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Purpose

This document is to guide service providers in operating the COVID-19 Recovery Program during the COVID-19 pandemic.

The goals of the Program are to:

- Provide temporary accommodations to individuals who are experiencing homelessness and COVID-19 positive;
- Provide medical care and monitoring to support those individuals and;
- Prevent and contain the transmission of the virus in the community.

Service Providers are to use this site-specific guide in conjunction with the [COVID-19 Guidance for Homelessness Service Providers](#).

COVID-19 Background

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. COVID-19 is a new type of coronavirus that can cause acute respiratory illness. It is spread person-to-person through droplets (e.g., coughing, sneezing) that can travel up to two metres. It may also be possible for a person to get the virus by touching contaminated surfaces and then touching their

mouth, nose or eyes. Symptoms have ranged from mild to severe, and commonly include fever, cough and shortness of breath.

For more information on COVID-19, please refer to Peel Public Health’s website:

<http://www.peelregion.ca/coronavirus/>

Guiding Principles of the Recovery Program

Trauma-informed	A trauma informed approach will guide the care and services delivered under this Program.
Harm reduction	The Program will employ harm reduction practices and strategies to ensure the unique needs of each resident are met for the comfort and safety of all.
Collaboration	Intersectoral teams will collaboratively support the development of an individualized holistic care plan to address the health and social well-being that continues beyond recovery.
Housing First	Housing services will be administered according to the Housing First philosophy.
Scalable	Partners will work together to scale the Program according to the needs of the homeless community.
Agile	Partners will implement changes to the Program on an ongoing basis for continuous improvement.
System-focused	New working relationships have been created through the development of the Program. After the pandemic is over, these relationships will be leveraged to build long-term solutions to support the health care needs of individuals and families experiencing homelessness in Peel Region.

Overview of the Recovery Program

Service Providers	Services and Housing in the Province (SHIP), a Medical Care Team (Physician and Nurse Practitioner), Home and Community Care (Central West Local Health Integration Network), the Canadian Mental Health Association Peel Dufferin (CMHA), Regeneration, and the Region of Peel.
Population Served	Individuals 16 years of age and older who are experiencing homelessness and have tested positive for COVID-19.

Capacity	21 units
Description of Facility	The program is administered out of a multi-level facility with up to 100 individual rooms with private bathrooms. The facility also houses the Isolation Program.
Staffing	This facility is staffed 24 hours a day, 7 days a week.

Roles and Responsibilities of the Partners

The Program is a collaborative between SHIP, a Medical Care Team, Home and Community Care, CMHA, Regeneration, and the Region of Peel. All partners will play a key role in providing wrap-around holistic supports to residents, including basic needs, healthcare services and housing searching help. Together, the partners form an individual's 'care team'.

Partner	Staffing	Services
SHIP <i>*Operations Lead</i>	<ul style="list-style-type: none"> Program Manager Recovery clinicians Program staff At least 2 staff onsite 24/7 	<ul style="list-style-type: none"> Support residents' day to day Oversight of facility, security and cleaning Provide service as per their individual specialty (e.g., trauma, peer support, addictions) Consult with the Registered Nurse for medical and psychiatric needs beyond their scope of practice Refer to ancillary services as needed (e.g., treatment centres) for post-discharge Primary contact with Region of Peel for facility related issues and supplies
Medical Care Team <i>*Medical Lead</i>	<ul style="list-style-type: none"> Physician/Medical Director Nurse Practitioner Scheduled onsite 	<ul style="list-style-type: none"> Assess and treat medical and psychiatric conditions as necessary Provide clinical oversight Provide on call support Consult with specialists as required Assess for referral to allied health Goals of care discussion (advanced care planning)
Home and Community Care, Regeneration <i>*Medical Support</i>	<ul style="list-style-type: none"> Registered Nurse (onsite 24/7) 	<ul style="list-style-type: none"> Provide regular wellness checks of Recovery and Isolation clients

		<ul style="list-style-type: none"> • Assess and carry out treatment orders • Assess residents at request of SHIP or Salvation Army staff • Consult the Medical Care Team as necessary • Medication management • Health teaching • Assess for referral to allied health as needed • Goals of care discussion (advanced care planning) • Coordinate referrals to allied health • Facilitate discharge planning
<p>CMHA *Medical/Aftercare Support</p>	<ul style="list-style-type: none"> • Outreach Mental Health Nurse (scheduled onsite/virtual) • Coverage Program Manager (on call) 	<ul style="list-style-type: none"> • Virtual education and training for Program staff and clients on self-care, wellness, recovery, etc. • Assess and carry out treatment plans • Coordinate referrals and case conferencing with partners • Goals of care discussion and aftercare planning for residents returning to the streets • On call coverage for Recovery Program Manager
<p>Region of Peel *Housing/Aftercare Support</p>	<ul style="list-style-type: none"> • Housing Support Worker (virtual) 	<ul style="list-style-type: none"> • Housing search support • System navigation • Transition support to secure and/or maintain housing with or without financial support

Recovery Program Pathway

The [Recovery Program Pathway](#) has been developed to provide an overview of the Program from referral to discharge. It is a useful tool for Program staff and partners to reference to better understand how the program will operate.

Referrals to Recovery Program

Referrals to the Recovery Program can be made by the Isolation Program and Peel Region hospitals and COVID-19 assessment centres. Referrals to the Recovery Program can be made between 7am and 11pm. The referral processes are outlined below:

From the Isolation Program

Isolation Program staff will complete the following steps to refer an individual to the Recovery Program when COVID-19 positive test result is confirmed:

Step	Action
1	Complete the COVID-19 Homeless Response Program Intake Form
2	E-fax the completed referral form to the Recovery Program Manager
3	The Recovery Program Manager and/or Nurse Practitioner will confirm acceptance of the referral with the referrer by phone or email Note: Nurse Practitioner to inform the Medical Director of new intake
4	Coordinate relocation to the Recovery Program area
5	Discharge the individual from the Isolation Program in Salesforce
6	Arrange for the vacated room to be disinfected and cleaned thoroughly following PIDAC Best Practices document for Environmental Cleaning for Infection Prevention and Control guidelines

From Peel Region Hospitals, COVID-19 Assessment Centres, or Correctional Institutions and Jails

Hospital or COVID-19 Assessment Centre staff will complete the following steps to refer an individual to the Recovery Program when COVID-19 positive test result is confirmed:

Step	Action						
1	<p>Confirm that the confirmed COVID-19 patient meets the following criteria:</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Criteria</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td>18 years of age or older.</td> </tr> <tr> <td>Homelessness Status</td> <td> <p>Patients in the following physical living situations are appropriate for referral:</p> <ul style="list-style-type: none"> a) Unsheltered – living on the streets or in places not intended for human habitation; b) Emergency Shelters – staying in homeless shelters or family violence shelters </td> </tr> </tbody> </table>	Category	Criteria	Age	18 years of age or older.	Homelessness Status	<p>Patients in the following physical living situations are appropriate for referral:</p> <ul style="list-style-type: none"> a) Unsheltered – living on the streets or in places not intended for human habitation; b) Emergency Shelters – staying in homeless shelters or family violence shelters
Category	Criteria						
Age	18 years of age or older.						
Homelessness Status	<p>Patients in the following physical living situations are appropriate for referral:</p> <ul style="list-style-type: none"> a) Unsheltered – living on the streets or in places not intended for human habitation; b) Emergency Shelters – staying in homeless shelters or family violence shelters 						

		Note: Patients whose provisional accommodation (i.e. “couch surfing”) will be affected by a COVID diagnosis may also be admitted.
	COVID Status	<ul style="list-style-type: none"> a) Has a COVID via NPS result; b) COVID diagnosis made within 14 days OR longer than 14 days but patient is persistently symptomatic; and c) Asymptomatic or minimally symptomatic COVID OR symptomatic but stable or improving clinical course.
	Consents	The patient must consent voluntarily to 14-day admission into Recovery Program facility.
	Vitals	<p>Vital signs at time of transfer:</p> <ul style="list-style-type: none"> a) Heart rate: < 100 beats/minute; b) Oxygen saturation: > 93% on room air; c) Blood pressure: > 105 sBP; d) Respiratory rate: < 22 breaths/minute; e) No signs of respiratory distress; and, f) Alert & oriented.
	Independence	Patient must be capable of completing activities of daily living with minimal support or supervision and ambulatory (Note: may utilize assistive devices for ambulation).
2	Complete the COVID-19 Homeless Response Program Intake Form and fax it to the Recovery Program Manager	
3	The Recovery Program Manager and/or Nurse Practitioner will confirm acceptance of the referral by phone or email and arrange for transportation	
	Note: Nurse Practitioner to inform the Medical Director of new intake	
4	Advise the patient of the pick-up time and location and provide surgical mask and gloves	

Admission to the Recovery Program

Program staff will complete the steps below to admit an individual to the Recovery Program:

Step	Action
Upon receipt of referral form...	
1	Program staff to contact referring organization to confirm acceptance of the referral
2	Program staff to arrange transportation for individual’s referred from Hospitals/Assessment Centres through TransHelp anytime between 6am and 12am

3	<p>Program staff to complete the intake in Salesforce including specifying the contact number for the individual, if available, and documenting a service reason which most closely corresponds with the referral source of the client</p> <table border="1" data-bbox="261 348 1479 548"> <thead> <tr> <th data-bbox="261 348 870 390">If the person was referred by...</th> <th data-bbox="870 348 1479 390">Then choose...</th> </tr> </thead> <tbody> <tr> <td data-bbox="261 390 870 468">The Isolation Program or another shelter/transitional housing facility</td> <td data-bbox="870 390 1479 468">Referral from Another Shelter.</td> </tr> <tr> <td data-bbox="261 468 870 506">A hospital or treatment facility</td> <td data-bbox="870 468 1479 506">Discharge from Treatment – Other.</td> </tr> <tr> <td data-bbox="261 506 870 548">A correctional institution</td> <td data-bbox="870 506 1479 548">Discharge from Correctional/Jail.</td> </tr> </tbody> </table> <p>Note: If referral source is other than listed, determine most appropriate reason and notify Region of Peel Housing Program Analyst of referral source by email.</p>	If the person was referred by...	Then choose...	The Isolation Program or another shelter/transitional housing facility	Referral from Another Shelter.	A hospital or treatment facility	Discharge from Treatment – Other.	A correctional institution	Discharge from Correctional/Jail.
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4	<p>Assign the person to an available room in Salesforce</p> <p>Note: Analysis of mental health status and emotional well-being should be undertaken before assigning an incoming resident to a room with a balcony.</p>								
5	<p>Program staff to complete the intake in CRMS, documenting as much information is known prior to the individual’s arrival</p>								
6	<p>Nurse to create and complete admission consultation intake form in medical chart</p> <p>Note: the medical chart will be reviewed by the Medical Director or Nurse Practitioner at next session</p>								
Upon arrival of the resident, programs staff to...									
7	<p>Provide the resident with clothing and collect their bagged laundry for washing</p>								
8	<p>Validate intake details and collect any additional information required</p>								
9	<p>Complete consent form with all relevant partners listed and upload to CRMS</p>								
10	<p>Review program guidelines and obtain resident signature on form and upload to CRMS</p>								
11	<p>Assign the resident to a Primary Worker for the applicable shift (Note: the staff on each shift with an incomplete case load will become the next resident’s Primary Worker)</p>								

12	<p>Provide the person with an orientation to, and tour of the facility, including:</p> <ul style="list-style-type: none"> • Room • Staff office • Medical room • Common areas • Entry and exit protocols • Schedule • Meals • Staff & security introductions
13	Provide a meal or snack to the resident
14	Add to whiteboard and rounding list

Supporting Recovery Residents

Whiteboard and Documenting	<p>To effectively manage the health and well-being of residents, Program staff will maintain a whiteboard with the list of current residents. The Medical Care Team and other partners will receive updates on the whiteboard/occupancy. The Program Manager and/or shift lead will review the whiteboard with staff at every shift change.</p> <p>Program staff and partners will document as required by their organizations. The Medical Care Team will store medical charts onsite in a chart rack for the duration of the Program.</p>
Assessments and Care Planning	<p>At intake, the Primary Worker through SHIP will complete an assessment to initiate the initial care plan for the resident and identify immediate connections to onsite/virtual supports (e.g., mental health and addictions). This plan will continue to be developed with input from the Medical Care Team and any partners engaged to provide support during or after recovery. Program staff will work with the resident during their stay to accomplish the goals outlined in their care plan and prepare for discharge and aftercare.</p> <p>The Registered Nurse will complete a separate admission consultation form with the resident to inform the medical component of the care plan. The Medical Care Team will review these plans and support the Registered Nurses' holistic assessments and treatment actions. The Medical Care Team will be responsible for medically clearing residents for discharge. Upon discharge, the discharge plan will be executed, and any aftercare supports will be engaged accordingly.</p> <p>Inter-disciplinary rounds will happen once per week between Program staff, the</p>

	<p>Medical Care Team and other partners on care plans, the health status of residents, etc. These rounds will ensure that Program staff are consistent in their approach to supporting residents.</p> <p>Details of all care, discharge and aftercare plans will be thoroughly documented in CRMS. Aggregate data on components and outcomes will be provided to the Region of Peel.</p>						
<p>Referrals and Treatment</p>	<p>Referrals to participating and non-participating agencies and services will only be made with consent from the resident. Referrals will be made according to whatever process is required by the applicable service provider. Care, discharge and aftercare plans will be updated accordingly as referrals are made or withdrawn.</p> <p>Treatment will be provided onsite and virtually according to the care plan. The Primary Worker and Registered Nurse will be responsible for ensuring consistent communication and coordination amongst the partners involved in resident plans.</p> <p>Details of all referrals and outcomes will be thoroughly documented in CRMS. Aggregate data on components and outcomes will be provided to the Region of Peel.</p>						
<p>Ongoing Monitoring</p>	<p>Program staff and the Registered Nurse will be responsible for ongoing monitoring of residents based on the assessments/care plans and direction from the Medical Care Team.</p> <p>If a resident experiences changes in their health, Program staff should follow these steps:</p> <table border="1" data-bbox="394 1318 1482 1787"> <thead> <tr> <th data-bbox="394 1318 857 1360">If a resident is experiencing...</th> <th data-bbox="857 1318 1482 1360">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="394 1360 857 1665">Medical distress</td> <td data-bbox="857 1360 1482 1665"> <ul style="list-style-type: none"> • Notify the Registered Nurse working onsite • Report the incident to the Program Manager and Medical Care Team • Report the incident to the Key Contacts • Management will depend on resident goals of care </td> </tr> <tr> <td data-bbox="394 1665 857 1787">Deteriorating health</td> <td data-bbox="857 1665 1482 1787"> <ul style="list-style-type: none"> • Notify the Registered Nurse working onsite • Notify the Program Manager </td> </tr> </tbody> </table>	If a resident is experiencing...	Then...	Medical distress	<ul style="list-style-type: none"> • Notify the Registered Nurse working onsite • Report the incident to the Program Manager and Medical Care Team • Report the incident to the Key Contacts • Management will depend on resident goals of care 	Deteriorating health	<ul style="list-style-type: none"> • Notify the Registered Nurse working onsite • Notify the Program Manager
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Deteriorating health	<ul style="list-style-type: none"> • Notify the Registered Nurse working onsite • Notify the Program Manager 						
<p>Harm Reduction Approach</p>	<p>Program staff will take a harm reduction approach to service. If a resident expresses concerns with substance use, Program staff will work with the Nurse</p>						

	Practitioner/Physician and other partners to develop a plan and possibly treatment to manage potential withdrawals. Sharp containers will be onsite, as well as cigarettes, nicotine patches, and appropriate foods/snacks. The Region of Peel’s Harm Reduction Service will also be engaged as necessary.
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Discharging Recovery Residents

Program staff will complete the steps below to discharge a resident from the Recovery Program:

Step	Action								
1	Obtain medical clearance for discharge from health team, if appropriate Important: If the individual is leaving against medical advice, inform the Recovery Program Manager and Medical Care Team immediately and discuss the reasoning, possible solutions, etc. until the Recovery Program Manager or Medical Care Team is able to connect with them								
2	Inform all partners involved in the individual’s care team and organize or engage aftercare supports according to discharge plan								
3	Ensure the individual’s linens are collected for laundering								
4	Ensure the individual has collected their personal belongings, including valuables and medications Note: If the individual left without collecting their belongings, gather them for storage and attempt to make arrangements to have them returned to the client.								
5	Arrange transportation, if required								
6	Remove from whiteboard and rounding list								
7	Process discharge in CRMS								
8	Process discharge in Salesforce, choosing the appropriate Reason for Discharge which corresponds to the end of the person’s period in recovery <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="background-color: #4F81BD; color: white;">If the person...</th> <th style="background-color: #4F81BD; color: white;">Then choose reason...</th> </tr> </thead> <tbody> <tr> <td>Moves in with family or friends for the remainder of their recovery</td> <td>Moved in with Partner/Family/Friends/Relatives</td> </tr> <tr> <td>Secures own housing for remainder of recovery</td> <td>Housed <i>insert appropriate type</i></td> </tr> <tr> <td>Is transferred to the hospital based on established criteria</td> <td>Admitted to Hospital – Medical</td> </tr> </tbody> </table>	If the person...	Then choose reason...	Moves in with family or friends for the remainder of their recovery	Moved in with Partner/Family/Friends/Relatives	Secures own housing for remainder of recovery	Housed <i>insert appropriate type</i>	Is transferred to the hospital based on established criteria	Admitted to Hospital – Medical
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Is transferred to the hospital based on established criteria	Admitted to Hospital – Medical								

Commits an offense that warrants immediate discharge	Immediate Discharge - <i>insert appropriate type</i>
Leaves the program without housing and against medical advice*	Client Left the Program
Completes recovery based on established criteria Note: The Medical Care Team will medically clear residents for discharge with the onsite Registered Nurse under this reason	Completed Program
<p>*Important: If a resident leaves the program without housing and against medical advice, they are contravention to a Public Health Order. As such, Program staff must follow these steps to report the individual:</p> <ul style="list-style-type: none"> • Contact Peel Public Health at 905-799-7700 (Note: Peel Public Health will involve a Public Health Inspector to investigate; the Inspector may follow-up with the Program, as necessary) • Inform the Medical Care Team • Inform the other partners associated with the individual’s care plan • If appropriate, contact Peel Regional Police Division 12 at 905-453-3311 (Note: Peel Regional Police will follow missing persons protocols) 	

Facility Details

Building Access	All staff and visitors will enter and exit by the main entrance and will be required to sign-in, respond to health screening questions, and undergo a temperature check upon entry. Individuals who do not pass the screening will not be permitted entry to the facility. Residents will also be required to use the main entrance and sign in and out with security, but will not be required to undergo screening. Once inside the facility, only staff, security and Recovery Program residents are permitted access to the Recovery area of the facility.
Security	Security staff will be on site 24 hours a day, 7 days a week. Security staff will monitor the premises, with dedicated security supervising entry and exit, elevator access, the Recovery area, and the outdoor smoking area. Any unusual activity must be reported promptly to Isolation and Recovery Program staff. Security will monitor activities on the premises and will intervene verbally where a resident is not complying with physical distancing guidelines or is engaging in

	<p>activities which are disruptive or prohibited; where there is opposition, staff will intervene promptly upon notification.</p>
<p>Cleaning</p>	<p>Cleaning will be executed in accordance with the PIDAC Best Practices document for Environmental Cleaning for Infection Prevention and Control guidelines.</p> <p>Staff Work Areas</p> <p>Program Staff</p> <p>Program staff will focus additional time on cleaning and disinfecting frequently touched objects and surfaces. Staff will also disinfect shared workspaces including desks, keyboards, etc. before and after using the space. Staff will increase the number of times they disinfect their personal works spaces.</p> <p>Program staff will educate residents on the importance of disinfecting anything they may come into contact with when outside of their room.</p> <p>Cleaning Staff</p> <p>Cleaning staff will perform the following duties to clean all resident rooms and bathrooms on a weekly basis and upon discharge of a resident:</p> <ul style="list-style-type: none"> • Empty garbage receptacles and replace liners, as applicable, and remove all loose garbage • Vacuum the entire room • Dust fixtures and furniture • Wipe down and sanitize all surfaces • Collect any personal item and deliver to program staff (for turnover cleanings only); • Strip bed linens and replace with fresh linens (i.e. sheets and pillowcases) • Remove any used towels • Clean the shower and bathtub • Scrub and disinfect/sanitize the toilet • Clean mirrors • Clean and sanitize bathroom vanity and sink • Clean floor tiles • Deliver linens and towels to the designated laundry area <p>In addition to the individual rooms, cleaning staff will also clean public spaces and hallways, including sweeping, mopping and/or vacuuming floors, and wiping and sanitizing surfaces.</p> <p>Recovery Program cleaning staff will not visit or perform any cleaning in other areas</p>

	<p>of the facility in order to avoid cross-contamination.</p> <p>Laundry</p> <p>Residents will bag all personal laundry and leave it outside the door to their room on the designated day(s). Program staff will collect and label bags with the applicable room number or resident initials. Facility staff collect the labelled bags and launder the items. Program staff will collect the completed laundry and distribute it to the applicable rooms.</p>
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Program Guidelines

Physical Distancing	<p>Program staff will educate residents on appropriate physical distance and instruct them to remain in their rooms. Program staff will conduct walkabouts throughout the facility to ensure that residents are not outside of their rooms unnecessarily.</p> <p>Program staff will ensure they are observing physical distancing guidelines in interactions with residents and other staff. It is recommended that Program staff do not take meals together.</p> <p>If Program staff or security observes individuals at the facility (residents, staff, or visitors) not adhering to physical distancing guidelines, they will intervene and encourage them to change behaviour.</p>
Common Area	Residents are encouraged to be respectful of one another and clean up after themselves while in common areas, and share any common area items fairly.
Meals	Meals will be delivered directly to rooms by Program staff.
Medication	<p>Medication will be distributed and/or administered by the Registered Nurse on the following basis:</p> <ul style="list-style-type: none"> • Morning 8am • Lunch 12pm • Afternoon 4pm • Evening 8pm
Programming	<p>Group check-ins will be completed daily. Additional programming and activities will be offered at the following times (participation is voluntary):</p> <ul style="list-style-type: none"> • Good Morning Group 10am • Recreational and/or Educational 2pm • Recreational and/or Educational 8pm
Smoking Policy	Smoking is not permitted inside the facility. Smoking is only permitted on the in the

	designated outdoor spaces. Residents are not permitted to leave the facility. If cigarettes are required, residents must speak to Program staff. Nicotine replacement therapy options will be available for residents who wish to cease or reduce smoking.
Leaving the facility	<p>Residents are not permitted to leave the facility for any reason without prior approval from staff.</p> <p>Designated space with outdoor access is available in the Recovery area. However, if Recovery residents need to leave the building for any reason, they must first obtain authorization from Program staff. Upon receiving a request to leave the building, Program staff will contact front desk security to coordinate exit to prevent encounters or interactions that might create exposure risks.</p> <p>Where a resident does not return in a reasonable amount of time, staff will investigate and intervene where necessary to have the resident return to the Recovery area.</p>
Visitors	No visitors are permitted in or around the facility.
Transportation	Any compulsory transportation of COVID-19 positive individuals will be arranged via TransHelp. Transportation following discharge for individuals who have recovered from COVID-19 will be arranged via taxi.
Personal Protective Equipment	<p>Protocols for using Personal Protective Equipment as outlined in the COVID-19 Guidance for Homelessness Service Providers and Guidance on the Use of Personal Protective Equipment will be observed. Staff and visitors will be required to wear a non-medical mask for the duration of their shift.</p> <p>Medical staff will take care to doff contaminated PPE, wash hands, and disinfect supplies between resident visits.</p> <p>All persons will be required to use hand sanitizer upon entry to the building or prior to entering the elevator on the main floor.</p> <p>Personal Protective Equipment and hygiene supplies will be monitored and needs will be reported to Housing Supply.</p>

Supplies

A daily inventory of all the following critical supplies must be retained and tracked on the inventory form:

- Food
- Masks
- Gloves
- Cleaning Products and Tools
- Sanitizing Wipes
- Personal Hygiene Products
- Medical supplies
- Sharp containers

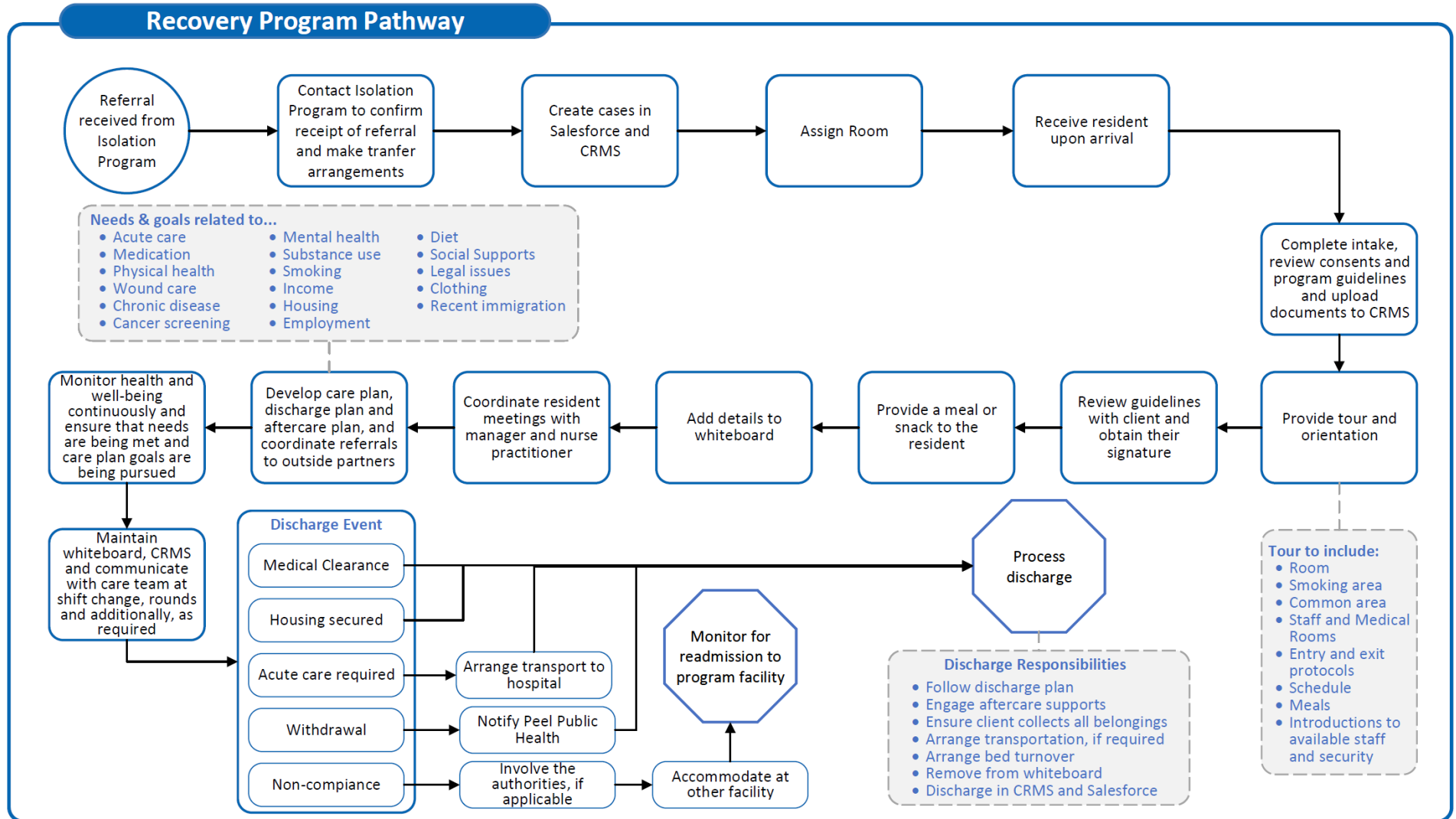
Any requests for supplies must be submitted on Mondays for mid-week deliveries (Wednesday/Thursday) by sending the inventory form to Housing Supply.

Incident and Facility Issue(s) Reporting:

In the event of an incident related to a resident or staff, the Manager of Housing Client Services must be notified immediately. Examples of incidents include intervention from first responders e.g., police, paramedics) or any instance where a service restriction is being recommended for a resident.

For any issues related to the facility/building (e.g., plumbing, heating), Housing Supply must be notified promptly.

Any inquiries from media must be directed to the Manager of Housing Client Services for escalation to the Regional Communications Team.



Reason	Criteria
Transfer to Hospital	<ul style="list-style-type: none"> • Displays: <ul style="list-style-type: none"> – increased shortness of breath from baseline – Altered level of consciousness – Significantly decreased mobility & function – Active delirium – Worsening functional status – Altered vital signs including decreasing oxygen saturation • Requires increased supplemental oxygen to support breathing not supported by site • Transfer to hospital is within goals of care plan for client as per Region of Peel COVID-19 Recovery Program Goals of Care tool
Completes Recovery (Medically Clear)	<ul style="list-style-type: none"> • COVID status: <ul style="list-style-type: none"> – Symptoms started >14 days prior – Symptoms have resolved or are for the most part, resolving • Housing status: <ul style="list-style-type: none"> – A safe location has been identified for housing, including transitional housing/emergency shelter, etc. – Patient and care team are in agreement about the appropriateness of the housing option – Note: street location to be considered based on resident choice with appropriate plan in place to provide aftercare supports • Discharge supports: <ul style="list-style-type: none"> – The patient’s outpatient medical and psychosocial care team have been notified of the discharge and confirm that they are able to provide ongoing care – If the patient does not have a primary care provider, a referral has been made to an appropriate primary care provider for follow-up care as needed – A plan is in place to ensure that substance use supports are not interrupted on discharge • Vital signs at time of discharge: <ul style="list-style-type: none"> – Heart rate < 100 beats/min – Oxygen saturation > 93% on room air – Blood pressure > 105 sBP – Respiratory rate < 22 breaths/minute – No signs of respiratory distress – Alert & oriented

Nulife Medical	
ELITEVIEW OTOSCOPE SET 3.5V LED W/C HDL RE.CH BA1T.OT PLUG 0IN.0 1804041472 1 540.00 EACHEACH 540.00 G	
DISPOSABLE EAR SPECULA 4.0MM FOR L3 OTOSCOPE I1N. OSLEEVE0S.0 36.00 1000/BAG 36.00 G	
LITTMAN CLASSIC III STETHOSCOPE BLACK 27" 1.0 0.0 2J01199L1929E2D116 1 119.95 EACHEACH 119.95 G	
FIRST AID KIT REGULAR. PLASTIC SMALL 4.0 0.0 S19213 4 22.95 EACHEACH 91.80 G	
SHARPS CONTAINER YELLOW 5 QTS W/NEEDLE UNWIND4.E0R 0.0 7.49 EACH 29.96 G	
TEGADERM 6CMX7CM 100.BOX 1.0 0.0 335NEB 1 27.50 BOX/100BOX/100 27.50 G	
OMRON INTELISENSE BLOOD PRES. MONITOR 907XL 1.0 0.0 20190900693AF 785.99 EACH 785.99 G	
GAUZE VERSALON STERILE 4" X 4" 4 PLY NON-WOVEN 1.0 0.0 19K145362 1 10/30/24 5.50 2x25PK2x25PK 5.50 G	
WELCH ALLYN BRAUN PRO 6000 PROBE COVERS 2.0 0.0 20200321 2 21.95 BX/200BX/200 43.90 G	
WELCH ALLYN THERMOSCAN PRO 6000 THERMOMETER1.0 0.0 05520K61030 289.00 EACH 289.00 G	
LACERATION TRAY FOR MINOR PROCEDURES 10.0 0.0 149954 10 9.95 EACHEACH 99.50	
10.0 852002 DRESSING TRAY STERILE W/ LID 10.0 0.0 151190 10 2.79 EACHEACH 27.90 G	
M9210 SCALPEL DISPOSABLE #10 S/S STERILE 1.0 0.0 190610 1 5/05/24 8.99 BOX/10BOX/10 8.99 G	
M9211 SCALPEL DISPOSABLE #11 S/S STERILE 1.0 0.0 181115 1 10/30/23 8.99 BOX/10BOX/10 8.99 G	
M9215 SCALPEL DISPOSABLE #15 S/S STERILE 1.0 0.0 190610 1 5/30/24 8.99 BOX/10BOX/10 8.99 G	
ASTRA021 (02302438) 20ML XYLOCAINE 2% PLAIN (400MG/20ML) 5.0 0.0 99459482 1 9/30/21 7.95	
ASTRA016 (00001791) 20ML XYLOCAINE 1% W/ EPINEPHRINE 1:1005,0.000 0.0 9946102 5 10/10/20 11.25 EA	
Medical Mart	
BANDAGE PLASTIC ADHESIVE STRIP 3/4"X3" STERILE	
APPLICATOR COTTON TIP 6" NON-STERILE	
ELASTIC TENSOR BANDAGE 3"X5YDS LATEX	
ALCOHOL PREP MEDIUM STERILE	
OXYGEN EMERGENCY RESPONDER KIT FOR PHYSICIAN OFFICE INCLUDE OXYGEN CYLINDER W/REGULATOR AIRWAY KIT VARIETY OF MASK TUBING AND CARRY	
OXYGEN MASK ADULT MEDIUM CONCENTRATION WITH	
OXYGEN MASK CHILD MEDIUM CONCENTRATION WITH	
OXIMETER DIGITAL FINGERTIP	
FURST SURGICAL O.R. SCISSOR 5.5" STRAIGHT SHARP-BLUNT STAINLESS STEEL O.R. QUALTIY	
320-NON270001 BOX/12 EACH 1 1 0 15.99 G 15.99 CURAD PAPER SURGICAL TAPE 1" X 10YRD (MICROPOR TYPE)	
320-NON270201 BOX/12 EACH 1 1 0 15.99 G 15.9 CURAD TRANSPARENT SURGICAL TAPE 1" X 10YRD (TRANSPOR TYPE)	
446-PROSL5500 EACH 3 3 0 9.40 G 28.20 PROVIODINE POVIDONE-IODINE SOLUTION 10% 500ML	
447-00111 EACH 2 2 0 144.00 G 288.00 EIPEN JUNIOR SOLUTION 0.15 MG EPINEPHRINE AUTO INJECTOR #901114	
SYRINGE WITH NEEDLE SOL-CARE SAFETY FLIP SHIELD 3ML SYRINGE WITH 22G X 1.5" NEEDLE	
ZOLL AED PLUS FULLY AUTOMATIC DEFIBRILLATOR	
NORMAL SALINE 0.9% SODIUM CHLORIDE FOR IRRIGATION IN PLASTIC 500ML POUR BOTTLE	
CHEMSTRIP 5 URINE TEST STRIP	
WASTE BIN W/STEP ON PEDAL 15.5"W X 12.9"D X	
MEDISURE BLOOD GLUCOSE METER	