **CALLING ON CALL MD**

The **on call MD will be called** if any of the following criteria are met:

1. O2 sat <92% or 5% lower than baseline
2. RR >20

3. HR>100
4. Tympanic Temp >37.6
5. SBP < 105

An assessment [made by the oncall MD] will be made as to whether to maintain current level of care, increase clinical support, increase non-compliance mental health support, or ask for the person to be transferred via ambulance back to a tertiary care center

## Worsening Illness Procedure

As a skilled and adept Nurse at Health Assessments you feel that your client has deteriorated and need to initiate EMS, then:

1. If there is clinical deterioration including increasing shortness of breath, increasing fever, or worsening level of consciousness, call [EMS] and inform emergency services that this is a client infected or under investigation with COVID19.
2. To minimize risks of transmission upon movement to the ambulance, the hallway will be cleared and cleaned after the client has exited the private space as a means of maintaining isolation during exit from the quarantine site and movement to the ambulance
3. Contact the office so they are aware that EMS is on their way.
4. If time allows, call the On call MD and the On call Nurse Lead. This can wait until after EMS has left as the clients care is priority.

## GRADE 3 AND GRADE 4

**WELLNESS CHECKS:** Please see chart to confirm frequency, otherwise wellness checks are minimum BID during your shift

**VITAL SIGNS:** Please see chart to confirm frequency, otherwise Vital signs are minimum are BID during your shift

**EXTRA SUPPORT CHECKS:** Grade 3 and Grade 4 are for clients needing extra support differing from physical health assessments. See Master sheet or Chart to confirm Grade of client and detailed information on Extra checks needed other than VS and Wellness checks.

**Grade 3** individuals include those requiring specialized mental health and addictions support services given a history of poorly controlled mental illness or substance use disorders. Without adequate supports, Grade 3 individuals with active and or poorly controlled mental illness or addiction could be at risk of failing to heal and successfully complete self-quarantine

**Grade 4** clients represent those with higher levels of trauma, DBT, and neuropsychologically informed mental health and addictions support will be provided for individuals who are at significant risk of difficulties such as aggression, self harm, disorganization, or impulsivity. Such outcomes or incidents could put the individual at higher risk of morbidity and mortality related to COVID and for not successfully self quarantining.

## LOGISTICS

**Walkie Talkie - State your name and who you are “informal” no codes**

**Just state what you need**

**OR to call main office**

**416-282-5207 OR use landline Room phone Dial: 71318**

**To call to room from another landline room phone: Dial 0-0- Room #**

**Floor 1 - Offices and Room # to Room #**

**Floor 2 - Room # to Room #**

**Floor 3 - Room # to Room #322**

**DOCTOR ON CALL** - See doctor on call sheet to see which doctor is on call for your shift and how to contact this doctor

**CHARGE NURSE ON CALL** - For any processing and logistical questions that staff on site are not able to assist you with OR any NURSE RELATED concerns please call :

Charge Nurse Quarantine Site - Paul Perlas - Text or Call 647-964-0736 24 HOURS

If your concern is “ **WORSENING ILLNESS OR VITAL SIGNS**” then **Call the MD on call immediately or EMS so care is not delayed.**

## 8.2 Instruction Sheet For Individual Staying at Isolation Site

### PATIENT INFORMATION

**PLEASE DO NOT LEAVE THE ROOM**

**PLEASE DO NOT OPEN YOUR DOOR**

- The only time you can open your door or leave your room is when **YOU and THE NURSE** have planned for this.
- When this has been planned, the NURSE will stand greater than 2 metres away from you and you may open your door and stand at the door while staying **INSIDE** your room
- Please do **NOT** come into the hallway., please remain in your room at the doorway.

### OR

IF you hear the **FIRE ALARM** put on your face mask and make your way out of the building and into the parking lot.

### WHY YOU ARE HERE AND MUST STAY IN YOUR ROOM WITH DOOR CLOSED:

As you know, you are currently being tested to see if you have **CORONA VIRUS**.

As soon as the **RESULTS** of your test comes, you will be told immediately.

Until those results are back, it is very important to **stay in your room and keep the door closed**.

You do **NOT** have a key for your room. If you go outside your door will lock and you will be unable to get back inside.

### TO CALL SOMEONE for your any of your questions or concerns:

- Please call the **MAIN OFFICE** for any questions or concerns.
- Pick up the phone in your room and dial : **71318**
- Tell the Main office what you need and they will try to help you.
- If they cannot help you, they will **have someone call you back as soon as possible to help you**.

### THE NURSE

There is a **NURSE ON SITE** from 0800 am to MIDNIGHT

You can reach the NURSE by calling the MAIN OFFICE and asking for the NURSE.

You can ask for the **NURSE for any reason**, they are here to help you for :

**We ask that you definitely call the NURSE if:**

- You have a cough that is getting worse.
  - You feel you have fever or chills that are getting worse.
  - You have shortness of breath
  - You feel unwell in anyway.
- 
- The NURSE will also call you throughout the day and ask you how you are feeling.
  - The NURSE will make plans with you on when the NURSE will call you back on the phone.
  - **If you do NOT pick up the phone after a few attempts, the NURSE will come to your door and knock on the door.**
  - **If you do NOT reply after a couple attempts at knocking at your door THE NURSE will ENTER YOUR ROOM to make sure you are okay.**

## **MEALS**

Someone will call you for breakfast, lunch and dinner.

There are set meals with some options and whoever calls you can discuss this with you,

When your meal arrives, it will be left just outside of your door. Someone will call you and tell you that your meal is outside your door. At this time you may open your door to get your meal making sure to please close your door as soon as you get your meal

## **SUPPLIES**

The same as with meals, someone will call you OR you can call the main office and ask for basic supplies you may need such as toiletries, towels etc.

As with Meals when they are ready, they will be left outside your door and someone will call you when they are in front of you door.

We know this must be difficult and even worrisome to stay alone in your room. We are here to help you as much as we can and feel free to call us for any reason. We will do our best to make your stay comfortable

# 9 Appendix Monitoring Flow Sheets

Available on request