Vulnerable Population
Shelter Planning Guidelines

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

Developed:
April 9, 2020
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 vulnerable populations (homeless and under-housed people, and people with complex care and/or MHSU needs) 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 (https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-social-service-providers.pdf).

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 Vulnerable Population Shelter Planning Committee (VPSPC). 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.

<table>
<thead>
<tr>
<th>Community</th>
<th>IH Vulnerable Populations Rep and Contact</th>
<th>BC Housing Rep and Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cranbrook</td>
<td><a href="mailto:Jennifer.Driscoll@interiorhealth.ca">Jennifer.Driscoll@interiorhealth.ca</a></td>
<td><a href="mailto:mcamirand@bchousing.org">mcamirand@bchousing.org</a></td>
</tr>
<tr>
<td>Kamloops</td>
<td><a href="mailto:Jessica.Mensinger@interiorhealth.ca">Jessica.Mensinger@interiorhealth.ca</a></td>
<td><a href="mailto:ndrobot@bchousing.org">ndrobot@bchousing.org</a></td>
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<tr>
<td>Kelowna</td>
<td><a href="mailto:Andrew.Kerr@interiohealth.ca">Andrew.Kerr@interiohealth.ca</a></td>
<td><a href="mailto:croepcke@bchousing.org">croepcke@bchousing.org</a></td>
</tr>
<tr>
<td>Merritt</td>
<td><a href="mailto:Jessica.Bridgeman@interiorhealth.ca">Jessica.Bridgeman@interiorhealth.ca</a></td>
<td></td>
</tr>
<tr>
<td>Nelson</td>
<td><a href="mailto:Jennifer.Driscoll@interiorhealth.ca">Jennifer.Driscoll@interiorhealth.ca</a></td>
<td></td>
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<tr>
<td>Penticton</td>
<td><a href="mailto:Amanda.Lavigne@interiorhealth.ca">Amanda.Lavigne@interiorhealth.ca</a></td>
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</tr>
<tr>
<td>Salmon Arm</td>
<td><a href="mailto:Jessica.Bridgeman@interiorhealth.ca">Jessica.Bridgeman@interiorhealth.ca</a></td>
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<tr>
<td>Trail</td>
<td><a href="mailto:Jennifer.Driscoll@interiorhealth.ca">Jennifer.Driscoll@interiorhealth.ca</a></td>
<td></td>
</tr>
<tr>
<td>Vernon</td>
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<tr>
<td>West Kelowna</td>
<td><a href="mailto:Andrew.Kerr@interiohealth.ca">Andrew.Kerr@interiohealth.ca</a></td>
<td></td>
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<tr>
<td>Williams Lake</td>
<td><a href="mailto:Jessica.Mensinger@interiorhealth.ca">Jessica.Mensinger@interiorhealth.ca</a></td>
<td></td>
</tr>
</tbody>
</table>

For urgent communications after-hours/weekends contact IHEOCMHSUVP@interiorhealth.ca
Definitions

**Vulnerable Populations (VP):** homeless and under-housed people, and people with complex care and/or MHSU needs.

**Self-Isolation:** no symptoms and a history of possible exposure and remaining in designated residence for self-isolation (Stream II).

**Isolation:** symptoms present, diagnosed or awaiting the results of a lab test for COVID-19 and remaining in designated residence under public health advisement (Stream III).

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

**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.

**Vulnerable Population Shelter Planning Committee (VPSPC):** 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 representative from the EOC Vulnerable Population Working Group; IH representative from local Clinical Operations; 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 [IH Questions & Answers Testing for COVID-19](#) resource and the [COVID-19 BC Self-Assessment Tool](#) and check back regularly for updates to testing criteria. As of April 8, 2020, testing criteria are as follows:

Individuals with **symptoms** who are: hospitalized or likely to be hospitalized; health care workers (HCW) in roles critical to direct patient care delivery or supporting patient care delivery; residents and HCW of long term care facilities; residents of remote or isolated communities; **people living in congregate settings such as work camps, correctional facilities and shelters; homeless people;** or those part of an investigation of a cluster or outbreak.

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.

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. coughing, sneezing) 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, difficulty breathing, chills, sore throat, runny nose or sneezing. 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.**
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.

It is encouraged that each community convene a Vulnerable Population Shelter Planning Committee (VPSPC) 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.

**How:** Shelters must begin planning ahead to prevent further risk in the event of a possible resident contracting COVID-19. Here are some immediate actions that can be taken for minimizing this risk.

- Clients’ beds should be at least 2 meters 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](https://www.canada.ca). This includes:
  - High touch surfaces (e.g. door knobs, hand rails etc.) should be cleaned and disinfected with a health authority approved product at 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 difficulty breathing, call 911.
Stream II – Decentralizing High Risk Individuals

**Where:** With support from BC Housing, alternate housing options need to be identified by the VPSPC as soon as possible. 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 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/HepC 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 together with BC Housing and IH operations staff (i.e. MHSU case managers/outreach nurses) will determine if/when a move to a motel will occur. IH MHSU staffs 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 – Named Contacts 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 VPSPC 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.

**Who:** Individuals who are required self-isolate as directed by IH Public Health. They may have been identified as contacts to those who have tested positive or may have come down with another respiratory illness or cold/flu symptoms. Individuals in this category may or may not be symptomatic while awaiting results of a COVID-19 test.
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 have been exposed and/or are awaiting test results will be directly contacted by an IH Public Health nurse through established processes. Once 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](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.
- **Positive result:**
  - the individual will move into stream IV; OR
  - if they are in a location that can facilitate complete Isolation, they may stay where they are.

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 more successful 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.

**Services needed:** The VPSPC 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:**

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 have been named as 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 Supports**

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

The VPSPC group, BC Housing and local municipality 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.

**Who:** Shelter or housing residents who have tested positive for COVID-19 or have presented with non-urgent acute respiratory illness 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, they will move from self-isolation to isolation. Signage may need to change, as well as care and planning with the individual. Depending on the strategy developed by the VPSPC, 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 VPSPC 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.

If presented with multiple clients with symptoms (e.g. coughing, sneezing), 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 V – Outdoor Living

Where: A location close to amenities must be designated for this category. VPSPC 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. BC Housing is developing operational guidelines for encampments that will be available soon to share with municipalities.

Who: With the warming spring weather, 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: VCHC to consider increased handwashing stations near locations where camping is taking place. 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:
• Case management services is not limited to previously registered clients but anyone meeting the “vulnerable populations” definition provided in this document and who are under isolation or quarantine.
• Daily phone check-ins versus daily face-to-face check-ins (consider complexity and individual circumstances of client).
• Overdose prevention and withdrawal management needs (link to memo or add as an appendix).
• Emergency contact list with numbers and names for the individual once they go into quarantine.
• Work closely with staff at the quarantine site (daily touch base).

Personal Protective Equipment (PPE) Considerations
Currently there is a province wide shortage of supplies such as hand sanitizer and other PPE as multiple agencies work to ensure they are meeting the outlined precautions of COVID-19. 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.

If social service agencies are struggling to obtain appropriate PPE and there is a resident(s) who falls under stream III or IV, the Vulnerable Populations Working Group representative will escalate this as a priority to the health authority. Provincial tables are currently working on increasing access to PPE and other COVID-19 supplies.

This tool will be used to help shelter staff to identify the appropriate location for residents during this pandemic.

**ALL clients should be actively screened using this tool on arrival.** Existing clients should also be screened. Clients should not be restricted from service if they decline to participate in screening.

If your client is having extreme difficulty breathing or develops blue lips, severe dizziness, and persistent pain in chest, new confusion or new seizures call 911 immediately.

### Step 1 – COMPLETE COVID-19 SCREENING TOOL WITH YOUR CLIENT

**COVID-19 SCREENING TOOL FOR HOMELESSNESS SERVICE PROVIDERS**

<table>
<thead>
<tr>
<th>(A) Is the client currently homeless or in a congregate living site unable to self-isolate (i.e. staying in a shelter, SRO, supported housing site without their own bathroom, or sleeping outdoors)?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask the Client:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B) Do you have any new symptoms that have lasted longer than 24 hours of upper respiratory tract infection including fever, new cough or difficulty breathing?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• The above symptoms may be accompanied by muscle aches, fatigue, headache, sore throat, runny nose or diarrhea.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C) Have you:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Been contacted by a IH Public Health Nurse and informed of a possible exposure to COVID-19 or named as a contact?</td>
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<tr>
<td>• Currently awaiting test results for COVID-19</td>
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<tr>
<td>(D) Do you have underlying health condition(s) of concern?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Including: those age 60+ with chronic health conditions such as diabetes, heart disease or lung disease or are at higher risk of developing more severe illness; those with other comorbidities such as under-treated HIV/HepC or long-term substance use; those who may be younger in age and street-entrenched who have a poor health status</td>
<td></td>
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</tr>
</tbody>
</table>

**IF 'Yes' to A and 'Yes' to B:**
CALL 811 for phone assessment and call your local Referral Coordinator for testing in your community

- Have the client put on a mask until further direction
- Flag with manager the need for potential Stream II, III or IV placement

**IF 'Yes' to A and C:**
Proceed to planning for placement in Stream III/IV shelter locations. Do not turn clients away from shelter services.

**IF 'Yes' to A and D:**
Proceed to planning for Stream II placement at an alternative location to the shelter if client accepting to this.
### Step 2 – ASSESS CLIENT RESPONSES

Client needs an alternative placement (Stream III/IV) due to: client responded ‘Yes’ to (A) homelessness and 'Yes' to (C) COVID-19 positive and/or named contact/exposed/awaiting testing. Connect with your local Referral Coordinator:

- Client should be placed in Stream III / IV location for isolation and connected with the appropriate community care team.
- Direct the client to their isolation room or space. Practice social distancing. Keep the client two (2) metres from other individuals and ask them to wear a mask, if available.
- Immediately disinfect any surfaces touched by the client including door handles with standard cleaning wipes or a hospital grade disinfectant while wearing gloves. If any other clients touched the surfaces after the client they should be asked to disinfect their hands. Encourage all clients to clean their hands regularly.

Continue providing normal service delivery.

If client responded ‘No’ to both (B) presenting symptoms & (D) other risk factors:

- It is unlikely that they have COVID-19.
- No special testing is required. Disinfect hands; remind the client of social distancing practices.
- Please follow the guidelines on Infection Prevention and Control (IPAC) for Homelessness Service Settings. For questions about symptoms, contact 811, or use this assessment tool [https://covid19.thrive.health/](https://covid19.thrive.health/).

If client responded ‘Yes’ to (D) for underlying health issues:

- Discuss with the client the option for living in a Stream II location to reduce risk of COVID-19 exposure.

IF CLIENT IS REFERRED FOR CLINICAL ASSESSMENT OR TESTING FOR COVID-19:

A resident of the shelter may require testing, be named as a contact to someone who tested positive for COVID-19, or a possible exposure. In these cases, prepare to assist the client to call their own GP/NP or to access testing.
as directed from Public Health Nursing. Begin preparing to move that resident to the isolation locations already determined.

**COVID-19 Flowsheet Tool for Homelessness Service Settings**

[Flowchart showing screening and isolation processes for clients at risk of COVID-19]
### Appendix B: Stream I – V Summary Table

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<tr>
<td><strong>Who:</strong> Many residents will continue to reside in current shelter settings. Shelter staff and BC Housing should be prioritizing staffing plans and preparing for staffing shortages.</td>
<td><strong>Who:</strong> Reduce the number of high risk residents in the shelter. Alternate housing options will be found for: seniors, people with pre-existing health conditions, hospitalized or awaiting discharge.</td>
<td><strong>Who:</strong> Individuals required to self-isolate as per IH Public Health direction or due to new onset of symptoms.</td>
<td><strong>Who:</strong> Shelter or housing residents who have tested positive for COVID-19 and now need to remain in full isolation until they test negative.</td>
<td><strong>Who:</strong> With the warming spring weather, 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.</td>
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<td><strong>Where:</strong> 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.</td>
<td><strong>Where:</strong> BC Housing, in discussions with VPSPC will secure a motel for category one residents.</td>
<td><strong>Where:</strong> Local planning through the VPSPC will secure a motel or other appropriate location for the care of residents within Stream III.</td>
<td><strong>Where:</strong> The resident should continue to reside in the same location as they were placed for Stream III. VPSPC, BC Housing and local municipality should plan for the need to secure a location, such as a hotel or a recreation centre, which can be designated for this Stream should an outbreak be anticipated.</td>
<td><strong>Where:</strong> A location close to amenities must be designated for this category. VPSPC 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 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.</td>
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<tr>
<td><strong>How:</strong> Shelters must begin planning ahead to prevent further risk in the event of a possible resident contracting COVID-19. Follow immediate actions listed on page 4 to minimize this risk.</td>
<td><strong>How:</strong> Shelters and local operations partners will identify residents who fit Stream II and prioritize moving. Consultation and communication should be maintained between Shelters and local operations case managers and client support staff.</td>
<td><strong>Services Needed:</strong> 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. Case management plan must be in place.</td>
<td><strong>Services needed:</strong> Health and social services will be located on site to support sick individuals.</td>
<td><strong>When:</strong> Any time a person is expressing interest in maintaining residence outside.</td>
</tr>
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</table>

**Services needed:** VPSPC to consider increased handwashing stations near locations where camping is taking place. 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.
Appendix C: Infection Prevention and Control (IPC)

General IPC guidelines for respiratory illnesses should be adhered to at all times:

- Wash your hands often with soap and water for at least 20 seconds – Use an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not readily available.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Practice respiratory etiquette:
  - cough or sneeze into your sleeve; or
  - cough or sneeze into a tissue, then throw it away; and
  - wash hands after disposing of used tissues.
- Clean and disinfect frequently touched objects and surfaces.
- Residents with respiratory symptoms should wear a mask when health care workers or other staffs are present and when using common areas and practice regular handwashing.
- Maintain a two (2) meter distance from each other.
- Prior to admitting new residents, health care providers should conduct a point of care risk assessment (PCRA) to assess infectious risk posed to themselves, colleagues, and other patients.
  - See Appendix A: COVID-19 screening tool for Homelessness Service Settings.
- Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.
  - Use physical barriers to protect staff that will have interactions with clients with unknown infection status (e.g. sneeze guard or place an additional table between staff and clients to increase the distance between them).
- Implement Droplet and Contact Precautions for symptomatic residents.
- Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the facility.
- If staffs are handling client belongings, they should use disposable gloves.
- In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 2 meters, and request that all clients sleep head-to-toe.
- Provide access to fluids, tissues, and plastic bags for the proper disposal of used tissues and other contaminated materials.
- Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing.
- Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas. If sanitizer is unavailable, encourage vigilant hand-washing with bar or liquid soap.
Appendix D: Site Requirements for Isolation

Must Have

- Handwashing facilities.
  - i.e. private or shared washroom with bar or liquid soap and/or hand sanitizer and/or portable hand washing station.
- Kitchen or ability to have meals delivered.
- Ability to separate confirmed cases and suspected cases.
  - i.e. separate rooms with closing doors.
- Secure facility with ability to lock doors and enforce isolation orders.
- Toileting facilities that can be disinfected regularly.
  - i.e. with standard cleaning wipes or bleach solution before and after use.
- Showers that can be disinfected daily.
- Suitable ventilation, with ability to open windows without compromising safety of clients.
- Safe and secure storage for medications (for controlled substances including methadone, etc.).
- Storage area for staff and IPC supplies.
- Private rooms or large sleeping areas with minimum 2 meters distance between beds - ideally separated by gender.
- Ability to operate an (episodic) overdose prevention site and/or managed alcohol program.
- Technology requirements:
  - Telephone/cell phone reception.
- Laundry Facilities.
- Room/space for primary care provision and other healthcare provider visits.

Ideal to have

- Outdoor space for residents to gather.
- Industrial kitchen.
- Social spaces.
- Individual bathrooms and showers for each single person or couple/ family unit.
- Ability to accommodate couples and families.
- Wi-Fi and television facilities.
- Accommodation for pets (or plan to shelter pets of homeless community members who are in isolation).
- Reception area for staff.

Workforce Considerations

- Clinical supervision:
  - Public health nurse, primary care nurse, physician or nurse practitioner will be aware of the facility and aware of the residents within and will be available for consultation.
- Housing support workers with medication management training.
- Peers.
- In-reach support from the following clinical staff:
  - Infection prevention and control experts;
  - public health nursing;
  - mental health teams;
  - addiction physicians and/or nurse practitioners;
  - primary care physicians/nurse practitioners and/or primary care nurses;
  - social worker/counsellor;
  - life skill worker; and/or
  - building maintenance.
- Access to the following (i.e. via telephone):
  - Medical Health Officer (MHO).
This can be implemented using a blended staffing model with multiple partners (i.e. housing provider, IH for clinical staff, staff from the municipality, etc.).

Absence planning
Staff (and volunteers) may need to stay home when they are sick, caring for a sick household member, or caring for their children.

- Identify critical job functions and positions, and plan for alternative coverage by cross-training staff members.
- Develop flexible attendance and sick-leave policies.

Supplies Required

Housing
- Cots.
- Blankets.
- Pillows.
- Lights.

Miscellaneous office supplies
- Office supplies (pens, paper/notebooks).
- Telephone/cell phones.
- Laptops.
- Clinical record management process/system.

Medications
- Over the counter medications for symptom management of COVID-19 (Tylenol, cough suppressants, etc.)
- First aid kit
- Naloxone

Harm Reduction Supplies
- These are available by request (to reduce transmission of COVID-19 from handling) and will be pre-packaged. This includes safer inhalation (provided outdoor space is available) and injection kits and safer sex supplies. This also includes naloxone kits and refills. There are no limits on harm reduction supplies. Supplies will be managed by peer staff.

Infection Prevention and Control Supplies
- Staff occupational health infection prevention and control supplies:
  - Gloves
  - Surgical masks
- Full droplet precaution Personal Protective Equipment (PPE) for staff conducting medical procedures or having direct contact with confirmed cases or cleaning rooms:
  - N95 masks
  - Visors
  - Gowns
  - Gloves
- Hand sanitizer stations throughout the building and near all food and toileting areas.
- Disinfecting wipes (e.g. standard cleaning wipes) and industrial cleaning supplies.
- Garbage bags.
For each resident, plan for dedicated supply of
- Hand sanitizer.
- Tissues.
- Personal garbage bags for each resident.
- Disinfecting wipes.
- Box of masks for each resident (masks to be worn when outside their room and/or interacting with staff).

Personal Care Supplies
- Soap.
- Shampoo/conditioner.
- Toothbrushes.
- Toothpaste.
- Feminine hygiene products.
- Razors.
- Personal towel.

Recreation/mental health support supplies
Consider local partnerships for donations/rentals of the following:
- iPads for loan.
- TVs.
- Board games.
- Cards.
- Books.
- Music.
- Art supplies (e.g. colouring books and markers) etc.
Appendix E: Facility and Medical Care Protocols for Stream III & IV

Not all scenarios will require full medical care oversight. In the event of needing a COVID-19 positive isolation space, client health and needs will be identified through collaborative conversations with IH, BC Housing and other key partners. Staffing models will vary depending on the medical needs of residents present and community resources. Individualized care plans will be developed on a case by case basis.

Facility operations
- Provide any client with new respiratory symptoms (cough, sore throat, running nose) or fever with a surgical mask and instructions for use, along with information on replacement mask(s) availability. Continue to follow guidelines for infection prevention and control.
- Access personal protective equipment as appropriate.

Medical Care
- Staff preparation:
  - Site safety orientation.
  - Access personal protective equipment as appropriate.
- Provide space for primary care:
  - Provide space on-site for primary care in-reach to meet the complex medical needs of the population.
  - Provide access to immediate telephone support for medical questions.
  - Plans should be made for safe transfer should acuity of a patient change.
- Providing COVID-19 medical care:
  - Most people with COVID-19 infections will likely have mild symptoms and not require hospital care. It might not be possible to determine if a person has COVID-19 or another respiratory illness.
  - Provide disinfecting wipes, instruct clients to flush with the toilet seat down and to sterilize the toilet with a disinfecting wipe before and after each use.
  - **For clients with confirmed COVID-19 (Positive Swab results)**
    - All of the same procedures for suspect cases of COVID-19, with the addition of the following:
      - Client will be designated to a room with other people who are confirmed COVID-19.
      - Food, water and essential supplies will be provided to the room at scheduled intervals.
      - Support staff will check-in with client(s) on an hourly basis to ensure appropriate psycho-social and medical needs are met.
  - **For clients with severe symptoms consistent with COVID-19:**
    - If staffs identify a client with severe symptoms consistent with COVID-19, follow emergency procedures and call 911 immediately Inform 911 operator of client’s suspected/confirmed COVID-19 status.
    - Severe symptoms could include:
      - Extremely difficult breathing.
      - Bluish lips or face.
      - Persistent pain or pressure in the chest.
      - Persistent dizziness or lightheadedness.
      - New confusion or inability to arouse.
      - New seizure or seizures that won’t stop.
- Medical Emergency Response Procedures:
  - In case of a medically unstable client, consult with on-site staff and/or call 911.
- Medication Management for clients that require nursing care outside of hospital (as needed):
  - Per nursing and IH standards of practice, a Nurse will dispense and administer prescribed medications per the Medication Administration Record or Pre-Printed Orders.
  - Medications for symptom management of COVID-19 are available, as well as emergency/anaphylaxis, mental health, and substance use.
Medications will be stored in a locked cabinet within a locked room.

Narcotics will be stored per IH narcotic management protocols.

Provision of all forms of Opiate Agonist Treatment (OAT) and Alcohol Use Disorder (AUD) and stimulant use disorder treatment; includes consideration of OAT (Kadian, methadone) and maintaining iOAT.

Ability of staff to complete new OAT inductions (e.g. time requirements).

Community Pharmacy partnership required.

### Mental Health and Substance Use Care

Many residents supported in isolation may already be receiving supports and services from IH and other community partners. When planning for supports for residents in isolation, consider existing ways in which client needs are being met. For those unattached to services, new case management plans should be created where appropriate.

- Develop plans/protocols to manage increased severity of underlying mental health conditions and emerging trauma and stress from quarantine experience.
  
  This includes:
  
  - Access to 24/7 crisis intervention available by telephone and crisis responders.
  - Ensuring staff capacity to conduct suicide risk assessments.
  - Critical incident debriefing for staff and clients.
  - Case consultation availability of mental health providers/teams.
    - Video conferencing preferred method.
  - Consider gender-based violence, LGBTQ needs and safety of vulnerable residents during room assignment.

- Provision of Substance Use Care:
  
  - Awareness of potential for clients to experience withdrawal while in the facility (opioids, alcohol, tobacco, etc.).
  - Awareness of health risks for clients who are in withdrawal, whether related to starting OAT or otherwise.
  - Adoption of virtual Episodic-Overdose Prevention Site (e-OPS) protocol.
  - Availability of a space to designate as a safer use room/OPS, requiring attention to disinfection of surfaces and awareness of transmission spread and/or ability to make this a “virtual” safe space.

- Fresh air and social cohesion:
  
  Clients with confirmed COVID-19 who feel well are encouraged to get fresh air with the following guidance:
  
  - Mask when leaving your room.
  - Maintain a two (2) meter distance from others at all times (take stairs, do not get in crowded elevators, avoid line ups, etc.).
  - Immediately dispose of tissues.
  - Cough/sneeze into your elbow or a tissue.
  - Immediately wash your hands after coughing, sneezing or eating or touching your face.
  - Avoid handshakes, hugs or touching others.
  - Avoid leaving the immediate area of the shelter.

Clients with confirmed COVID-19 may take their meals as a cohort with other confirmed positive cases in a shared room to promote social cohesion and mental health.

### Food

- Ideally, food is to be individually packaged.
  
  - Eliminate buffets or shared food if mixing suspect and known cases.
  - If all confirmed positive cases, then more traditional food sharing may be appropriate.
Vulnerable Population Shelter Planning Guidelines

Security & Safety

- Facility-level security plan to be created prior to opening.
  - Consideration needs to be given to developing a protocol for clients accessing substances – how to support this whilst decreasing them leaving the facility/protecting the public.
- Visitors to be restricted or severely limited. Any visitors allowed in will be screened to ensure they do not have symptoms consistent with COVID-19. If allowed, visitors could then be exposed (especially if entering a facility with such high concentration of COVID-19) and spread within their home community. If visitors are allowed, suggest:
  - Designated space for visitors.
  - Designated visiting hours.
  - Designated protocol for visitors (e.g. PPE).
- Maintain compliance with Joint Occupational Health & Safety (JOHS) Guidelines, per Workplace Health & Safety.
- Implement and educate all staff on Critical Incident Protocols (e.g. Code White).
- Designate a safe outdoor area for confirmed or suspect cases to get fresh air.
### Appendix F: COVID-19 Roles and Responsibilities

<table>
<thead>
<tr>
<th>Stream I General Shelter Population</th>
<th>Stream II High Risk Populations Moved to Hotel Accommodations</th>
<th>Stream III Required to Self-Isolate (pending testing for COVID-19/named contact)</th>
<th>Stream IV COVID-19 + Isolation Centre</th>
<th>Stream V Folks Living Outside</th>
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<tbody>
<tr>
<td><strong>IH Role</strong></td>
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</table>
| • Standard MHSU and other IH community service contacts with clients already registered within existing services – resources vary by community. Availability of mental health emergency services continues. | • Standard MHSU and other IH community service contacts with clients already registered within existing services – resources vary by community. | Identified Nursing and/or Allied Health Professional(s) will:  
  • Assist with referrals to have residents be moved into Stream III  
  • Communicate/liaise with existing client case managers to reduce number of staff exposed to potentially sick people.  
  • Consult with MHO, EHO as needed.  
  • Be available for consultation if needed (i.e. Assess chronic and urgent care needs; conduct mental health assessments; substance use assessments and withdrawal management).  
  • Coordinate access for appropriate PPE and provide guidance for all staff working in Stream III location on how and when to use (to reduce misuse of PPE).  
  • Facilitate physician consultation as needed. | Identified Nursing and/or Allied Health Professional(s) will:  
  • Review case management plan for resident moving into Stream IV.  
  • Conduct physical and mental health assessments.  
  • Consult with physician as needed (e.g. withdrawal management / safe supply prescriptions; medical consultations).  
  • Consult with MHO, EHO as needed.  
  • Dispense medication as prescribed.  
  • Coordinate access for appropriate PPE and provide guidance for all staff working in Stream IV location on how and when to use (to reduce misuse of PPE).  
  • Coordinating signage and isolation protocols in collaboration with nursing. This includes limitations of whom and which staffs enter isolation spaces and/or rooms; protocols for calling 911 for transfer etc. | • If COVID-19 + person living outside then Nursing will conduct physical and mental health assessments.  
  • Consult with physician as needed.  
  • Consult with MHO as needed  
  • Drop off/dispense medication as prescribed.  
  • Standard MHSU contacts with clients not COVID-19 + and already registered within existing services – resources vary by community. |
| • No additional supports provided specific to COVID-19 related care as individuals in this stream would not be presenting with illness. |                                                              | Stream III & IV might be one location depending on community, what options are available and resources available and scale of people needing isolation. Once staff identified to work in Stream III, particularly IV, they should not be working in other locations. | • Telehealth consultation. | • If COVID-19 + person living outside then Nursing will conduct physical and mental health assessments.  
  • Consult with physician as needed.  
  • Consult with MHO as needed  
  • Drop off/dispense medication as prescribed.  
  • Standard MHSU contacts with clients not COVID-19 + and already registered within existing services – resources vary by community. |
<p>| • No additional supports provided specific to COVID-19 related care as individuals in this stream would not be presenting with illness. |                                                              |                                                                                                  |                                          |                                |</p>
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<tr>
<th>BC Housing / Local BC Housing Funded Agencies</th>
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<th>Stream V Folks Living Outside</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Role</strong></td>
<td>• Maintaining safe and sanitized existing shelter locations where appropriate.</td>
<td>• Screen all existing shelter residents for stream II suitability. • Cleaning and laundering services. • Secure hotel(s) appropriate for this population. • Coordinate food delivery. • Coordinate daily check ins (may use other partners to support this). • Coordinate any peer involvement, including honoraria payments for this work.</td>
<td>• Secure the location(s) for self-isolation and isolation of residents as needed. • Cleaning and laundering services. • Coordinate food delivery and/or preparation. • Screen all existing shelter residents for Stream III suitability. • Develop case management plans for each resident in Stream III. • Flag all residents with substance use disorders moving into Stream III with IH. • Coordinate check ins as per case management plan (may use other partners to support this). • Provide base staffing levels. Staff are responsible for standard shelter operations; assessing social needs of residents in isolation; referrals to MHSU and/or medical as needed; coordinate medication delivery and distribution in collaboration with IH staff. • Ensure OPS spaces are considered and support for sick residents to use according to their needs in their own rooms/spaces. • Prepare for hiring additional staff as needed.</td>
<td>• Secure the location(s) for self-isolation and isolation of residents as needed. • Cleaning and laundering services. • Coordinate food delivery and/or preparation. • Coordinate the housing of all Stream IV COVID-19 + residents. • Develop case management plans for each resident in Stream IV in consultation with IH where appropriate (i.e. IH staff aware of client already). • Flag all residents with substance use disorders moving into Stream IV with IH. • Provide base staffing levels. Staff are responsible for standard shelter operations; assessing social needs of residents in isolation; referrals to on site nursing support as needed. • Ensure OPS spaces are considered and support for sick residents to use according to their needs in their own rooms/spaces.</td>
<td>• Provide tents and tenting equipment, as available, to residents who want to move outside for the time being. • Maintain the offer to return to shelter as client may want to come back indoors.</td>
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<tr>
<td>Stream I</td>
<td>Stream II</td>
<td>Stream III</td>
<td>Stream IV</td>
<td>Stream V</td>
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<td>Folks Living Outside</td>
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</tbody>
</table>

**Municipality Role**
- Support shelters to remain open.
- Identify a representative to sit on the Vulnerable Population (VP) Shelter Planning Committee.
- Communicate to the public about plans to support this population.
- Support BC Housing in securing hotels for Stream II.
- Identify a representative to sit on the VP Shelter Planning Committee.
- Communicate to the public about plans to support this population.
- Identify locations suitable to housing vulnerable, unhoused populations who have been referred into Stream III (may be combined with Stream III and IV).
- Identify a representative to sit on the VP Shelter Planning Committee.
- Communicate to the public about plans to support this population.
- Identify locations suitable to housing vulnerable, un-housed populations who have been referred into Stream IV (may be combined with Stream III and IV).
- Identify a representative to sit on the VP Shelter Planning Committee.
- Communicate to the public about plans to support this population.
- Identify location(s) where tenters can be directed to set up temporarily during COVID-19 response.
- Temporarily suspend all bylaws requiring tenters to pack up all belongings each morning. This increases likelihood of potential spread of disease and reduces ability to maintain social distancing requirements within the community.
- Support clients who desire to live outside the shelter system at this time.
- Communicate to the public about plans to support this population.

**Key Partner Agencies (i.e. other social services providing direct care to clients, such as CMHA, HR agencies etc.)**
- Continue drop in and/or innovate solutions to connecting with existing clients residing in shelters.
- Maintain existing referral streams.
- Communicate any changes to programming to shelters.
- Continue drop in and/or innovate solutions to connecting with existing clients residing in shelters.
- Maintain existing referral streams.
- Communicate any changes to programing to shelters.
- Consider partnerships for helping with daily check ins for residents moved to Stream II.
- Offer staffing support to maintain Stream III locations.
- Coordinate supports needed within Stream III such as food, harm reduction supplies, and other logistical needs as appropriate.
- Due to need to limit access to Stream III and IV locations, work collaboratively with staff to address needs of existing clients through on site supports only.
- Maintain phone call appointments with clients as needed.
- Reduce in-house services provided by partners to reduce risk of transmission.
- Services can be provided by phone as needed to connect with existing clients.
- Agency partners may offer additional logistical support outside of the actual isolation location/rooms.
- Support and coordinate outreach to tents and tent cities to maintain connection to services.
- Offer Harm Reduction Supplies and Overdose Prevention supplies.
- Act as a conduit of information to clients living outside on COVID-19 situation, such as updates to food access, or other program changes.
- Provide soap/sanitizer as appropriate and available.
- Liaise with IH and BC Housing if client living outside and displaying new onset of respiratory illness symptoms.