



Interior Health  
*Every person matters*

# COVID-19 Shelter Planning Guidelines

**Developed by:**

Jessica Bridgeman, Regional Harm Reduction Coordinator  
Jessica Mensinger, MHSU Practice Lead, Substance Use Team

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Vulnerable Populations Shelter Planning Guidelines

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### Purpose

This document has been collaboratively created between Interior Health and BC Housing to support community partner groups to develop a local housing plan for people experiencing homeless, or residing in precarious or congregate housing during the COVID-19 pandemic. It includes relevant information and resources for community partners who work with vulnerable populations. This document was informed by and aligns with the [Ministry of Health Interim Guidance to Social Service providers](#) for the Prevention and Control of COVID-19 in their Facilities.

**This plan was created to help address the significant challenges faced by shelter and/or congregate housing sites to reduce the risk of a COVID-19 outbreak, including the challenge of physical distancing and ensuring clients can successfully self-isolate.** There is an understanding that if someone in a shelter becomes ill with COVID-19, there is a high risk of transmission to other individuals. A comprehensive housing, support and health plan is required to reduce this risk as well as reduce any resulting fear from staff and service users.

It is recommended that each community convene a working committee. For the purpose of this document we will refer to this committee as a Shelter Planning Committee (SPC). **The committee will advise and act with consideration of individual needs and based on the five streams outlined below, which have been developed to guide planning.** Other important considerations for this special population must be considered and are discussed further in this resource. In particular, BC is still in an active Overdose Public Health Emergency. Self-isolation is counter to messaging that has been provided for several years in the context of the overdose public health emergency, and people who use drugs (PWUD) must continue to be supported to minimize the risk of overdose (OD), even while they are self-isolating for COVID-19.

### Goals and Principles

#### Goals

- To prevent the further spread of COVID-19 among an already vulnerable community that has a high proportion of immune-compromised individuals; and
- To reduce the burden on acute care facilities.

#### Target Population


- Homeless and under-housed residents of the Interior Health region who are unable to self-isolate.

#### Principles and Ethical Considerations

- Respect for the human rights of homeless communities
- Least intrusive measures with protection of community
- Promote an inclusive culture and community, respectful of different perspectives
- Enact principles of trauma-informed practice, recovery-oriented care, cultural safety, harm reduction, and health equity
- Respect and protection of staff, volunteers and partners
- Ensure safety and security of staff and clients
- Mitigate potential for increased trauma to already marginalized population
- Ensure access to safe supply of drugs
- Ensure best practices to prevent gender-based violence
- Ensure adequate mental health supports

### Vulnerable Populations Shelter Planning Committee Reps

While each VPSPC will have various community representatives. There will always be a lead from IH and a lead from BC Housing on each committee. IH and BC housing contacts are listed below.

Community	IH Vulnerable Populations Contact (Planning)	*Vulnerable Population Health Coordinator(Operations)	BC Housing Rep and Contact
Cranbrook	<a href="mailto:Jennifer.Driscoll@interiorhealth.ca">Jennifer.Driscoll@interiorhealth.ca</a>	Please see <a href="#">Shelter Planning Guidelines: Health Coordinator Information</a> for up-to-date local contacts	 BCH-IR-Health_and_Housing_Leads26Oct.
Kamloops	<a href="mailto:Jessica.Mensinger@interiorhealth.ca">Jessica.Mensinger@interiorhealth.ca</a>		
Kelowna	<a href="mailto:Andrew.Kerr@interiorhealth.ca">Andrew.Kerr@interiorhealth.ca</a>		
Merritt	<a href="mailto:Jessica.Bridgeman@interiorhealth.ca">Jessica.Bridgeman@interiorhealth.ca</a>		
Nelson	<a href="mailto:Jennifer.Driscoll@interiorhealth.ca">Jennifer.Driscoll@interiorhealth.ca</a>		
Penticton	<a href="mailto:Amanda.Lavigne@interiorhealth.ca">Amanda.Lavigne@interiorhealth.ca</a>		
Salmon Arm	<a href="mailto:Jessica.Bridgeman@interiorhealth.ca">Jessica.Bridgeman@interiorhealth.ca</a>		
Trail	<a href="mailto:Jennifer.Driscoll@interiorhealth.ca">Jennifer.Driscoll@interiorhealth.ca</a>		
Vernon	<a href="mailto:Jessica.Bridgeman@interiorhealth.ca">Jessica.Bridgeman@interiorhealth.ca</a>		
West Kelowna	<a href="mailto:Andrew.Kerr@interiorhealth.ca">Andrew.Kerr@interiorhealth.ca</a>		
Williams Lake	<a href="mailto:Jessica.Mensinger@interiorhealth.ca">Jessica.Mensinger@interiorhealth.ca</a>		
100 Mile	<a href="mailto:Jessica.Mensinger@interiorhealth.ca">Jessica.Mensinger@interiorhealth.ca</a>		
Grand Forks	<a href="mailto:Amanda.Lavigne@interiorhealth.ca">Amanda.Lavigne@interiorhealth.ca</a>		

\* [Vulnerable Population Health Coordinator](#) is available for consultation and coordination as needed for residents falling within Stream III – IV. As an example they may be providing health navigation between shelters and health services, coordinating with hospital to facilitate discharge of homeless people in Streams III and IV, reviewing and responding to referrals and testing and assessment requests as appropriate.

\* Pandemic Health Coordinators is another name for this position within IH.

### Definitions

**Target population:** people experiencing homeless, or residing in precarious or congregate housing.

**Self-Isolation:** no symptoms and an IH identified contact of a COVID-19+ case and remaining in designated residence for self- isolation (Stream III).

**Isolation:** symptoms present and an IH identified contact of a COVID-19+ case, or diagnosed COVID-19+ and remaining in designated residence under public health advisement (Stream IV).

- [Know the difference: self-isolation vs isolation for COVID-19](#)

**Outreach Teams:** support clients in an environment where they are residing / frequenting; teams may consist of IH staff, peers and/or other relevant social service agencies where appropriate.

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**Shelter Planning Committee (SPC):** a group of community stakeholders who may include, but are not limited to: Municipality representative; BC Housing representative and/or delegate from housing or shelter location; IH representatives; social planning (or other related program); and other key social service providers as appropriate. It is encouraged to keep this committee small and focused.

### Testing and Screening

All community partners should review the [Testing Information](#) page for community testing sites and the [COVID-19 BC Self-Assessment Tool](#). Please check back regularly for updates to testing criteria.

**Planned measures to address containment and exposure risk will be essential in ensuring the health and safety of vulnerable populations and staff. These measures will have the greatest impact for preventing further spread of the virus. All shelter and housing programs must have an agency level pandemic plan in place to ensure containment and exposure risk.**

Screening for persons with symptoms of COVID-19 helps identify people who are sick and ensure that their contact with others is limited. Screening staff as well as clients for respiratory symptoms (i.e. fever, cough, loss sense of taste or smell) will enable staff to implement measures to prevent the spread of the virus within the facility. Passive screening for symptoms should occur by way of signage (in multiple languages) posted at all entrances to the facility reminding persons entering the facility to self-isolate if they have symptoms such as fever, cough, loss sense of smell or taste, difficulty breathing, chills, sore throat. Signage should provide clear instructions on how to perform respiratory etiquette and hand hygiene. In addition, there must be signage that advises anyone entering the facility with symptoms to perform respiratory and hand hygiene and notify staff (see the BCCDC Healthcare Professionals page). Appendix A provides a screening tool that can be used by shelters to begin assessing where clients may need to reside within streams I-IV.

**During cold and flu season shelters are reminded to use the existing planning resources to manage respiratory illness (RI) outbreaks outside of COVID-19.**

### Plan for Isolation during COVID-19 Response

Several concurrent responses are required to appropriately support vulnerable populations in communities across the IH region. Each is required to fully meet the needs of individuals and to reduce the risk of COVID-19 transmission in our communities. As there is recognition that supporting clients in several different locations may be challenging, it will likely be necessary to leverage community volunteers and other peer based organizations.

**This will be different in each community.** While some individuals will be able to stay in their current shelter environment, we anticipate there will be individuals who fall into each of the following streams:

1. Stream I – Current Shelter Population;
2. Stream II – Decentralizing High Risk Individuals;
3. Stream III – Named Contacts or those exposed to COVID-19/ Tested and awaiting results for COVID-19;
4. Stream IV – Positive COVID-19 Individuals – Co-location with Supports; or
5. Stream V – Outdoor Living.

This approach is also described by the Ministry of Health in the [COVID-19: Joint Provincial Framework for Emergency Response Centres](#). Emergency Response Centres (ERCs) are described as locations which support direction from the Provincial Health Officer (PHO) and BC Centre for disease Control (BCCDC) to facilitate physical distancing, provide spaces for populations to safely self-isolate, and support thinning of client density in emergency shelters and congregate housing.

It is encouraged that each community convene a Shelter Planning Committee (SPC) for vulnerable populations to begin this work immediately. The committee will advise and act, with consideration of individual needs, based on these streams. Please see Appendix B for a one page summary of all five streams.

### Stream I – Current Shelter Population

**Where:** All existing shelter locations will consider actions to enhance support and sustainability of shelters to remain open while reducing the risk of COVID-19 spreading through the shelter. In most cases, this work is already well underway.

**Who:** Many residents will continue to reside in current shelter settings. Shelter operators and BC Housing should be prioritizing staffing plans and preparing for staffing shortages. Each shelter needs to have an up-to-date pandemic plan in place and made available to all staff.

**How:** Shelters must begin planning ahead to prevent further risk in the event of a possible resident or staff contracting COVID-19. New residents who are screened and present with no symptoms do not require isolation upon entry to the shelter. Here are some immediate actions that can be taken for minimizing this risk.

- ☐ Clients' beds should be at least 2 meters apart and use temporary barriers, such as curtains, and request that all clients sleep head-to-toe. If bunk beds are required, sheets can be used as barriers over the sides of the bottom bunk.
- ☐ Equipment and environment should be cleaned and disinfected after every use. Cleaning should be conducted in accordance with [Public Health Recommendations of Canada](#). This includes:
  - High touch surfaces (e.g. door knobs, hand rails etc.) should be cleaned and disinfected with a health authority approved product as least twice daily.
  - Any equipment that is shared between residents should be cleaned and disinfected before moving from one resident to another.
  - Clean the entire bed space area, including all touch surfaces (e.g. overhead table, grab bars, hand rails) when someone who is suspected or confirmed for COVID-19 has moved.
  - Pre-made solutions (no dilution needed) or ready-to-use wipes can be used. Always follow the manufacturer's instructions.
  - Cleaning in Overdose Prevention Spaces (OPS) in between client uses should be continued with increased frequency focused on high touch surfaces areas, such as sinks, door handles, etc.
- ☐ Post signs on shelter door instructing persons **NOT** to enter, and to request direction from a staff member, if they have symptoms such as fever, cough, and/or difficulty breathing for further screening.

### Stream II – Decentralizing High Risk Individuals

**Where:** With support from BC Housing, alternate housing options need to be identified by the SPC. BC Housing will support in securing and funding a motel/ hostel/ hotel room(s). Location planning will consider food needs, including delivery, accessibility of microwaves, etc. Individuals in Stream II are not required to self-isolate, but are encouraged to practice social distancing.

**Who:** Communities should immediately consider reducing the number of people residing in shelters and prioritizing those considered “high risk” for a move to a temporary alternative location. Should a resident in Stream II become COVID-19 + and/or develop symptoms of respiratory illness, they may remain in this location with adjusted supports as needed.

These individuals may be currently in hospital or awaiting discharge, but with no clear place to go and with no

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significant respiratory symptoms. These are individuals who, with minimal supports, could live independently for the time being. Whenever possible, these individuals should not be people at high risk for an overdose, which would be increased if residing alone. **Consideration should be given to overall risk for overdose due to level of isolation/using alone in this category.**

### High risk categories:

- age 60+ with chronic health conditions such as diabetes, heart disease or lung disease or are at higher risk of developing more severe illness;
- comorbidities such as under-treated HIV/Hep C or long-term substance use; or
- younger in age and street-entrenched with a poor health status.

**How:** Shelters will identify people who fit into this category and will determine if/when a move to a motel will occur. IH MHSU staff who are working with residents moved into Stream II should be notified of the move to ensure connections can be maintained during this time.

**Services needed:** Depending on the individual, this may be quite minimal. Access to food, medications, substances, harm reduction supplies, and a phone should be considered. A daily check-in by an outreach team member (peer/volunteer/outreach worker/nurse/social worker) is **required**. Staffing for this Stream may be supported by various social service and community programs. These individuals are not required to self-isolate so have more independence.

## Stream III – IH Identified Contact of COVID-19 case or those exposed to COVID-19/ Tested and awaiting results for COVID-19

Please review Appendix C to E for information on Facility Requirements for Streams III & IV

**Where:** With support from BC Housing, alternate housing options will be identified by the SPC as soon as possible. BC Housing will support in securing and funding motel/ hostel/ hotel room(s) (ideally with cooking facilities) that can be designated for this stream. Locations that are secured will be managed by BC Housing or local housing operators. Further delineation of roles can be found in Appendix F. In the interim of transferring to a suitable self-isolation location, residents who are not symptomatic can remain in the shelter or housing location until the appropriate facility is secured. Residents must maintain physical distance, use a mask and remain out of common areas while they await transfer.

Housing locations are encouraged to have at least one space, or room, where people who require temporary self-isolation can remain in the short term.

**Who:** Individuals who **are required self-isolate as directed by IH Public Health**. This includes people identified as contacts to those who have tested positive for COVID-19 or are considered having an exposure requiring self-isolation or may have come down with general respiratory illness or cold/flu symptoms. Individuals in this category may or may not be symptomatic while awaiting results of a COVID-19 test, however those identified as a contact of COVID-19 and are symptomatic will be treated through stream IV considerations.

These individuals will require additional health monitoring and may require more supports for their mental health/substance use needs. These individuals may be currently in hospital with no fixed address or awaiting discharge prior to receiving results from their COVID-19 test.

**How:** All named contacts or individuals who are an IH identified contact of a COVID-19+ case or are awaiting test results will be directly contacted by an IH contract tracing staff through established processes. Once

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identified and requested to self-isolate, immediate plans for transfer to a Stream III location will take place. For further information on how to self-isolate please review <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation>. When COVID-19 test results are available:

- Negative result:
  - the individual can return to their regular housing, see BCCDC options for obtaining [negative test results](#).
- Positive result:
  - the individual will be considered stream IV

The fall and winter months pose additional pressures related to cold and flu season. However, for those people presenting with various respiratory illness symptoms AND who are not an IH identified contact of a COVID-19+ case, housing sites are encouraged to utilize existing plans in place to manage respiratory illness as per other years; including promotion of public health recommendations on increased hand washing, mask wearing, and physical distancing. **Please review the [Homeless & Emergency Winter Response Shelter Health Handbook for Providers, specifically page 12](#).** Staff are encouraged to consult with the local [Vulnerable Population Health Coordinator](#) and/or Pandemic Health Coordinator to support with risk assessment and level of need for supported self-isolation. These residents should be referred for COVID-19 testing; consultation with local IH staff can assist with planning if moving into other isolation settings will be challenging or difficult for these low risk cases.

Some vulnerable clients who have other comorbid mental health and/or substance use challenges may not fully understand the information that is provided to them from public health. For this reason they may bring incorrect information back to their housing or shelter service providers causing fear and chaos for many others. Given the individual's ability to comprehend the nuances of information provided on COVID-19, there is recognition that at times, it would be appropriate to provide the information to the housing provider leadership, who can then take the appropriate next steps to support the client and the others living in the environment. Ensure you review the [COVID-19 Test Result Privacy for Vulnerable Populations](#) Q&A and consider the need for informed consent

**Services needed:** The SPC and related operational partners are strongly encouraged to begin planning prior to the identification of individuals requiring isolation. **Plans for appropriate staffing is the responsibility of all parties and must be in place ahead of time.** Identify critical job functions and positions, and plan for alternative coverage by cross-training staff members. Develop flexible attendance and sick-leave policies. For further information on roles and responsibilities see Appendix F.

At minimum, a daily health check-in is required. Additional support by an outreach team member may be required depending on the individual. Access to food, medications, substances, harm reduction supplies, and a phone should be considered in planning. Due to the need to self-isolate, a contact list should be provided to individuals with important community contacts (such as case manager, etc.).

Health and social services will be provided as needed and for as long as deemed appropriate. **A case management plan must be in place. This applies to individuals who are currently registered and receiving MHSU services as well as individuals with complex MHSU needs who are not currently registered and receiving MHSU services** - so long as they are interested and willing to receive services. Services should be delivered by the most appropriate service provider (i.e. IH and/or other social services in the community, or peer network outreach supports); this can be discussed at the VPSPC planning level.



### Special Considerations:

If your housing facility includes spaces for Self-Isolation or Isolation on site then a separation of 2 meters between all individuals within Stream III will help reduce the spread of the virus. Privacy curtains or other physical barriers should be drawn if available.

If presented with multiple clients who are an IH identified contacts and/or are awaiting test testing/test results, individuals should be isolated in separate rooms and/or in a dedicated common area as much as possible. Individuals should be kept away from other clients who are not symptomatic by a distance of at least 2 meters. In addition, the following should also be considered:

- Avoid moving equipment or other items between areas with sick and non-sick people to reduce risk of transmission through indirect contact.
- Encourage clients to keep personal items put away, so they are not at risk of being coughed or sneezed on.
- Separate out staff to those working and not working with people who are sick as much as possible. **Staff working with symptomatic clients should avoid working with clients who are well.**
- If dedicated staff for symptomatic clients is not available, staff should first work with the well and then care for the ill.
- Staff should avoid movement between floors, units and facilities when possible.
- Staff should always practice strict hand hygiene when moving between clients.
- If available, provide a dedicated sink and soap for staff hand hygiene.

## Stream IV – Positive COVID-19 Individuals – Co-location with Support

**NOTE: In the event of a positive case detected in a shelter or other congregate housing setting the Medical Health Officer may declare an outbreak. If this happens specific supports will be temporarily put in place, including the implementation of an Emergency Response Centre to manage the outbreak.**

**Where:** Where appropriate, if a resident is successfully self-isolating in a specific location for Stream III (i.e. a hotel), the resident should continue to reside in the same location as they were placed.

The SPC group should plan for secure locations that can be designated for this category should there be an outbreak, or if larger numbers begin to test positive in a region. Committees may want to work with municipalities to consider using larger, open sites such as arenas, recreational centres or community centres. **Where ever possible hotels should be considered as a first line approach to housing those tested positive for COVID-19. Separate spaces within community or recreation centers may be established to support residents who otherwise cannot safely live in isolation in a hotel. When establishing a separate space within a larger center there will need to be clear communication and planning with a local Medical Health Officer and/or Environmental Health Officer.**

**Who:** Shelter or housing residents who have tested positive for COVID-19 or have been named as an IH identified contact of a COVID-19+ case and are symptomatic and now need to remain in full isolation until they test negative or are otherwise directed.

**When:** As soon as an individual tests positive for COVID-19. Signage may need to change, as well as care and planning with the individual. Depending on the strategy developed by the SPC, locations between Stream III and IV may be different. **However, to reduce risk of transmission or exposure, moving residents who are positive for**

**COVID-19 is discouraged once they are already established in Stream III locations.**

**Services needed:** The SPC and related operational partners are strongly encouraged to begin planning prior to the identification of individuals requiring isolation. Staffing needs will likely be heightened in this stream. **Plans for appropriate staffing is the responsibility of all parties and must be in place ahead of time.** Identify critical job functions and positions, and plan for alternative coverage by cross-training staff members. Develop flexible attendance and sick-leave policies.

It is encouraged to have health or social services on site to support individuals. Please review Appendix C to E for information on facility requirements, including workforce and supply directions.

### **Special considerations:**

If individual rooms for sick clients are not available, consider using a large, well ventilated room to put people who are sick together. A separation of 2 meters between sick clients and other clients will help reduce the spread of the virus. Privacy curtains or other physical barriers should be drawn if available.

## **Stream V – Outdoor Living**

**Where:** A location close to amenities must be designated for this category. SPC should be working with Municipalities to relax existing city bylaws preventing camping. Particular focus should be on not requiring individuals to de-camp each morning. This practice increases the number of people who are required to be ‘out of their homes’ and are less likely to maintain recommendations by the Provincial Health Officer on social distancing.

**Who:** Some vulnerable people will choose to live outdoors. This must be supported during the COVID-19 response so that people who choose this option will have the necessary supplies.

**When:** Anytime a person is expressing interest in maintaining residence outside. BC Housing can be contacted to discuss obtaining camping supplies to support individuals in this stream.

**Services needed:** SPC to consider increased handwashing stations near locations where camping is taking place. In the winter months, warming stations should be considered. Camping supplies for individuals may be accessible through BC Housing. Planning groups should consider proximity of washrooms and food services to camp locations. If possible, harm reduction supply distribution and other resources can be developed through outreach services. It is encouraged to involve Peers where appropriate.

## **Case Management**

Case management will be an important consideration across all five Streams identified above. Delivery and planning will be different based on individual needs and community context, and may be adapted. The following considerations should be made by operational staff and planners moving forward:

- **Outdoor living should be seen as a last resort. Individuals should be considered for indoor isolation locations (varies by community) first. Case management plans will greatly impact the success of the placement and reduce risks associated with substance use etc.**
- **It is strongly encouraged to collaboratively address case planning ahead of placement, particularly in stream III and IV where isolation is important. This means ensuring we are screening for mental health and substance use needs, prescription coverage, food security and entertainment considerations.**

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- Case management services is not limited to previously registered clients but anyone meeting the target population definition provided in this document and who are under isolation.
- Daily phone check-ins versus daily face-to-face check-ins (consider complexity and individual circumstances of client).
- Overdose prevention and withdrawal management needs.
- Emergency contact list with numbers and names for the individual once they go into isolation.
- Work closely with staff at the isolation site (daily touch base).

## Personal Protective Equipment (PPE) Considerations

**Community agencies are requested to please use their typical ordering process for supplies.** Ensure soap and water or hand sanitizer is available for staff and clients to wash their hands regularly.

Please review [Interim Guidance to Social Service Providers for the Prevention and Control of COVID-19 in their Facilities](#) and [PPE for COVID-19 Toolkit for Community Social Service Providers](#) for further information on the use of PPE in various settings.

If an individual presents with symptoms it is important to request that they wash their hands and are provided with a mask. In addition, all individuals should be wearing a mask during any transportation or other practices where physical distancing is not possible.

Please review [COVID-19: Joint Provincial Program Framework for Emergency Response Centers](#), Appendix C: Infection Prevention and Control which provides an overview of when and how to use appropriate PPE in various settings.

### List of Appendices

Please follow the links below to the most up to date appendices:

[Appendix A: COVID-19 Screening and Referral and Flowsheet Tool for Homelessness Service Settings](#)

[Appendix B: COVID-19 Housing / Shelter Streams \(Summary Table\)](#)

[Appendix C: Infection Prevention and Control \(IPC\)](#)

[Appendix D: Site Requirements for Isolation](#)

[Appendix E: Facility and Medical Care for Streams III & IV](#)

[Appendix F: COVID-19 Roles and Responsibilities](#)