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# Infection Prevention and Control Guide for Homelessness Service Settings

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Prepared by:  
Toronto Public Health  
Control of Infectious Diseases and  
Infection Control,  
Communicable Disease Control

*For Inquiries, please contact:*  
*Toronto Public Health*  
*Email: [publichealth@toronto.ca](mailto:publichealth@toronto.ca)*  
*Call: 416-338-7600*

For additional information, please visit the Toronto Public Health Infection Prevention and Control Resources for Homelessness Service Setting website at:

<https://www.toronto.ca/community-people/health-wellness-care/health-info-for-specific-audiences/infection-prevention-and-control-guide-for-homelessness-service-settings/>

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Alexis Silverman  
Occupational Health Nurse,  
Occupational Health and Safety  
Peel Regional Police

Dr. Allison Chris  
Associate Medical Officer of  
Health, CID/IC  
Toronto Public Health

Anabella Wainberg  
Manager Quality Assurance,  
Shelter Support and Housing  
Administration (SSHA)

Barbara Catt  
Manager, IPAC Response and  
System Support, Infection  
Prevention and Control  
Public Health Ontario

Cathy Loik  
Public Health Inspector, Healthy  
Environments  
Toronto Public Health

Clare Burnell  
Manager, Tuberculosis Prevention  
and Control  
Toronto Public Health

Danielle Steinman  
Manager, CID/IC  
Toronto Public Health

Deborah Wharton  
Manager, Quality Assurance  
Toronto Public Health

Debra Hayden  
Manager, CID/IC  
Toronto Public Health

Dr. Doug Sider  
Medical Director, Communicable  
Disease Prevention and Control  
Public Health Ontario

Dr. Eileen De Villa  
Medical Officer of Health  
Toronto Public Health

Esther Johnson  
Manager, CID/IC  
Toronto Public Health

Dr. Elizabeth Rea  
Associate Medical Officer of  
Health, Tuberculosis Prevention  
and Control  
Toronto Public Health

Gary Baker  
Graphic Designer  
Toronto Public Health

Genevieve Armstrong  
Public Health Nurse, Tuberculosis  
Prevention and Control  
Toronto Public Health

Jann Houston  
Director, Strategic Support  
Toronto Public Health

Jennifer Veenboer  
Senior Policy and Strategic Issues  
Advisor, Strategic Support  
Toronto Public Health

Joyce Rankin  
Director, Out of the Cold at  
Yorkminster Park Baptist Church

Laura Farrell  
IPAC Specialist, IPAC Response  
and System Support, Infection  
Prevention and Control  
Public Health Ontario

Lisa Garrard  
Health Promotion Specialist,  
Needle Exchange Program  
Toronto Public Health

Liz Shane  
Infection Control Specialist  
CID/IC  
Toronto Public Health

Manisa Jiaravuthisan  
Associate Director, CID/IC  
Toronto Public Health

Maressa Singh  
Infection Control Specialist,  
Communicable Disease Liaison  
Unit  
Toronto Public Health

Mark Kim  
Policy Development Officer, SSHA

Monica Waldman  
Manager, Seaton House,  
SSHA

Rabia Tharani  
Public Health Inspector, CID/IC  
Toronto Public Health

Sally Suen  
Public Health Nurse, Tuberculosis  
Prevention and Control  
Toronto Public Health

Sarah Almasri  
Health Promotion Specialist,  
CID/IC  
Toronto Public Health

Shaun Hopkins  
Manager, Needle Exchange  
Program  
Toronto Public Health

Susan Miller  
Quality Improvement Specialist,  
Health Informatics  
Toronto Public Health

Tracy Leach  
Manager, Healthy Environments  
Toronto Public Health

# Definitions

**Alcohol-based hand rub (ABHR):** Also known as hand sanitizer. This is a liquid, gel or foam formula that contains alcohol which is used to reduce the number of germs on hands in situations when the hands are not visibly soiled.

**Allied shelter services:** Emergency overnight spaces that offer a safe, warm indoor space and connections to other supports to meet the immediate needs of people experiencing homelessness.

**Alternative space programs:** Provides temporary overnight spaces that are activated only when there are no suitable shelter or overnight spaces available.

**Body substances:** Includes blood, and body fluids (e.g., excretions such as urine, feces, vomit; secretions such as semen, saliva).

**Cleaning:** The physical removal of debris and organic material (such as dust, soil, blood, feces). Cleaning physically removes rather than kills germs. This is done with water, detergents and mechanical action (e.g., friction and rubbing).

**Client:** Any individual who utilizes services provided by a homelessness service setting.

**Contact time:** The amount of time that a disinfectant needs to be wet on a surface for it to be effective against the types of germs listed on its label

**Contamination:** The presence of germs on hands, or surfaces (e.g., clothing, personal protective equipment, environmental surfaces, bedding, toys, dressings).

**Cross-contamination:** Cross-contamination refers to the transfer of germs from a dirty source to a clean source.

**Disinfectant:** A chemical product that is used on surfaces for the purposes of killing germs.

**Disinfection:** The process of using chemicals or heat to kill most germs on environmental surfaces/inanimate objects.

**Emergency shelter:** A shelter that is accessible by an individual or family experiencing homelessness with or without a referral, with the intention of providing short-term accommodation and the support services required to move clients into housing.

**Gastrointestinal illness:** Illness generally characterized with symptoms such as diarrhea, vomiting, nausea, abdominal pain, abdominal cramping.

**Germ:** Also known as a microorganism or infectious agent. A germ is capable of causing an infection (e.g., a bacterium, fungus, parasite, virus or prion).

**Hand hygiene:** Refers to hand cleaning. Hand hygiene may be accomplished using soap and warm running water or ABHR.

**Hand washing:** The physical removal of germs from the hands using soap and warm running water.

**Homelessness service setting:** A setting that provides shelter and services to clients experiencing homelessness.

**Homelessness service setting provider:** Homelessness service setting operators/management. This can also be operators for a not-for-profit organization that provides shelter services.

**Homelessness service setting worker:** Any workers, agency workers or volunteers in a homelessness service setting.

**Infection:** The entry and growth of a germ in host. May or may not cause clinical symptoms.

**Infection Prevention and Control (IPAC):** Evidence-based practices and procedures that, when applied consistently, can prevent or reduce the risk of infection.

**Mucous membranes:** Body tissue lining that is rich in mucous glands such as the mouth, eyes and nose.

**Non-intact skin:** This refers to a break in the skin (e.g., wound).

**Part-time shelter:** A shelter that operates year round but only on specific days of the week (e.g., weekend).

**Personal protective equipment (PPE):** Clothing or equipment worn for protection against hazards (e.g., gloves, gowns, masks).

**Respiratory etiquette:** Personal practices (e.g., covering the mouth when coughing, care when disposing of tissues) that help prevent the spread of germs that cause respiratory illness.

**Respite site:** Provides essential services to individuals experiencing homelessness.

**Risk assessment:** The evaluation of the interaction between a worker and a client/the environment to analyze the risk of exposure to germs.

**Reprocessing:** The steps performed (e.g., cleaning, disinfection, sterilization) to prepare used medical equipment (e.g. goggles) for use.

**Routine practices:** The system of infection prevention and control practices to be used at all times with all clients to prevent and control transmission of germs.

**Sharps:** Objects capable of causing punctures or cuts (e.g., needles, blades, glass).

**Surveillance:** The process of collecting and analyzing symptoms of clients and workers over a period of time.

**Transitional shelter:** A shelter that is accessible, by referral only, to eligible individuals and families experiencing homelessness, with the intention of providing longer-term accommodation and specialized supports required to move clients into housing.

## 1.0 About This Guidance Document

This guidance document was compiled by Toronto Public Health (TPH) and is a collection of evidence-based practice recommendations from expert groups in infection prevention and control (IPAC) across North America.

The main purpose of this document is to provide information to homelessness service setting providers and workers on IPAC principles. IPAC is the use of evidence-based practices and procedures that when applied consistently, can help prevent or reduce the spread of germs.<sup>1</sup> The goal is that homelessness service setting providers and workers will utilize and adapt the recommendations from this document to incorporate IPAC in daily homelessness service setting operations to protect clients and other workers. This document does not provide specific recommendations for healthcare settings in homelessness service settings and healthcare settings should follow healthcare specific IPAC recommendations.

Homelessness service settings provide services to a range of client groups such as adult men, adult women, mixed adult, youth and family and can be transitional shelters, emergency shelters, respite sites, alternative space programs, or part-time shelters.<sup>2 61</sup> There are also allied shelter services such as the Out of the Cold (OOTC) program. The OOTC program runs from November to April and offers overnight shelter, meals and other services in partnership with faith-based organizations and Dixon Hall.<sup>3</sup> When thinking about IPAC, it's important to remember all of the different types of homelessness service settings that there are in Toronto and that these settings can differ in size and services provided as well as the capacity to implement IPAC recommendations.



## 2.0 Routine Practices

Routine practices are the system of IPAC practices recommended to be used at all times to prevent and control the spread of germs.<sup>4</sup>

The basic elements of routine practices include:<sup>1</sup>

- a. Performing a risk assessment
- b. Hand hygiene
- c. Use of personal protective equipment (PPE) (e.g., gloves, gowns, facial protection)
- d. Control of the environment/environmental cleaning
- e. Supporting good IPAC practices (administrative controls)

### 2.1 Routine Practices in Homelessness Service Settings

The idea of routine practices was created with healthcare settings in mind. Healthcare settings are described as any location where healthcare is provided (e.g., a hospital, long-term care home, outpatient clinic, home healthcare).<sup>4</sup> Even if a homelessness service setting doesn't provide healthcare on-site, workers and providers should still apply the general principles of routine practices in their daily activities to reduce the spread of germs.

Routine practices are based on the idea that people can potentially spread germs that can cause infections even when they don't have symptoms. With that said, consider all body substances (e.g., blood, body fluids), mucous membranes of the eyes, nose and mouth, non-intact skin or items soiled with body substances as potentially infectious.<sup>58</sup> Engaging in common IPAC practices and having safe standards of practice in place can help prevent exposure to germs.<sup>5</sup> The remainder of this section will focus on the elements of routine practices.

There may be times where workers might need to use certain precautions in addition to Routine Practices.

For questions related to Additional Precautions, contact TPH or refer to the Provincial Infectious Disease Advisory Committee (PIDAC) Routine Practices and Additional Precautions in All Health Care Settings, 3<sup>rd</sup> Ed. at [https://www.publichealthontario.ca/en/eRepository/RPAP\\_All\\_Health\\_Care\\_Settings\\_Eng2012.pdf](https://www.publichealthontario.ca/en/eRepository/RPAP_All_Health_Care_Settings_Eng2012.pdf)

### 2.2 Risk Assessment

A risk assessment is an evaluation of the interaction between a worker and a client/the environment to analyze the risk of exposure to germs.<sup>1</sup> Homelessness service setting workers are

encouraged to perform a risk assessment before each client interaction and interaction with the environment to help prevent acquiring or transmitting germs.<sup>1</sup>

Where there is a risk of exposure to germs based on a risk assessment, workers should use protective techniques or appropriate PPE (e.g., gloves, gown, or facial protection) to protect themselves and others.<sup>1</sup>

#### Risk assessment examples:<sup>1</sup>

- If a client has uncontained diarrhea, gloves and a gown should be used when changing the client's linen, to prevent contamination of the worker's hands and clothing.
- If a client is coughing, workers should consider using avoidance techniques that reduces contact with potentially infectious droplets (e.g. sitting next to, rather than in front of the client or using facial protection like a mask).

#### Think of the following questions when performing a risk assessment:

- Does the client have symptoms of an infection (e.g., coughing, diarrhea, vomiting, a rash, a draining wound)?<sup>6</sup>
- Has the client been diagnosed with an infection?<sup>6</sup>
- What kind of contact or activity will you be doing with the client?<sup>6</sup>
- Is there a risk of exposure to body substances, non-intact skin or mucus membranes of the eyes, nose or mouth and where on your body might you be exposed?<sup>6</sup>
- What kind of personal protective equipment (PPE) is available on site?
- If you don't have the PPE available on your site, what other things can you do to decrease your risk of exposure to body substances, non-intact skin, mucus membranes of the eyes, nose or mouth?
- What is your immune status (e.g., are routine immunizations up to date)?<sup>1</sup>

## 2.3 Hand Hygiene

Hand hygiene is the most important and effective IPAC measure to prevent the spread of germs.

<sup>1</sup> In general, **hand hygiene** refers to how to clean your hands.<sup>7</sup> There are two ways to perform hand hygiene.<sup>7</sup> It's common knowledge that washing your hands at a sink with soap and warm running water removes germs, but when hands are not visibly soiled, hand hygiene can also be performed using alcohol-based hand rub (commonly referred to as ABHR or hand sanitizer), which also kills germs.<sup>7</sup>

### Jewellery/Nails and Germs<sup>7</sup>

- Wrist jewellery and watches can act as a source for germs. If a watch or wrist jewellery is worn, it should be pushed up the arm to allow hands and wrists to be cleaned when performing hand hygiene.
- Rings and long nails can be difficult to clean, can pierce gloves, and harbour germs. Chipped nail polish or nail polish worn longer than 4 days can also harbour germs that may be difficult to remove by hand hygiene. It's helpful to keep nails clean and short and to remove rings if you need to provide hands-on care to a client.

Hand hygiene also includes hand care.<sup>7</sup> Having dry or chapped skin may make using ABHR painful. Hand moisturizer that is compatible with ABHR should be used to keep hands healthy.<sup>7</sup> Hand moisturizers that are petroleum-based can damage gloves (if worn).<sup>7</sup> If a worker has a problem with the skin on their hands, such as frequent breaks, irritation, or rashes, they should speak with their healthcare provider.<sup>5</sup>

Homelessness service setting providers should promote frequent hand hygiene among workers and clients to reduce the spread of germs, provide ABHR, and provide workers with training and information on infection control, including hand hygiene.<sup>2</sup>

## 2.3.1 Hand Hygiene Methods

### 1. Alcohol-based Hand Rub (ABHR)

The preferred method for hand hygiene, when hands are not visibly soiled, is to clean them using ABHR because it takes less time and is less harsh on skin compared to using soap and water.<sup>7</sup> The minimum concentration of alcohol in ABHR should be 70% but can range between 70% to 90% alcohol.<sup>7</sup> This is because ABHR with concentrations higher than 90% are less effective in killing germs, and are hard on the skin. Germs that are frequent causes of gastrointestinal outbreaks are usually killed by alcohol concentrations ranging from 70% to 90%.<sup>7</sup>

#### Tools for this section:

- ❖ Tool 1: Hand Sanitizing
- ❖ Tool 2: Hand Washing

ABHR is convenient and can be made accessible in areas where plumbing for hand wash sinks is not available. For homelessness service settings where there may be a risk of product ingestion of wall-mounted ABHR, it is recommended that workers carry portable/personal ABHR if possible.<sup>8</sup> Carrying portable/personal ABHR also increases the opportunities to perform hand hygiene. Supervised ABHR can also be offered to client's to perform hand hygiene at designated times (e.g., before meals) if there is a risk associated with wall-mounted ABHR.

### 2. Hand Washing

When hands are visibly soiled (e.g., have dirt on them) or feel sticky, they should be cleaned with plain soap and warm running water.<sup>5</sup> If running water is not available, moistened towelettes followed by ABHR can be used.<sup>7</sup>

### 2.3.2 Indications for Hand Hygiene

Hands should be cleaned:

- Before preparing, handling, serving or eating food.<sup>5</sup>
- After personal body functions such as using the toilet or blowing one's nose. <sup>5</sup>
- After contact with body substances, mucous membranes of the eyes, nose or mouth, or non-intact skin. <sup>5</sup>
- Before putting on and taking off PPE.
- Before and after client contact. <sup>7</sup>
- **Whenever there is a chance that hands may have been contaminated.**

## 2.4 Use of Personal Protective Equipment (PPE)

PPE is equipment worn for protection against germs and other hazards.<sup>9</sup> Types of PPE include gloves, gowns, masks and respirators, goggles, and face shields.<sup>9</sup> The choice of what PPE to use is based on your risk assessment, how germs can be spread and/or the risk of chemical exposure.

Homelessness service setting providers should ensure PPE is available and easily accessible and that workers are provided with necessary PPE training. In homelessness service settings, PPE is usually available in a central location, such as an office, or provided directly to workers.

Homelessness service setting workers are responsible for selecting and wearing appropriately sized PPE based on their risk assessment of exposure to germs.<sup>1</sup> The risk assessment will help determine which PPE to use based on which part of the body could be exposed to body substances, non-intact skin, mucus membranes of the eyes, nose or mouth. <sup>5</sup> When PPE is used properly, it protects the worker, the client, and the environment. <sup>5</sup> The different types of PPE will be discussed in the following sections. <sup>5</sup>

Points to keep in mind about **PPE:**<sup>5</sup>

- Access PPE with clean hands to avoid contaminating the PPE with germs from your hands.
- PPE should be put on right before the activity that requires it and removed immediately after the activity, or when soiled or damaged.
- PPE should not be worn when it is not needed. Doing so might accidentally contaminate the environment (e.g., a worker wearing the same gloves for various tasks where they may become contaminated with germs along the way).
- Workers should be trained in the proper way to put on and take off PPE.

## 2.4.1 Gloves

Gloves are the most commonly used PPE in homelessness service settings.<sup>5</sup> Gloves may need to be worn for occupational health and safety purposes, such as protecting a worker's hands from chemical injury.<sup>5</sup> This section of the document will only focus on the use of gloves to prevent the spread of germs, as opposed to their use for protection when using chemicals.<sup>5</sup> The gloves referred to in this section are disposable and should be considered single-use only. Disposable gloves should be used with the idea of **"one pair for one task"**. They should never be cleaned or re-used.

Tool for this section:

❖ **Tool 3: Steps for Putting on and Taking off Gloves**

Homelessness service setting workers should wear gloves when their hands may come into contact with body substances, items and environmental surfaces contaminated with body substances, or the eyes, nose, mouth or non-intact skin of a client.<sup>5</sup> Wearing gloves will help protect the worker's hands from coming into contact with germs.<sup>5</sup>

**Examples of commonly performed, low risk activities in a shelter which do not generally require the use of gloves:**<sup>5</sup>

- Signing in at shift change
- Using the phone or computer
- Social touch, such as shaking hands
- Pushing a wheelchair
- Delivering snacks or drinks
- Attending a meeting
- Delivering clean linen or making a clean bed

Not all tasks require workers to use gloves. In fact, improper use of gloves (e.g., wearing the same pair of gloves from room to room) has been linked to the spread of germs.<sup>1</sup> In general, when helping a client, workers do not need to wear gloves if touching intact skin (although hands should be cleaned before and after doing this).<sup>5</sup> Workers should always perform a risk assessment to determine if their hands are at risk for becoming contaminated.<sup>5</sup> It's also important to follow the correct steps for putting on and taking off gloves to prevent contaminating hands or the environment with germs.

Points to remember about **gloves:**<sup>5</sup>

- Clean hands before putting on and after taking off gloves.
- Use one pair of gloves for each task.
- Throw gloves out immediately after removal.
- Do not clean or re-use gloves.
- Do not wear two pairs of gloves at the same time.
- Change gloves when going from a dirty area/task to a clean area/task. This prevents the transfer of germs from the dirty site to the clean site.
- Gloves are not a substitute for hand hygiene.

## 2.4.2 Gowns

A gown should be worn when a homelessness service setting worker's risk assessment suggests that an activity is likely to generate splashes or sprays of body substances that might contaminate their forearms and/or clothing.<sup>5</sup> Gowns should have long sleeves and fit snug at the cuffs. It should also fit comfortably and offer full coverage of the body front, from neck to mid-thigh or below.<sup>5</sup> Workers should follow the correct steps to put on and remove a gown.

**Tool for this section:**  
❖ **Tool 4: Steps for Putting on and Taking off a Gown**

### Points to remember about gowns:<sup>5</sup>

- Always wear a gown with the opening at the back. This prevents contaminating the clothing beneath.
- Gowns should be tied or fastened at the neck and the waist to prevent the gown from becoming loose or falling forward and contaminating clothing beneath.
- Choose a gown that fit well so that it provides adequate coverage of forearms and clothing.
- Gowns should be removed immediately after the task for which it was used.
- Do not re-use gowns as this can spread germs.
- Gowns should not be worn just to keep workers warm.

## 2.4.3 Facial Protection

Facial protection is PPE that protects the eyes, nose, and mouth from splashes or sprays of body substances. Facial protection includes a mask AND eye protection, or a face shield.<sup>5</sup> Workers should always perform a risk assessment to determine when facial protection may be needed and should follow the correct steps when putting on and removing facial protection.<sup>5</sup>

**Tool for this section:**  
❖ **Tool 5: Steps for Putting on and Taking off Facial Protection**

### Examples of when facial protection may be used:<sup>5</sup>

- Responding to clients fighting where there may be splashes of body substances.
- When providing assistance (within 2 metres) to a client who is coughing.

Points to remember about using **masks**:<sup>5</sup>

- Wear a mask that fits your face securely and covers your nose and mouth.
- Masks should be removed after the task for which it was used and thrown out immediately.
- Do not re-use masks.
- Masks should not be touched while being worn. Used masks are considered contaminated. Touching a contaminated mask can contaminate your hands.
- Do not hang masks around your neck or on top of your head.
- A mask should be changed if it becomes wet as wet masks do not work effectively.
- If clients are ever provided with masks, they need to be taught the appropriate use of masks and will need access to new masks.

Points to remember about using **eye protection**:<sup>5</sup>

- Clean your hands before removing eye protection. This is so that your hands are clean before touching your face.
- Remove eye protection immediately after the task for which it was used.
- Throw out disposable eye protection after use. Disposable eye protection should not be reprocessed as it will damage the eye protection.
- If reusable eye protection is worn, ensure it is clean and disinfected properly according to your site's policy before the next use.
- Prescription eye glasses should not be worn in place of eye protection. Wearing prescription glasses does not provide enough protection and may not protect eyes from exposure to germs in splashes or sprays of body substances.
- Eye protection should not be touched while in use as this may contaminate your hands and the eye protection.
- Never put eye protection on top of your head when not in use. Used eye protection is considered contaminated.

#### 2.4.4 Complete PPE

Based on a risk assessment, there may be times when a homelessness service setting worker is required to put on and take off full PPE (gloves, gown, and facial protection). It's important for workers to follow the correct steps for putting on full PPE to make sure that their hands, forearms, clothing, eyes, nose and mouth are protected. It's also important that the correct steps are taken to take off PPE to avoid contaminating hands, clothing, eyes, nose and mouth and to prevent spreading germs to the environment, other workers and clients.

Tool for this section:

- ❖ **Tool 6: Steps for Putting on and Taking off Full Personal Protective Equipment (PPE)**

## 2.5 Control of the Environment/Environmental Cleaning

**Control of the environment** includes measures that are built into the physical and organizational structure of the setting that reduce the risk of infection to workers and clients.<sup>1</sup> **Examples include:**

- Encouraging distance between client sleeping arrangements to help reduce the spread of germs.<sup>1</sup>
- Maintaining mattresses and furnishings in good repair.
- Cleaning equipment and the environment effectively.
- Having ABHR and sharps containers accessible.<sup>1</sup>
- Having appropriate ventilation to help reduce exposure to infections that can spread through the air.<sup>1</sup>

*See section 5.0 Environmental Guidelines for more information*

## 2.6 Supporting Good IPAC Practices (Administrative Controls)

**Administrative controls** are measures that are put into place to protect workers and clients from infections.<sup>1</sup> **Examples include:**

- Implementing IPAC policies and procedures.
- Providing IPAC education and training to workers, volunteers and clients.
- Having schedules for cleaning and disinfection.



## 3.0 Client Hygiene

The spread of many diseases and conditions can be prevented through appropriate personal hygiene and by frequently washing parts of the body and hair with soap and clean running water.<sup>10</sup> Good personal hygiene practices can prevent the spread of hygiene-related diseases such as athlete's foot, body lice, scabies, and skin related issues.<sup>10 11</sup>

Homelessness service setting providers and workers should encourage clients to maintain good personal hygiene (this may need to be built into the client's individual case plan) and assist clients in obtaining items to maintain basic hygiene and grooming when feasible.<sup>2</sup> It is important to remember that transgender clients may have a greater need for toiletries and hygiene supplies than other clients and homelessness service setting workers should work with transgender clients to provide additional supplies.<sup>2</sup>

If feasible, homelessness service setting providers and workers should offer each client toiletries and personal hygiene items (e.g., soap, shampoo, a toothbrush, toothpaste, hygiene pads/tampons and incontinence products).<sup>2</sup> If available, these supplies should be accessible upon admission.<sup>2</sup> If possible, toiletries and hygiene supplies should continue to be provided for the duration of the client's stay.<sup>2</sup> Storing personal hygiene supplies in a communal manner should be avoided. If hygiene supplies are kept in a shared space, then they should be labeled with the client's name. Personal hygiene items such as shaving razors should be discarded if found in communal shower rooms or washrooms. Personal hygiene supplies should be dedicated to the individual client and not shared in order to decrease the spread of germs.

To help maintain client hygiene, homelessness service setting workers and providers should ensure that each washroom is stocked with an adequate supply of toilet paper, liquid soap for dispensers, and paper towels (if there is no hands-free hand dryer accessible).<sup>2</sup>

If feasible, help clients obtain basic clothing and footwear that is appropriate for the season.<sup>2</sup> Foot problems are common among individuals experiencing homelessness, but are often overlooked.<sup>12</sup> Improperly-fitted shoes can lead to damaged skin resulting in foot infections that can be difficult to heal.<sup>2</sup>

## 3.1 Respiratory Etiquette

Respiratory droplets can spread up to 2 metres and germs in respiratory droplets can spread easily in settings where people are in close contact.<sup>13</sup> **Respiratory etiquette** are personal practices which include covering your cough with your elbow, sleeve or a tissue, promptly disposing of used tissues, and performing hand hygiene to help prevent the spread of germs.<sup>1</sup> Homelessness service setting providers and workers should reinforce respiratory etiquette with

Tool for this section:  
❖ Tool 7:  
Cover Your Cough

clients and other workers to help prevent the spread of germs found in respiratory droplets (e.g., the flu).<sup>13</sup>

#### Respiratory Infection Practices<sup>14</sup>

- Encourage clients to practice proper hand hygiene.
- Advise clients to practice respiratory etiquette when coughing or sneezing:
  - Turn head away from others.
  - Cover their nose and mouth with tissues.
  - Throw out tissues immediately after use into the garbage.
  - Perform hand hygiene immediately after throwing out tissues.
- Encourage clients to maintain a spatial separation of at least 2 meters from other clients when they have respiratory symptoms and for ill clients to seek medical attention.
- You can offer a client a mask while in common areas if they have respiratory symptoms and are able to tolerate wearing a mask and understand the appropriate use of masks. Masks can help contain germs in respiratory droplets that are spread to others when speaking, laughing, coughing or sneezing. However, if a mask is not used appropriately, it can become contaminated and spread germs to others and the environment. So it's important that clients have access to new masks when needed.

## 3.2 Skin Conditions

Parasitic insects (e.g. head, body and pubic lice, and scabies) and other insects such as bed bugs can cause skin infections when the bitten area is scratched hard enough to break the skin, allowing germs to enter.

Homelessness service setting workers should encourage clients who have skin infections or breaks in their skin to keep their wounds covered with a dressing (bandaging) and to be seen by a healthcare provider for assessment and treatment.

Parasitic skin infestations like lice and scabies occur more often in individuals with poor hygiene and those who are

#### **Example of how non-intact skin is related to the spread of germs:**

Germs can enter the body through non-intact skin. A client's unclean hands can be carrying germs. When a client scratches a break in their skin with unclean hands, this can allow the germs from their hands to get in and cause a skin infection. Non-intact skin can also act as an exit point for infectious germs to leave the body and contaminate the environment such as linens, or clothing.

experiencing homelessness.<sup>15</sup> Below is information on common insects that can lead to secondary skin infections.

### Lice

The most common symptoms of lice is itching and broken skin from scratching.<sup>15</sup> Signs of infestation may be bites and red, raised areas of the skin.<sup>15</sup>

Lice is usually treated with topical sprays/creams and shampoos.<sup>15</sup> Topical treatments (e.g., permethrin cream) and medication taken by mouth (e.g., ivermectin) may be used as treatment by healthcare providers.<sup>15</sup> For clients with head lice, areas where their heads have rested (e.g. pillows, chairs) also need treatment. For clients with lice, machine wash and dry clothing, linens, and other items that the client wore during the 2 days before lice treatment using hot water at 55°C (130°F) and the high heat drying cycle.<sup>16</sup> For items that cannot be machine-washed, they can be placed in an airtight bag for 10 days to two weeks.<sup>17</sup> Head lice in particular will usually die within 48 hours without a source of blood.<sup>17</sup>

### Scabies

Scabies is a contagious skin infestation caused by mites and is spread by close contact with a person with an infestation or infested bedding.<sup>15</sup> Infestation is common among clients with poor hygiene and those in crowded living conditions and scabies can also be carried by pets.<sup>15</sup> Itching from scabies is often very intense and clients may find it unbearable at night.<sup>15</sup> Signs and symptoms include white skin ridges formed from the burrowing of the mite that can usually be seen between fingers, on the palms and inner sides of the wrists, red pustules, and crusted lesions.<sup>15</sup>

Scabies is usually treated with scabicides (e.g., permethrin, crotamitron).<sup>15</sup> Laundering client clothing and personal belongings with hot water and detergents can help eliminate mites.<sup>15 18</sup>

### Bed Bugs

Bed bugs are small biting insects that can multiply quickly and travel easily.<sup>19</sup> Bed bugs come out at night to feed on people and sometimes domestic animals.<sup>20</sup> It is possible for anyone to have an infestation of bed bugs, regardless of income or housing.<sup>19</sup>

Adult bed bugs can be as long as 10 mm and have an oval, broad, flat body and a short, broad head and look like an apple seed. Adult bedbugs are brown, young bedbugs are shaped the same but are smaller (1.5 mm long) and lighter in colour. They darken after feeding.<sup>20</sup>

Not everyone has skin reactions to bed bugs, and their bites may not be noticed right away. Bed bugs prefer locations where they can hide easily and feed regularly, like sleeping areas. Their flattened bodies allow them to hide in extremely small locations like baseboards, under wallpaper, behind picture frames, in electrical outlets, inside box springs, in mattress pads, and in night tables.<sup>20</sup>

Homelessness service settings should have a pest control policy and procedure that includes regularly scheduled inspections and treatment by a licensed pest control company, documentation of all pest sightings and/or evidence of infestations and a communication plan to inform clients and workers of treatment plans.<sup>2</sup> Additionally, mattresses and furniture should also be pest resistant.<sup>2</sup>

If a client indicates that they were staying somewhere with known bed bugs or if they have bed bug bites, the client's clothing and bag carrying their belongings should be immediately washed and dried if possible. Washing and drying at high temperatures kills bed bugs –if drying is the only option, workers can tumble dry the client's clothing for 30 minutes in a hot dryer.<sup>21</sup> Bedbugs usually die at temperatures of 50°C.<sup>22</sup> If the client refuses to have their clothes laundered, build laundering their clothes and belonging into their case plan as it may take clients some time to agree to this goal.<sup>21</sup>

Once bed bugs are found, a quick response is needed to prevent an infestation. Homelessness service setting workers should record and track information when clients say that they've been bitten by a bed bug. Noting the date, number of clients affected and which sleeping area/part of sleeping area was affected can be valuable to the pest control operators.<sup>21</sup>

To minimize bed bugs:<sup>21</sup>

- Check a small sample of bedding in the morning. Look for small brown flecks (which is actually blood excreted by bed bugs after feeding). Look for bed bugs inside pillowcases, around elastic area of fitted sheets, along the seams and folds of the mattress and where the bed touches the bed frame.
- Position beds 3 to 6 cm away from the walls and other fixed furniture and make sure that blankets and sheets are not touching the floor.
- Vacuum to remove bed bugs from their hiding spaces. Workers can use the stiff brush attachment and a back-and-forth scraping motion on the surface of the mattress, and a nozzle for the seams and crevices to remove bedbugs and their eggs. This can be done on mattresses, box springs, bed frames, baseboards, non-washable furniture cushions, any rugs and carpeting, baseboards, and the inside and underneath all drawers and furniture. The vacuum cleaner should be emptied immediately and the contents sealed in a bag prior to disposing of it. After, the vacuum should be sealed in a plastic bag.<sup>22</sup>
- Check for small tears in mattresses as this allows bed bugs to go deeper into the mattress. If a mattress is torn, immediately, apply a heavy-duty tape as a temporary solution and inform a supervisor.
- Inspect cracks and crevices in baseboards, walls and floors and inform a supervisor if any of these require filling.

***See section 5.3 Linen, Mattresses, and Sleeping Mats for more information.***

## 4.0 Food Safety

Homelessness service settings may provide meals prepared in-house by workers/volunteers or have communal kitchens where clients are able to store and prepare food on their own. Some sites may also provide pre-made meals obtained through a distributor or catering company. Regardless of how food is prepared or obtained, safe food handling practices should be encouraged to workers and clients to prevent cross-contamination and foodborne illness.

At a minimum, homelessness service setting providers should:

- Have procedures in place in relation to food preparation, handling, storage and transportation.
- Ensure that all food is prepared, handled, stored and transported in a hygienic manner that follows food preparation requirements prescribed by law and enforced by TPH.<sup>2</sup>
- Ensure that donated food is safe, of good quality from an inspected source and is protected from contamination.<sup>2</sup>

Homelessness service setting providers are also encouraged to:

- Ensure workers who handle and prepare food, as well as their supervisors, have a valid Food Handler's certificate and clients and/or volunteers involved in food preparation should be supervised by a certified food handler.<sup>2</sup>
- Educate workers on the below food safety tips.

Homelessness service settings that prepare food on-site should be regularly inspected by TPH, Healthy Environment's Food Safety department.<sup>2</sup> For more information about food safety and food premise inspections, contact Toronto Public Health at 416-338-7600.

### 4.1 Food Safety Tips

#### Food Preparation

Food preparation should begin with clean cooking spaces and surfaces.<sup>23</sup> Hands should be cleaned properly and cooking equipment, surfaces and any food contact surfaces should be cleaned thoroughly.<sup>23</sup>

To avoid the growth of harmful germs, meat should not be left out at room temperature for any length of time and should be discarded if left out for more than 2 hours.<sup>24</sup> If meat is being marinated, this should occur in the refrigerator.<sup>23</sup>

#### Cross-contamination Prevention

Cross-contamination can make ready-to-eat food unsafe to eat and typically happens in three ways:<sup>23</sup>

1. Raw meat and/or its juices come into contact with cooked or ready-to-eat food.

Tool for this section:

❖ **Tool 8: Cooking and Reheating Temperatures Chart**

2. Dirty hands come into contact with cooked or ready-to-eat food.
3. Dirty utensils come into contact with cooked or ready-to-eat food.

To prevent cross-contamination, workers should use a separate cutting board for raw meat.<sup>23</sup> Additionally, raw meat (and the juices from raw meat) should be kept away from cooked or ready-to-eat food.<sup>23</sup> Workers should properly clean their hands after handling raw meat and their juices.

### Internal Food Temperatures

Harmful germs can't be seen, smelled or tasted, which is why it's important that food is cooked to a safe internal cooking temperature to help kill the germs and avoid food poisoning. Checking the temperature of cooked meat, poultry, and seafood with a food thermometer is the only reliable way to make sure food has reached a safe internal cooking temperature. Safe internal cooking temperatures vary for different types of foods, so it's important to be aware of what internal temperature certain foods need to reach to kill germs (like bacteria) to become safe to eat.<sup>25</sup>

### Refrigerator and Freezer Temperatures

Don't overload a refrigerator and freezer as cool air must circulate freely to keep food properly chilled.<sup>26</sup> Refrigerators should be run at 4°C or slightly colder to keep germs from multiplying. Freezers should be set at -18°C. Freeze fresh meat, poultry or fish immediately if it can't be used within a few days.<sup>26</sup>

### Defrosting Frozen Food

Frozen food can be safely defrosted in a container in the refrigerator, microwave or under running cold water. When defrosting food in the refrigerator, place the food on a plate (or in a container) on the bottom shelf and allow 10 hours of defrosting time per kilogram of frozen food. When defrosting food in the microwave, be sure to cook the food immediately after defrosting. If food is left out at room temperature harmful germs (like salmonella) can grow on the outer surface of the food before the inside defrosts which can make it unsafe to eat.<sup>23</sup>

### Reheating and Microwaving Food

Reheat food like sauces, soups and gravy by bringing them to a rolling boil until they reach an internal temperature of 74°C (165°F). An accurate probe thermometer should be used for at least 15 seconds to check the internal temperature of cooked and reheated foods. Reheat different food items separately as they will likely take a different amount of time to properly heat up.<sup>23</sup>

Microwaving sometimes leaves cold spots in food where bacteria may survive. To prevent cold spots, stir and rotate the food often. Cover the food container with a microwave safe lid or plastic wrap, leaving a small section uncovered so steam can escape, and don't let the wrap touch the food. Standing time is additional cooking that occurs after microwaving stops. Ensure that standing time as called for in a recipe or package directions is complete before eating the

food. Use a probe thermometer to check that the food is cooked to the correct internal temperature.<sup>23</sup>

#### Handling Leftovers

Keep foods out of the danger zone, between 4°C (40°F) and 60°C (140°F) to prevent the growth of harmful germs. Additionally, throw away any cooked food left out at room temperature for more than 2 hours.<sup>27</sup>

## 5.0 Environmental Guidelines

The physical environment can harbour germs that can cause infections in workers and clients. Research conducted in healthcare settings, has shown that the environment can contain harmful germs that may be transferred to clients and equipment by the hands of healthcare providers.<sup>1</sup> Keeping a **clean** and **safe environment** is an essential aspect of IPAC and is important for the safety of clients, and workers.<sup>1</sup>

### 5.1 Cleaning and Disinfecting

**Cleaning** is the physical removal of foreign material (e.g., dust, soil etc.) and organic material (e.g., body substances) off an environmental surface.<sup>28</sup> Cleaning does not kill germs, it physically removes them using water, detergents, and mechanical action (friction).<sup>29</sup> **Detergents** lift the oils and dirt off the surface, allowing them to be washed away with water.<sup>29</sup> The key to cleaning is the use of friction (e.g., scrubbing and rubbing) to remove germs and debris.<sup>28</sup> This needs to occur in order for a disinfectant to kill germs.

**Disinfection** is a process that should be completed after cleaning. It is the process of killing most germs on objects using chemicals or heat.<sup>13</sup> Chemical disinfectants cannot work if there are body substances or dirt present, these must be removed first by cleaning.<sup>29</sup> It's important that disinfectants are used according to the correct contact time in order for it to do its job to kill germs. The **term contact time** means the amount of time that a disinfectant needs to be wet on a surface for it to be effective against the types of germs listed on its label.<sup>30</sup>

**Surface types** are important to consider when determining frequency of cleaning and disinfecting. Some surfaces may require cleaning only and some both cleaning and disinfecting.

**High-touch surfaces** may include doorknobs, toys, cribs/cots, elevator buttons, light switches and computer keyboards that are touched frequently with hands throughout the day.<sup>57</sup> High-touch surfaces require frequent cleaning and disinfection at least daily, and more frequently where the risk of contamination is higher than usual (e.g., if there is increase in illness at the site).<sup>57</sup>

**Low-touch surfaces** may include floors, walls and windowsills that are touched less frequently with hands throughout the day.<sup>57</sup> Low-touch surfaces require cleaning on a regular (but not necessarily daily) basis, and require immediate cleaning when visibly soiled.<sup>28</sup>

Other surfaces such as carpeted floors are usually more heavily contaminated for prolonged periods than non-carpeted floors and can be a reservoir for germs (e.g., norovirus).<sup>28</sup> Carpets are

#### Tools for this section:

- ❖ Tool 9: Room Cleaning/Disinfecting Checklist
- ❖ Tool 10: Floor Cleaning Checklist
- ❖ Tool 11: Bathroom Cleaning/Disinfecting Checklist
- ❖ Tool 12: General Cleaning and Disinfecting Tips



not recommended in homelessness service settings, but if used, they should be vacuumed regularly, cleaned right away if a spill occurs, and shampooed/steam cleaned every 3-6 months.<sup>13</sup> If a soiled carpet cannot be properly cleaned, it should be replaced as soon as possible.<sup>13</sup> Other surfaces such as floor mats that are soiled and cannot be adequately cleaned and disinfected should be promptly removed and replaced.<sup>13</sup>

Choosing a Cleaning Product

- Be effective on the finishes, furnishings, surfaces and equipment used in the shelter.<sup>28 13</sup>
- Be compatible with disinfectants used in the setting.<sup>13</sup>
- Have a drug identification number (DIN) from Health Canada (if it contains a disinfectant).<sup>28</sup>
- Have a safety data sheet (SDS) and instructions for use available to workers who will be using it.

Choosing a Disinfectant

- A ready-to-use/pre-mixed disinfectant is ideal compared to mixing chemicals on site.<sup>13</sup>
- Have a drug identification number (DIN) from Health Canada (excluding alcohol-based disinfectants and bleach).<sup>57</sup>
- Be effective on the finishes, furnishings, surfaces and equipment used in the setting.<sup>31</sup>
- Be compatible with the cleaning products.<sup>13</sup>
- Be stable in concentrate or diluted form and have a pre-determined shelf-life.<sup>13</sup>
- Be active at room temperature and have a recommended short contact time.<sup>28</sup>
- Not pose occupational health issues.
- Have an SDS and instructions for use available to workers who will be using it.

Providers should:	Providers are encouraged to:	Workers should:
<ul style="list-style-type: none"> <li>- Implement an environmental cleaning and disinfection program that should have:               <ul style="list-style-type: none"> <li>• What needs to be cleaned and frequency of cleaning/disinfecting.<sup>2</sup></li> <li>• Who is responsible for the cleaning/disinfecting.<sup>13</sup></li> <li>• Who is responsible for cleaning/disinfecting specific areas of the site.</li> <li>• Information (e.g., SDS, manufacturer instructions) on cleaning and disinfectant</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Have procedures for enhanced cleaning and disinfecting during an outbreak.<sup>13</sup></li> <li>- Provide training on proper use of cleaning products and disinfectants.</li> <li>- Have a policy and procedure for obtaining custodial services in emergency situations.<sup>2</sup></li> <li>- Designate a dedicated room for cleaning supplies.</li> </ul>	<ul style="list-style-type: none"> <li>- Use cleaning and disinfecting products according to the manufacturers' recommendations.<sup>28 32</sup></li> <li>- Know where cleaning and disinfectant products and supplies are located.</li> <li>- Lock away cleaning and disinfecting products when not in use/store them in a dedicated room or cabinet.<sup>28</sup></li> <li>- Follow policies and procedures.</li> <li>- Avoid cross-contamination and growth of germs by keeping equipment clean.<sup>28</sup></li> </ul>

<p>products are being used in the setting.<sup>13</sup></p> <ul style="list-style-type: none"> <li>- Provide PPE.</li> <li>- Choose appropriate cleaning and disinfectant products (e.g., products that are compatible with each other and effective/appropriate for the setting).</li> </ul>	<ul style="list-style-type: none"> <li>- Post and monitor schedules for cleaning and disinfection (e.g., on washroom door).</li> <li>- Provide a cleaning caddy or cart for cleaning supplies (e.g., PPE, cleaning and disinfecting products, ABHR, garbage bags) to decrease the spread of germs while cleaning.</li> </ul>	<ul style="list-style-type: none"> <li>- Ensure cleaning and disinfectant products are not expired before use.</li> <li>- Launder mop heads after daily use or when soiled and let them dry thoroughly before storage.<sup>28</sup></li> <li>- Label cleaning and disinfecting products.<sup>28</sup></li> <li>- Not carry equipment used to clean toilets from room to room.<sup>28</sup></li> <li>- Clean and disinfect high-touch surfaces at least daily.<sup>28</sup></li> <li>- Use appropriate PPE based on the risk of exposure to germs and based on the SDS.</li> <li>- Not "top-up" cleaning or disinfectant solutions.</li> </ul>
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### Cleaning and Disinfecting Principles

- Use PPE appropriately.
- Read and follow all manufacturer instructions for cleaning and disinfectant products.
- Cleaning is a critical step before disinfection.
- Clean and disinfect in progression from low-touch to high-touch surfaces, from cleaner areas to dirtier areas, and from top to bottom. This helps prevent contaminating the clean areas.
- Do not 'double-dip' cloths. Only put clean cloths into the cleaning or disinfectant solution.<sup>29</sup>

## 5.2 Client Placement

Research has shown a clear relationship between the use of single rooms and reduced rates of infection.<sup>1</sup> The use of multi-bed rooms commonly used in many homelessness service settings can present an increased risk for the transmission of germs. It's helpful to have clear protocols in place regarding client placement in order to decrease the risk of transmission of germs to others.<sup>1</sup>

**Tool for this section:**  
❖ **Tool 13: Example Bed Spacing Diagram**

Providers should:	Providers are encouraged to:	Workers should:
<ul style="list-style-type: none"> <li>- Attempt as much as possible to maintain 2 metres of facial separation between clients in sleeping areas to decrease the transmission of germs.</li> </ul>	<ul style="list-style-type: none"> <li>- Prepare floor plans that show the spacing of the beds/cots/mats in designated sleeping areas.<sup>2</sup></li> <li>- Keep designated sleeping areas physically separate from dining areas and other communal areas.<sup>2</sup></li> <li>- Consider changing client sleeping arrangements in a way that increases the distance between client faces (e.g., staggered).</li> </ul>	<ul style="list-style-type: none"> <li>- Let a supervisor know if a client is having respiratory symptoms to consider increasing bed spacing.</li> </ul>

### 5.3 Linen, Mattresses, and Sleeping Mats

Germs can spread, potentially survive and transfer onto individuals.<sup>34</sup> Cloth surfaces (such as curtains, mattresses, pillows and soft furnishing) have been shown to have higher concentrations of germs than non-porous surfaces. Stuffing and foam of sleeping equipment such as mattresses and sleeping mats can't be cleaned properly if there are breaks in the fabric. An alternative to cloth surfaces should be used if feasible.<sup>28</sup>

**Tool for this section:**  
 ❖ **Tool 14: Cleaning and Disinfecting Sleeping Mats**

When items with cloth surfaces are used, they should have removable covers for cleaning and be replaced as soon as possible if damaged.

Providers should:	Providers are encouraged to:	Workers should:
<ul style="list-style-type: none"> <li>- Have a linen changing schedule.<sup>2</sup></li> <li>- Keep clean and soiled linens separate.<sup>2</sup></li> <li>- Provide clean bedding for each client.<sup>2</sup></li> <li>- Have a cleaning plan for cloth surfaces.<sup>28</sup></li> </ul>	<ul style="list-style-type: none"> <li>- Have a mattress, sleeping mat and pillow replacement plan.<sup>2</sup></li> <li>- Have an inspection schedule for bed bugs and common defects (e.g., stains, rips and tears).<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>- Inform a supervisor of any damaged mattresses, sleeping mats, or pillows.<sup>28</sup></li> <li>- Immediately remove or bag soiled linen.<sup>28</sup></li> <li>- Keep mattresses clean.<sup>28</sup></li> <li>- Educate clients about not sharing used linen with other clients to prevent the spread of germs.</li> </ul>

<ul style="list-style-type: none"> <li>- Have a cleaning plan for mattresses/sleeping mats/cots.</li> <li>- Have mattresses/sleeping mats that are seamless where possible (or have double-stitched seams) or be pest resistant.<sup>2</sup></li> <li>- Have mattresses/sleeping mats with foam cores resistant to mould, and be quick-drying.<sup>28</sup></li> </ul>		<ul style="list-style-type: none"> <li>- Inspect mattresses for pests when changing linens.</li> <li>- Clean and disinfecting client sleeping equipment (e.g., mattresses, mats, cots) between client use and as needed.</li> </ul>
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*See section 5.1 Cleaning and Disinfecting and section 5.4 Laundry for more information.*

## 5.4 Laundry

Bed sheets, linens and clothes have been shown to harbour germs that readily grow in the moist, warm environment next to an individual's body. Laundry policies and procedures should be in place and followed if the homelessness service setting does its own laundry.<sup>28</sup>

**Tool for this section:**  
❖ **Tool 15: Linen and Laundry Tips**

Providers should:	Providers are encouraged to:	Workers should:
<ul style="list-style-type: none"> <li>- Provide policies and procedures that address the collection, transport, handling, washing and drying of soiled linen which include protection of staff and hand hygiene.<sup>28</sup></li> <li>- Establish a schedule for regular laundering of bedding, crib sheets and towels that accounts for regular use, soiling and contamination.<sup>2</sup></li> <li>- Provide laundering facilities onsite as a dedicated space or</li> </ul>	<p>In settings where clients are expected to launder their own items at laundry facilities on-site:<sup>2</sup></p> <ul style="list-style-type: none"> <li>- Provide instructions about the safe use of laundry facilities.</li> <li>- Launder client bedding and towels on the client's behalf if the client is not willing or able to launder these items.</li> <li>- Offer laundry soap to clients.</li> </ul>	<ul style="list-style-type: none"> <li>- Follow policies and procedures provided about the collection, transport, handling, washing and drying of soiled linen.<sup>28</sup></li> <li>- Use laundry equipment according to the manufacturers' instructions.<sup>28</sup></li> <li>- Wear appropriate PPE.<sup>28</sup></li> <li>- Do client laundry as a separate cycle from environmental cleaning items (e.g., cleaning cloths and mop heads).<sup>28</sup></li> <li>- Be mindful of sharps when collecting soiled linens (e.g., handle linen and</li> </ul>

<p>have a contract in place with a laundering service for bedding and linens.<sup>28,2</sup></p>		<p>laundry from corners/edges so you can see what is in your hand).<sup>28</sup></p> <ul style="list-style-type: none"> <li>- Provide clients with a means to store dirty laundry (e.g., laundry bag).</li> <li>- Ensure that:<sup>28</sup> <ul style="list-style-type: none"> <li>• If linen is washed at a high temperature (greater or equal to 71°C (160°F)), use a hot water detergent for a complete wash cycle (longer than 25 minutes).</li> <li>• If laundry is washed at a low temperature (less than 71°C (160°F)) use a detergent suitable for low temperature and for a complete wash cycle.</li> </ul> </li> </ul>
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Points to remember when **handling soiled linens**<sup>28</sup>:

- Bag or contain contaminated laundry immediately and do not sort or pre-rinse contaminated laundry in non-laundry facilities.
- Handle contaminated laundry with minimum agitation to avoid having germs go into the air which can land on surfaces, other clients and workers.
- Contain wet laundry before placing it in a laundry bag (e.g., wrap it in a dry sheet or towel).
- Linen bags should be tied securely and not be over-filled.
- Be mindful of sharps when handling linens.

## 5.5 Toys

While toys can be therapeutic, recreational, and educational, they often become contaminated with germs.<sup>35</sup> Toys can be a reservoir for potentially infectious germs that can be present in saliva, respiratory droplets, feces or other body substances and have been associated with clusters of illness.<sup>28</sup>

Providers should:	Workers should:
<ul style="list-style-type: none"> <li>- Ensure that all toys and activity materials owned by the homelessness service setting are</li> </ul>	<ul style="list-style-type: none"> <li>- Encourage children to practice hand hygiene before and after playing with toys.<sup>13</sup></li> </ul>

<p>smooth, non-porous, do not retain water and are fully cleanable.<sup>28</sup></p> <ul style="list-style-type: none"> <li>- Ensure that toys and activity materials owned by the homelessness service setting are cleaned and disinfected according to a regular schedule which should take into consideration that:<sup>2 13</sup> <ul style="list-style-type: none"> <li>• Infant toys should be cleaned and disinfected daily (or as needed).</li> <li>• Toddler and pre-school toys should be cleaned as needed and disinfected weekly (or as need).</li> <li>• Toys for older children should be cleaned and disinfected monthly (or as needed).</li> </ul> </li> <li>- Have procedures for cleaning toys which includes:<sup>2857</sup> <ul style="list-style-type: none"> <li>• Frequency and methods of cleaning.</li> <li>• Assigned role of responsibility for cleaning.</li> <li>• Inspection for damage, cracked or broken parts.</li> <li>• Options for disinfection (e.g., use of a commercial dishwasher (must reach 82°C), or an approved disinfectant).</li> <li>• Thorough rinse following disinfection and air-drying prior to storage.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Inspect toys for damage to avoid affecting the cleaning and disinfection process and throw away as necessary.<sup>13</sup></li> <li>- Empty, clean and disinfect toy storage boxes/cupboards and inspect bins for pests on a scheduled basis.<sup>13</sup></li> <li>- Clean high-touch play surfaces on a daily basis.<sup>13</sup></li> <li>- Clean and disinfect shared electronic equipment that is touched frequently like video games and computers daily. If feasible, use computer keyboard covers which are easier to clean and disinfect.<sup>13</sup> Disinfectant wipes may be used for items that cannot be soaked.<sup>36</sup></li> <li>- Launder plush/soft toys.</li> <li>- If a worker notices a toy that belongs to a client that cannot be cleaned (e.g., playdough), it should be dedicated to the individual client and either be sent with the client or thrown away when they leave the homelessness service setting.<sup>28</sup></li> </ul>
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Points to remember when **cleaning** and **disinfecting** toys:

- Toys must be cleaned, rinsed and dried before disinfection. This it to prevent the disinfectant from being watered down.
- Ensure that the disinfectant being used is safe and suitable for the intended purpose and that the manufacturer’s directions for dilution and contact times are followed. Do not use phenolics as this can cause skin and respiratory issues particularly for children.
- Ideally hard toys should be cleaned and disinfected using the 3-compartment sink method or a dishwasher. The 1st sink is used for washing with detergent, the 2nd sink is used for cleaning with water, and the 3rd sink is used for disinfecting.
- The 2-compartment sink method is acceptable if washing and rinsing are done in the first sink. If no sinks are available then the 3-bin method is acceptable.<sup>13</sup>

*See section 5.1 Cleaning and Disinfecting for more information*

## 5.6 Cleaning up Body Substances

Body substances (e.g., blood, body fluids) should be considered potentially infectious. Spills must be contained, and the area cleaned/disinfected immediately.<sup>37 28</sup>

**Tool for this section:**  
❖ **Tool 16: Cleaning up Body Substances**

Providers should:	Providers are encouraged to:	Workers should:
<ul style="list-style-type: none"> <li>- Have policies and procedures that include:<sup>28</sup> <ul style="list-style-type: none"> <li>• Responsibility for cleaning in each area during all hours.</li> <li>• A timely response.</li> <li>• A method to contain/clean the spill.</li> <li>• Proper disposal of waste.</li> <li>• Documentation of the incident.</li> <li>• How to deal with an occupational exposure.<sup>2</sup></li> </ul> </li> <li>- Provide PPE, equipment/supplies, waste and linen disposal.</li> </ul>	<ul style="list-style-type: none"> <li>- Provide training on how to clean up body substances.</li> </ul>	<ul style="list-style-type: none"> <li>- Assemble materials to clean the body substance prior to putting on PPE.<sup>28</sup></li> <li>- Be mindful of splatters and restrict the area until it has been cleaned, disinfected and is dry.<sup>28</sup></li> <li>- Wipe up/absorb any blood or body fluid immediately using either disposable or paper towels prior to cleaning and disinfecting the area.</li> <li>- If the spill occurred on a carpet, mop as much as possible with a paper towel and let a supervisor know so it can be wet/steamed cleaned.</li> </ul>

## 6.0 Clusters of Illness

A "cluster of illness" is when there is an increase in the number of people with a particular illness or similar symptoms. Illness clusters can happen in any type of setting including healthcare facilities, workplaces, homelessness service settings, or in the community. The approach to manage a cluster of illness depends on the type of infection, the group of people who are infected, and the setting.

If a homelessness service setting thinks that there is an increase in the number of clients with an illness, they can contact TPH to assist in determining if a cluster exists. TPH may provide education on IPAC practices and control measures that can be implemented to reduce the potential for further spread of the illness. It's very important to encourage ill clients to seek medical attention as soon as possible.

TPH conducts community surveillance and may notice an increase in a particular disease associated with a homelessness service setting. This can lead to TPH contacting the homelessness service setting to discuss the possibility of a cluster of illness.

### Tools for this section:

- ❖ Tool 17: Illness Monitoring Log
- ❖ Tool 18: Gastrointestinal Illness Cluster Tip Sheet
- ❖ Tool 19: Respiratory Illness Cluster Tip Sheet

**Contact TPH for assistance in determining if a cluster of illness exists at 416-338-7600.** It's helpful to have the following information:<sup>13</sup>

- The date and time of the first ill individual.
- The date and time of the most recent ill individual.
- The total number of clients and workers per floor.
- Total number of ill clients and workers per floor.
- The symptoms of illness (e.g., diarrhea, vomiting, fever).
- The things that have been done so far to help stop the spread of the illness).

**Illness cluster control measures** may include:<sup>13</sup>

- Reviewing hand hygiene practices with workers and clients.
- Increasing the frequency of cleaning and disinfecting of common areas, high-touch surfaces and toys.
- Adjusting the concentration or changing the disinfectant product.
- Suspending communal activities or recreational visits by outside groups.
- Reinforcing the appropriate use of wearing PPE.
- Ensuring change table areas are disinfecting appropriately after each use.
- Encouraging spacial separation for client sleeping arrangements.
- Discouraging the sharing of personal use items.



## 7.0 Occupational Health and Safety

The Occupational Health and Safety Act (OHSA) provides a legal framework that sets out the rights and duties of all parties in the workplace and helps establish procedures for dealing with workplace hazards including exposure to infections.<sup>38 39</sup>

A Joint Health and Safety Committee (JHSC) consists of least two people that represent the workers and the employer whose main role is to identify workplace health and safety problems and bring them to the attention of the employer. A JHSC is required if the workplace regularly employs 20 or more workers. Workplaces with more than five but less than 20 workers should select an individual to be the health and safety representative.<sup>39</sup>

The employer has the greatest responsibility for health and safety in the workplace.<sup>39</sup> However, one of the main purposes of the OHSA is to help build a strong internal responsibility system (IRS). This means that everyone has a role in keeping the workplace safe and healthy.<sup>39</sup> Some general duties are listed below:

### Duties of the Employer:<sup>40 59 62</sup>

- Take every precautions reasonable to protect workers, which includes protection from the hazards of infection.
- Provide information, instruction and supervision to workers to protect their health and safety (e.g., identifying jobs that have a risk of exposure to infections and insuring workers are informed of the risk, protection measures, and post-exposure protocols).
- Provide PPE and make sure workers wear and use the right PPE.
- Create and regularly review safe work policies and procedures (e.g., IPAC policies/procedures).
- Make sure workers follow the law and workplace health and safety policies and procedures.
- Make sure supervisors know what is required to protect worker's health and safety.

### Duties of Supervisors:<sup>40 59 62</sup>

- Educate workers on health and safety and risks (e.g., PPE training, IPAC training).
- Ensure workers on the use of PPE and ensure that PPE is available for workers
- Inform workers of occupational health exposure reporting procedures.
- Review IPAC procedures and training plans with the joint health and safety committee or a representative.
- Respond to reported health and safety hazards.

### Duties of Workers:<sup>40 59 62</sup>

- Attend required IPAC/PPE training and education.
- Follow regulations and safe work policies and procedures.
- Use PPE appropriately.
- Know and follow the appropriate post-exposure reporting procedures.
- Report hazards or infections acquired in the workplace.

## 7.1 Worker Immunization

Homelessness service setting providers should advise that workers consult a healthcare professional about updating their vaccinations, including annual Influenza vaccination, and completing a TB skin test.<sup>2</sup> Homelessness service setting workers should be aware of their immunization status.

**Tool for this section:**

❖ **Tool 20: The Ontario Publicly Funded Immunization Schedule**

The Canadian Immunization Guide (2017) recommends that homelessness service setting workers receive all vaccines routinely recommended for adults. In addition, hepatitis B vaccine is recommended if the worker is at risk of exposure to blood or body fluids. A blood test to confirm if the worker is immune to hepatitis B should be done by a healthcare provider 1 to 6 months after completing the vaccine series.<sup>41</sup>

## 7.2 Sharps Safety

**Sharps** are items such as needles, razor blades, scissors, knives and broken glass that can cut or puncture the skin. If sharps that are contaminated with harmful germs or blood penetrate the skin, they may carry the germs into the body where an infection can occur.<sup>42</sup>

**Tool for this section:**

❖ **Tool 21: Sharps Safety**

Homelessness service setting providers should provide procedures the safe handling of all sharps, provide sharps containers and dispose of sharps properly.<sup>2</sup> Providers should also implement a sharps injury prevention program which includes providing education to workers on the risks associated with unsafe practices such as re-capping needles and a process for dealing with occupational exposures.<sup>1</sup>

**Sharps containers** should be puncture-resistant, leak-proof, and designed to easily place a sharp into the container with one hand. They should be tamper-proof (difficult to remove the contents of or have a guard to prevent entry) and be labeled as "biohazardous" materials.<sup>42</sup> Many homelessness services settings have partnerships in place with agencies for sharps container removal but sharps in approved containers can also be taken to a local pharmacy or the nearest Toronto Solid Waste Transfer Station.<sup>42</sup>

Points about **sharps**:

- When picking up a sharp, bring a portable sharps container to the area where the sharp is found.
- Never recap sharps prior to disposal.
- Never dispose of sharps in the regular garbage.<sup>42</sup>
- Discard needles immediately after use in an appropriate sharps disposal container.
- Replace sharps containers when  $\frac{3}{4}$  full.
- Never use hands when cleaning up sharps such as broken glass, but should use a broom and dustpan or forceps to pick up the material instead.<sup>42</sup>
- Inform the supervisor immediately of a sharps-related injury.

*See section 7.3 Exposure to Body Substances more information.*

## 7.3 Exposure to Body Substances

Homelessness service setting providers should have policies to deal with staff exposure to body substances such as blood.<sup>1</sup> A **blood borne infection** is an infection that can be transmitted through contact with infected blood and other potentially infectious body fluids. Hepatitis B, Hepatitis C and HIV are examples of blood borne infections.<sup>43</sup> Exposure to blood borne infections may occur in the following cases:<sup>43</sup>

- Contact with blood or body fluids with a non-intact skin or with mucous membranes.
- Injuries that puncture the skin with needles or sharp objects contaminated with blood or body fluids.

Providers should provide workers with training and information about infectious diseases and procedures for dealing with occupational exposure to body substances and instructions for first-aid management for exposures.<sup>2</sup>

Post-exposure prophylaxis (PEP)

**PEP** is an emergency medical response given as soon as possible after a potential blood borne infection exposure to reduce the risk of transmission of a blood borne infection. It is available for HIV and hepatitis B.<sup>43</sup>

Accidental exposure to potentially infected blood or other body fluids is a medical emergency and the following measures should be taken right away:<sup>43</sup>

**Tool for this section:**

- ❖ **Tool 22: First-aid Management of Exposure to Body Substances**

- First-aid care.
- Refer to a supervisor and report the accident as soon as possible (e.g., to document the situation and fill out necessary forms).
- Consult a healthcare provider right away for assessment and/or PEP (if applicable).

*See St. Michael's Pocket PEP Guide for more information on clinical management of non-occupational and occupational exposure to blood borne pathogens<sup>44</sup> at <http://www.stmichaelshospital.com/pdf/programs/pocket-pep.pdf>*

## 8.0 Toolkit

### Tool 1: Hand Sanitizing

5.45

# Hand Sanitizing



1. Apply sanitizer (minimum 70% alcohol-based).
2. Rub hands together.
3. Work sanitizer between fingers, back of hands, fingertips, under nails.
4. Rub hands until dry.

## Stop the Spread of Germs

### Always Sanitize Your Hands

<b>After you:</b> <ul style="list-style-type: none"><li>• Sneeze, cough or blow your nose</li><li>• Use the washroom or change diapers</li><li>• Handle garbage</li><li>• Play outdoors</li></ul>	<b>Before and after you:</b> <ul style="list-style-type: none"><li>• Prepare or eat food</li><li>• Touch a cut or open sore</li></ul>
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If hands are visibly dirty use soap and water

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- Workers should check that their hands are not visibly soiled. If they are not visibly soiled, then hands can be cleaned with hand sanitizer, also known as alcohol-based hand rub (ABHR).
- Apply 1 to 2 pumps of product to the palms of your dry hand.
- Rub your hands (as above) until the product is dry. This will take a minimum of 15 seconds if sufficient product has been used.
- Do not use paper towels to dry your hands.

## Tool 2: Hand Washing

5.46

# Hand Washing



**1. Wet hands.**

**2. Apply soap.**

**3. Lather for 15 seconds. Rub between fingers, back of hands, fingertips, under nails.**

**4. Rinse well under running water.**

**5. Dry hands well with paper towel or hot air blower.**

**6. Turn taps off with paper towel, if available.**

## Stop the Spread of Germs

### Always Wash Your Hands

<b>After you:</b> <ul style="list-style-type: none"><li>• Sneeze, cough or blow your nose</li><li>• Use the washroom or change diapers</li><li>• Handle garbage</li><li>• Play outdoors</li></ul>	<b>Before and after you:</b> <ul style="list-style-type: none"><li>• Prepare or eat food</li><li>• Touch a cut or open sore</li></ul>
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- If hands are visibly soiled or feel sticky, do not use ABHR. Instead, wash your hands.
- Use warm water. Do not use water that is too hot or too cold, as it is hard on your skin and can lead to dryness.
- Use liquid or foam soap. Bar soap should not be used for hand washing because it is easily contaminated.
- Make sure to rub the fingertips of each hand in the opposite palm, then rub each thumb clasped in opposite hand.
- Lather for a minimum of 15 second (removal of bacteria requires a minimum of 15 seconds of mechanical action of rubbing hands together).
- Ensure that all soap is removed as soap will dry out your skin.
- Pat hands dry with paper towel. Rubbing with paper towels can damage your skin.
- Turn off water using paper towel to avoid re-contaminating your hands and dispose of paper towel into the garbage.

## Tool 3: Steps for Putting on and Taking off Gloves

5.47.60

### Infection Prevention and Control in Homelessness Service Settings

## Putting on and Taking off Gloves



Remember, disposable gloves should be used with the idea of **one pair for one task**. They should never be cleaned or re-used.

#### Steps for Putting on Gloves



1 Clean your hands.



2 Choose gloves that fit well.



3 Pull the glove over your fingers and make sure it covers your wrist.



4 Repeat this with the second glove on the other hand.

#### Steps for Taking off Gloves

**Following these steps will ensure that your bare hands do not come into contact with the outer parts of the gloves, which could be contaminated.**



1 Grasp the outside of the glove near the wrist and peel it away from the palm towards the fingers, rolling the glove inside out so that it ends up in your gloved hand.



2 Using the ungloved hand, slide your index finger inside the wrist band of the gloved hand.



3 Pull the glove outwards and down towards the fingers and remove it inside out. The first glove should end up inside the second glove.



4 Discard both gloves immediately into the garbage.



5 Clean your hands.

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## Tool 4: Steps for Putting on and Taking off a Gown

5

### Putting on a Gown

1. Clean your hands before putting on the gown.
2. Wear a gown that fits you properly in terms of size and length.
3. Hold the gown so that the opening faces you.
4. One arm at a time, put on the gown so the opening is at the back.
5. Pull the gown up over the shoulders.
6. Tie the neck and waist strings so that the gown overlaps.
7. If gloves are worn, pull the cuff of the glove over the cuff of the sleeve so that it fits snugly.

### Taking off a Gown

1. If gloves are worn, remove gloves first and discard into the garbage.
2. Remove the gown by untying the waist strings and then the neck strings.
3. Grasp the neck strings and use them to bring the gown forward and off the shoulders.
4. Roll the outside of the gown inwards, folding the contaminated outside layer away from your body. Do not shake the gown as this can cause germs on the gown to be spread to the environment.
5. Discard the gown into a linen bag, or, if disposable, a garbage.
6. Clean your hands.



## Tool 5: Steps for Putting on and Taking off Facial Protection

5

### Putting on Facial Protection

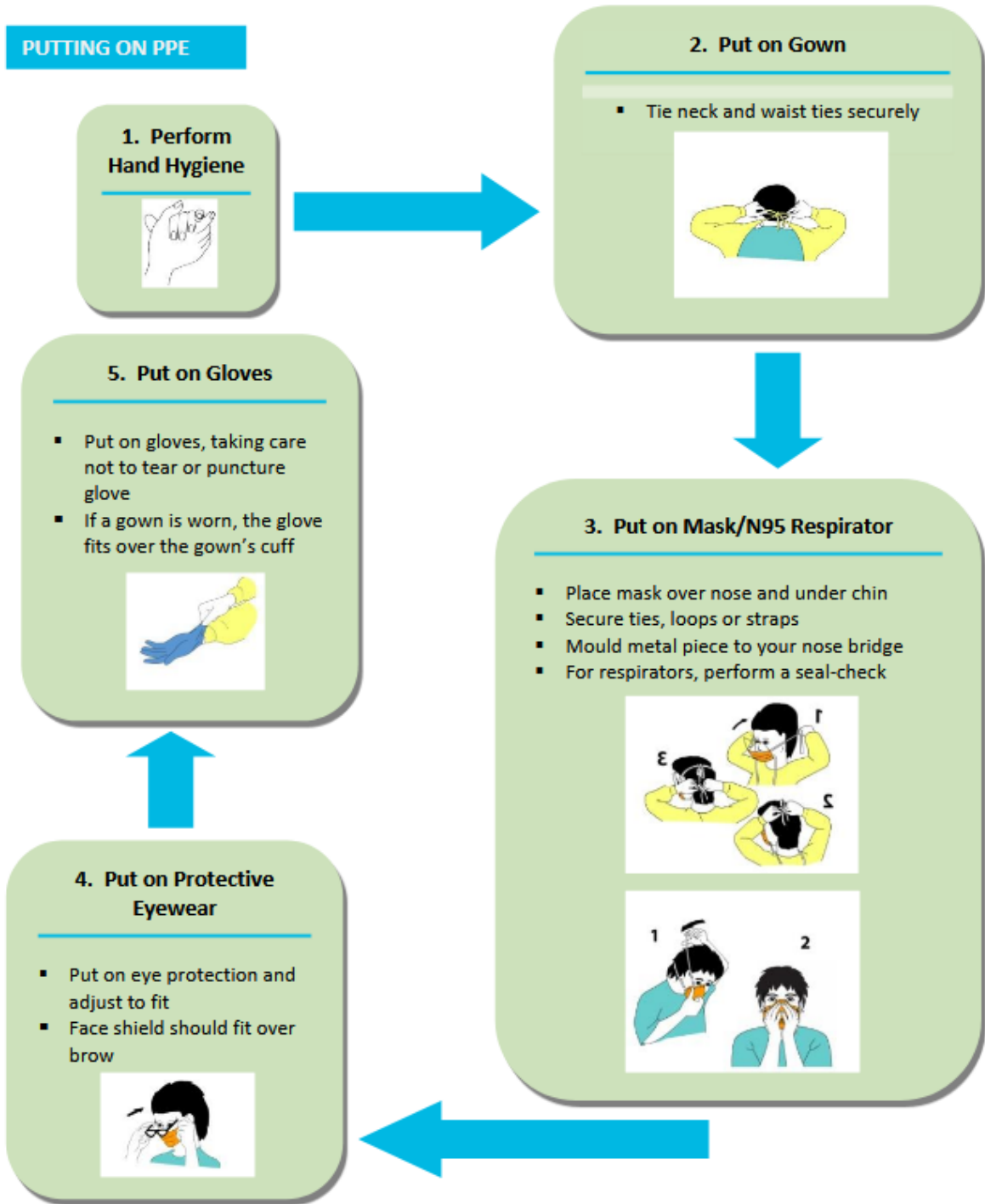
1. Clean your hands before putting on a mask.
2. Choose a mask of correct size and fit.
3. Place the mask over nose and under chin.
4. Secure ties, loops, or straps.
5. Mould metal piece to the bridge of your nose (this is the narrowest part of the nose just under the eyebrows).
6. Put on eye protection and adjust to fit. If a face shield is being used instead of a mask and eye protection, be sure that the face shield fits securely on your forehead and protects both your mouth and eyes.

### Taking off Facial Protection

1. Clean hands before touching your eye protection and mask.
2. Remove eye protection by handling ear loops, sides or back only. Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands. The front of goggles/face shield is considered to be contaminated.
3. Discard the eye protection into garbage or into appropriate container to be sent for reprocessing.
4. When removing the mask, untie bottom tie then top, or grasp straps or ear loops. Ties, straps or ear loops are considered "clean" and may be touched with hands.
5. Pull the mask forward off the head, bending forward to allow mask to fall away from the face. The front of the mask is considered to be contaminated.
6. Discard immediately into garbage.
7. Clean your hands.

# Tool 6: Steps for Putting on and Taking off Full Personal Protective Equipment (PPE)

48

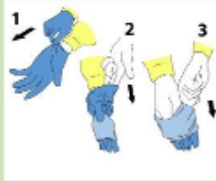


Tool 6: Steps for Putting on and Taking off Full Personal Protective Equipment (PPE) continued

**TAKING OFF PPE**

**1. Remove Gloves**

- Remove gloves using a glove-to-glove/skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle



**2. Remove Gown**

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting at the neck ties, the outer, 'contaminated', side of the gown is pulled forward and turned inward, rolled off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance



**6. Perform Hand Hygiene**



**3. Perform Hand Hygiene**



**5. Remove Mask/N95 Respirator**

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle



**4. Remove Eye Protection**

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use



# Cover Your Cough



**1. Cover your mouth and nose when you cough, sneeze or blow your nose.**



**2. Put used tissue in the garbage.**



**3. If you don't have a tissue, cough or sneeze into your sleeve, not in your hands.**



**4. Clean your hands with soap and water or hand sanitizer (minimum 70% alcohol-based).**

## Stop the Spread of Germs

### Always Cover Your Cough

- Covering your cough or sneeze can stop the spread of germs
- If you don't have a tissue, cough or sneeze into your sleeve
- Keep your distance (more than 2 metres/6 feet) from people who are coughing or sneezing

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## Tool 8: Cooking and Reheating Temperatures Chart








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# Cooking and Reheating Temperatures

An accurate probe thermometer should be used to check the internal temperature of cooked and reheated hazardous foods\* for at least 15 seconds.

\* Hazardous foods are foods that need to be kept hot or cold to keep them safe.

Product	Cook until internal temperature is	Reheat until internal temperature is
 Whole poultry	82°C (180°F)	74°C (165°F)
 Cut and ground poultry and all parts of ground meats that contain poultry	74°C (165°F)	74°C (165°F)
 Food mixture containing poultry, egg, meat, fish or another hazardous food	74°C (165°F)	74°C (165°F)
 Pork and pork products	71°C (160°F)	71°C (160°F)
 Ground meat, other than ground meat containing poultry	71°C (160°F)	71°C (160°F)
 Fish	70°C (158°F)	70°C (158°F)
 Beef, veal and lamb Medium-rare Medium Well done	63°C (145°F) 71°C (160°F) 77°C (170°F)	63°C (145°F) 71°C (160°F) 77°C (170°F)

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## Tool 9: Room Cleaning/Disinfecting Checklist

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### Infection Prevention and Control in Homelessness Service Settings

## Room Cleaning/Disinfecting Checklist



# 1

- ✔ Gather cleaning and disinfection supplies, make sure everything is clean.
- ✔ Choose/prepare appropriate cleaning and disinfectant product(s) for where you are going to clean. Make sure you know how to safely use the product(s).
- ✔ Clean hands and put on gloves.
- ✔ If bedding has been used, remove and place into a laundry bag for dirty linens.
  - Remove gloves, clean hands, and put on new gloves.

# 2

- ✔ Clean and disinfect the following, from clean to dirty areas:
  - Thermostat and wall-mounted items
  - High-touch surfaces including door handles, hand rails and light switches
  - Furnishings and flat surfaces in the room (that are non-absorbent)
  - Beds, from the foot of the bed to the head of the bed. Make sure to clean:
    - The top, sides and underside of the mattresses. Check for cracks, holes, and pests.
    - Bedrails and all parts of the bed frame.
- ✔ Clean the following, from clean to dirty areas:
  - Walls if visibly soiled
  - Mirrors, windows and glass door panels (use glass cleaner)
  - Floors

**Note:** If using a bucket and cloths, do not 'double-dip' the cloths in the bucket. Change the cloth after cleaning very dirty areas.

# 3

- ✔ If cleaning cloths were used, place them into a bag for dirty laundry.
- ✔ Place waste in the garbage, remove garbage bag (if full), clean garbage holder (if dirty) and add a clean garbage bag.
- ✔ Take off gloves and throw them into the garbage.
- ✔ Clean hands.



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## Tool 10: Floor Cleaning Checklist

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Floor cleaning includes two steps: dry dust mopping to remove dust and debris, followed by and wet mop with detergent to clean. If a floor is considered a low-touch surface in your setting (i.e., does not come into contact with client hands frequently) then a disinfectant is generally not required.

### Step 1

**Using a dry dust mop, work from clean areas to dirty areas:**

- Remove debris from floor and dry any wet spots with a paper towel.
- Remove gum from the floor.
- Start from the furthest corner of the room and drag mop towards you, then push it away working in straight, slightly overlapping lines and keep the mop head in full contact with the floor. Use swivel motion of frame and wrist to change directions. Do not lift mop head off of the floor.
- Move furniture and replace after dust mopping.
- Dispose of debris.
- Replace mop head when soiled and after mopping a room.

### Step 2

**Wet Loop Mop and Bucket:**

- Prepare cleaning solution according to the manufacturer's instructions using the appropriate PPE according to the SDS (e.g., gloves).
- Place "wet floor" sign outside of the room being mopped.
- Immerse mop in cleaning solution and wring out.
- Push mop around baseboards and corners first.
- In open areas, use a figure 8 stroke, overlapping each stroke, turn mop head over every 5 to 6 strokes.
- Mop a 3 m by 3 m area then rinse and wring mop out
- Repeat until entire floor is done

Remember to change the mop head when heavily soiled and at the end of day and to change cleaning solution frequently enough to maintain appropriate concentration of solution.

OR

**Microfibre Mop:**

- Prepare cleaning solution according to the manufacturer's instructions using appropriate PPE according to the SDS (e.g., gloves).
- Fill plastic basin with cleaning solution.
- Place microfibre pad(s) to soak in basin.
- Take a clean pad from the basin, wring it out and attach it to mop head using Velcro strips.
- Remove pad when soiled and set aside for laundering.

Use a fresh microfibre pad for each room and launder microfibre pads at the end of the day.

## Tool 11: Bathroom Cleaning/Disinfecting Checklist

28 29 60

### Infection Prevention and Control in Homelessness Service Settings

# Bathroom Cleaning/Disinfecting Checklist



- 1**
  - ✔ Gather cleaning and disinfection supplies, make sure all supplies are clean.
  - ✔ Choose/prepare appropriate cleaning and disinfectant product for where you are going to clean. Make sure you know how to safely use the product(s).
  - ✔ Clean hands and put on gloves.

- 2**
  - ✔ Clean and disinfect the following, from clean to dirty areas:
    - Thermostat, wall-mounted items, dispensers
    - Support railings, ledges and shelves
    - High-touch surfaces including door handles, light switches
    - Plumbing under the sink, inside and outside of sink, sink faucet
    - Clean shower/tub, faucets, walls and railings (if applicable)
    - Toilet
  - ✔ Clean the following, from clean to dirty areas:
    - Walls if visibly soiled
    - Mirrors, windows and glass door panels (use glass cleaner)
    - Floors

**Note:** If using a bucket and cloths, do not 'double-dip' the cloths in the bucket. Change the cloth after cleaning very dirty areas.

- 3**
  - ✔ If cleaning cloths were used, place them into a bag for dirty laundry.
  - ✔ Place waste in the garbage, remove garbage bag (if full), clean garbage holder (if dirty) and add a clean garbage bag.
  - ✔ Take off gloves and throw them into the garbage.
  - ✔ Clean hands.



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## Tool 12: General Cleaning and Disinfecting Tips

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### Infection Prevention and Control in Homelessness Service Settings

## General Cleaning and Disinfecting Tips



- Cleaning removes germs, dirt, dust, and body fluids from surfaces using water, detergents, and, most importantly, friction (e.g., scrubbing and rubbing).
  - While cleaning removes germs, it does not kill them.
- Disinfection kills germs using chemicals. It is important to clean before disinfection.

### DO:

- Read and follow all manufacturer instructions for cleaning and disinfectant products.
- Follow site policies and procedures (if available) for cleaning and disinfection.
- Check the disinfectant label to see how long it needs to be left wet on the surface for it to be effective (also known as contact time) and what germs it is effective against.
- Use personal protective equipment (PPE) appropriately when cleaning based on the risk of exposure to germs. PPE is equipment worn to protect yourself against potential hazards. PPE includes gloves, gowns, and facial protection. Make sure to clean your hands before and after using PPE.
- Use a caddy or cart to store cleaning and disinfecting supplies, PPE, and alcohol-based hand rub (ABHR).
- Clean and disinfect from clean to dirty areas, from top to bottom, and from low-touch to high-touch surfaces. This helps to make sure that dirtier areas don't contaminate the cleaner areas.
  - High-touch surfaces (e.g., door knobs, light switches) should be cleaned and disinfected at least daily, and more frequently if a lot of people at your site are sick.
  - Low-touch surfaces (e.g., floors, walls) require cleaning on a regular, but not necessarily daily, basis. However, they should be cleaned immediately when visibly soiled.
- Clean cleaning equipment after use to avoid the growth of germs.

### DO NOT:

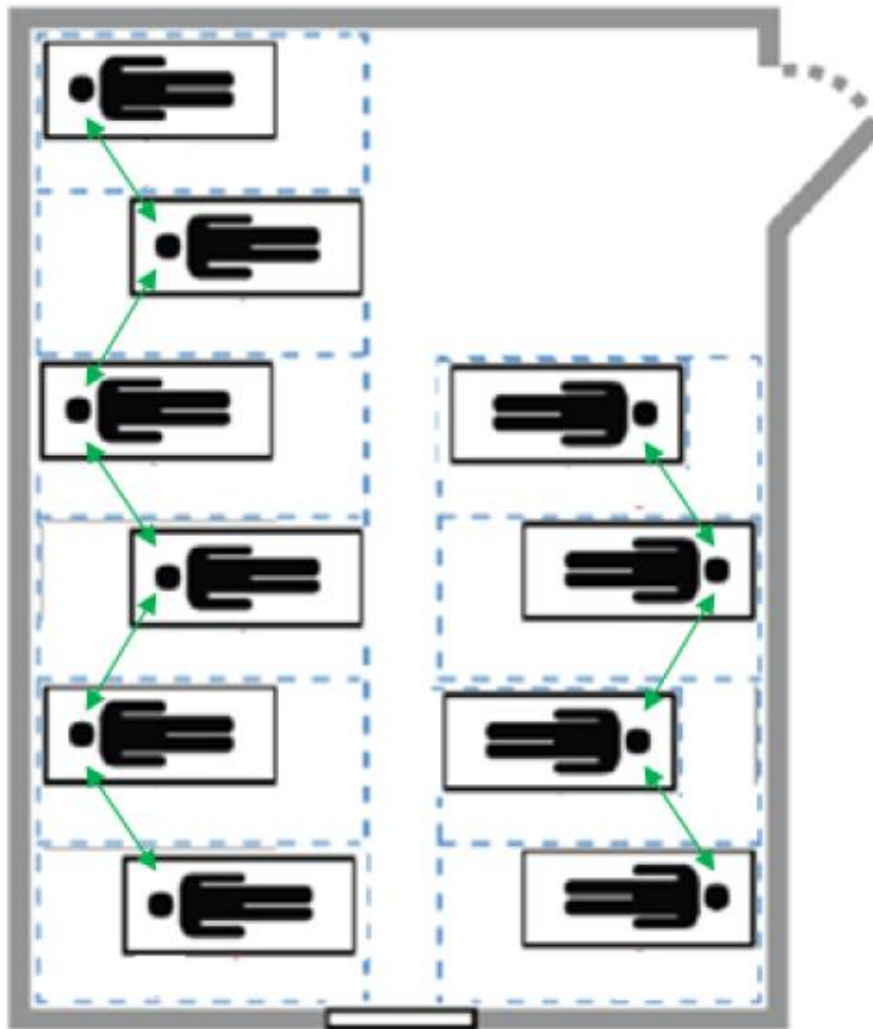
- Top-up cleaning or disinfectant solutions.
- Double-dip cloths; only put clean cloths into the cleaning or disinfectant solution. Consider using squirt bottles.
- Use cleaning products and disinfectants that are not compatible. Make sure that the disinfectant is safe to use after the cleaning product.
- Use expired cleaning and disinfectant products.



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### Tool 13: Example Bed Spacing Diagram

Germs in respiratory droplets can spread up to 2 metres. Aim for sleeping arrangements with facial separation of 2 metres between clients to decrease the risk of spreading germs, especially if there is an increase in respiratory illness (e.g., coughing, sneezing) at your site.



## Tool 14: Cleaning and Disinfecting Sleeping Mats

28 60

### Infection Prevention and Control in Homelessness Service Settings

# Cleaning and Disinfecting Sleeping Mats



*Clean and disinfect sleeping mats daily and between client use.*

- 1**
  - ✔ Gather cleaning and disinfection supplies.
  - ✔ Choose/prepare appropriate cleaning and disinfectant product(s) for where you are going to clean. Make sure you know how to safely use the product(s).
  - ✔ Clean hands and put on gloves.
  - ✔ If linens have been used, remove and place into a linen bag for dirty laundry.
    - Remove gloves, clean hands, and put on new gloves.

---

- 2**
  - ✔ Clean the top and sides of the mat from the foot to the head using a cleaning product.
    - Make sure to clean the edges.
    - Turn the mat and clean the other side.
  - ✔ Repeat the above step using a disinfectant.
  - ✔ While cleaning, inspect the mat for:
    - Cracks or holes and replace as required.
    - Pests.
  - ✔ Allow mat to dry completely.

---

- 3**
  - ✔ Throw out any used paper towels or cleaning/disinfecting wipes in the garbage.
    - If cleaning cloths were used, place them in a bag for dirty laundry.
  - ✔ Take off gloves and throw them into the garbage.
  - ✔ Clean hands.



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## Infection Prevention and Control in Homelessness Service Settings

# Linen and Laundry Tips



### DO:

- Follow site policies and procedures about the collection, transport, handling, washing and drying, and changing of linen.
- Wear gloves when handling dirty linen/laundry.
  - If there is a possibility of splashing on your clothing, also wear a gown.
- Wrap wet laundry in a dry sheet or towel before placing it in a laundry bag.
- Be careful of sharps when collecting dirty linen/laundry. Handle items from the corners so you can see what you are touching.
- Handle soiled laundry carefully so that you don't spread germs in the air which can land on surfaces, clients and other workers.
- Provide clients with laundry soap and instructions about how to safely use laundry equipment (for settings where clients are expected to launder their own items on site).
- Ensure that clients have a dedicated space to store dirty laundry.
- Educate clients about not sharing clothing and linens with other clients to reduce the spread of germs.
- Remove feces from linen/laundry with a gloved hand and place the feces into a toilet or garbage bag. Bag items immediately.
- Wash re-usable laundry bags before they are used again.

### DO NOT:

- Sort or pre-rinse dirty linen/laundry in non-laundry facilities (e.g., in a bathroom).
- Walk around with dirty linen/laundry as this can spread germs. Immediately place in the nearest dirty laundry container.
- Wash linen/laundry and environmental cleaning items (e.g., mop heads, cleaning cloths) together in the same cycle.
- Store clean and dirty linen/laundry together.
- Overfill linen bags. You should be able to securely tie the bag closed.
- Shake out dirty linen/laundry. This can spread germs in the air which can land on surfaces, clients and other workers.



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## Tool 16: Cleaning up Body Substances

28 51 60

### Infection Prevention and Control in Homelessness Service Settings

## Cleaning up Body Substances



Germs can be spread through body substances (e.g., blood, vomit, feces). Protect yourself and others by following the steps below:

- 1**
  - ✓ Inspect the area thoroughly for splashes or splatters.
  - ✓ Restrict the area until it has been cleaned/disinfected and is completely dry.
  - ✓ Gather the necessary supplies (e.g., paper towels, gloves, garbage bag, cleaning and disinfectant products).
    - Choose a disinfectant product appropriate for use on body substances (e.g., one part bleach to ten parts water or a hospital-grade disinfectant). Make sure you know how to safely use the product.
  - ✓ Clean hands and put on gloves.
    - If there is a possibility of splashing, wear a gown and facial protection.

---

- 2**
  - ✓ Using paper towels, wipe up/remove the body substance. Throw out the used paper towels into a garbage bag. Use this same garbage bag throughout the clean-up.
  - ✓ Clean the entire area using a cleaning product. Throw out any paper towels used in the garbage bag.
  - ✓ Disinfect the entire area. Allow the disinfectant to stand for the amount of time recommended by the product manufacturer (i.e., contact time). Wipe up the area again using paper towels. Throw out the used paper towels into the garbage bag.
  - ✓ If the substance got on a carpet, follow the above steps and then have the carpet wet/steam cleaned as soon as possible.
    - Restrict the area until wet/steam cleaning occurs.

---

- 3**
  - ✓ Remove gloves (and gown/facial protection, if used) and throw them out into the garbage bag. Tie the garbage bag and throw it out.
  - ✓ Clean hands.



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## Tool 17: Illness Monitoring Log

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If you notice an increase in the number of sick people in your shelter setting, keeping track of who is sick and when the sickness started can help reveal patterns which may be helpful when deciding to consult or notify Toronto Public Health. Consider initially identifying symptoms of client's and workers using an Illness Monitoring Log.

	Name	Worker or Client	Time/Date of first symptoms	Symptom	Symptom end date (if applicable)	Floor
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____	_____

## Tool 18: Gastrointestinal Illness Cluster Tip Sheet

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### Gastrointestinal Illness Cluster Infection Control Recommendations for Homelessness Service Settings

Gastrointestinal illness (e.g., frequent episodes of vomiting and/or diarrhea, abdominal cramps, nausea) spreads directly or indirectly from person to person. An ill person can easily contaminate food, surfaces, or objects with vomit/diarrhea. Some common gastrointestinal illnesses (e.g., norovirus) are very contagious and can spread through your site quickly if infection prevention and control measures are not in place. If you or your staff notice an increase in gastrointestinal illness, here are some things that you can do to help protect your clients and staff:

#### **Hand Hygiene**

- Ensure liquid hand soap and alcohol-based hand rub (also known as ABHR or hand sanitizer) dispensers are checked regularly and kept full
- Educate clients and staff on proper hand hygiene
- Encourage regular hand hygiene and consider offering supervised hand hygiene for clients (e.g., have a staff member pump alcohol-based hand rub into client's hands as they enter the dining area)
- Ensure that the alcohol-based hand rub used on site has an alcohol content between 70%-90%
- Provide portable alcohol-based hand rub to staff, if possible
- Put up [Hand Washing](#) and [Hand Sanitizer](#) posters in your site

#### **Environmental Cleaning & Personal Protective Equipment**

- Increase the frequency of cleaning and disinfecting at your site, especially for:
  - high-touch surfaces (e.g., door knobs, light switches),
  - common areas (e.g., dining rooms, sleeping quarters, bathrooms), and
  - shared equipment (e.g., telephones, computer keyboard, coffee machines)
- Use a disinfectant (e.g., bleach, hydrogen peroxide enhanced action formulation) that kills norovirus
- Maintain an adequate and accessible supply of:
  - personal protective equipment (e.g., gloves, gowns masks),
  - liquid hand soap,
  - alcohol-based hand rub, and
  - cleaning/disinfectant products
- Review the [Cleaning up Body Substances](#) tool for instructions on how to clean up vomit and diarrhea
- Educate staff on proper glove use:
  - Staff should only use gloves based on their risk assessment of exposure to germs on their hands or as directed to on the Safety Data Sheet (SDS) for cleaning/disinfecting products
  - Review the [Putting on and Taking off Gloves](#) tool for instructions on proper glove use
- Perform hand hygiene before putting on and after taking off personal protective equipment (e.g., gloves)
- Wear gloves (and a gown if splashing is possible) when handling items contaminated with vomit/diarrhea
- Wear appropriate personal protective equipment (e.g., gloves, gown), when removing and/or bagging clothing/linen that has been contaminated with vomit or diarrhea. Wash the items with detergent and hot water and dry on the highest heat setting
- For settings with children, increase the frequency of cleaning and disinfecting of toys and play areas/equipment. Review [Toy Cleaning and Disinfecting](#) for instructions on how to properly clean and disinfect toys

## Tool 18: Gastrointestinal Illness Cluster Tip Sheet continued

### Client Control Measures

- Encourage ill clients to seek healthcare
- Do not allow ill clients to prepare or serve food for others
- Encourage separation between clients that are sick and well, if possible. For example:
  - Have all ill clients use one bathroom and restrict clients that are not ill from using that bathroom;
  - Place ill clients in a bedroom or resting area that is separate/distant from well clients
- Provide ill clients with leak-proof bags to contain vomit. Ensure that the bag is securely tied and thrown away after use
- Consider restricting or cancelling of group activities
- For settings with children, do not allow children who are ill to participate in group water or sensory play activities

### Staff (including students and volunteers) Control Measures

- Ask ill staff to stay home from work until at least 48 hours after their symptoms end
- Do not allow ill staff to prepare or serve food for others
- Consider restricting or cancelling group activities
- Inform staff of increase in illness and provide just-in-time training (e.g., review the points in this tip sheet)
- Ensure that there is at least two metres between yourself and someone who is vomiting, if possible

### Communication

- Inform clients of increase in illness. Post information in a location that clients frequent, if possible
- Inform agency partners (e.g., healthcare, external laundry services) of increase in illness
- If calling first responders (e.g., EMS) to the site, inform them that the site is experiencing an increase in illness and provide illness symptoms

**Notify Toronto Public Health if there is a significant change in the severity of illness, hospitalizations, or deaths related to this cluster.**



## Tool 19: Respiratory Illness Cluster Tip Sheet

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### Respiratory Illness Cluster Infection Control Recommendations for Homelessness Service Settings

Respiratory illness symptoms include coughing, sneezing, fever, and runny nose. Droplets from coughing and sneezing can spread up to two metres and can live on surfaces (e.g., influenza can live on surfaces for up to 48 hours) and be picked up from others. If there is an increase in respiratory illnesses at your site, here are some things that you and your staff can do to help protect yourselves and clients:

#### **Hand Hygiene**

- Ensure that there is alcohol-based hand rub (also known as ABHR or hand sanitizer), tissues, and masks available at intake, if possible
- Ensure liquid hand soap and alcohol-based hand rub dispensers are checked regularly and kept full
- Encourage regular hand hygiene and consider offering supervised hand hygiene for clients (e.g., have a staff member pump alcohol-based hand rub into client's hands as they enter the dining area)
- Ensure that the alcohol-based hand rub used on site has an alcohol content between 70%-90%
- Provide portable alcohol-based hand rub to staff, if possible
- Put up Hand Washing and Hand Sanitizer posters in your site

#### **Environmental Cleaning & Personal Protective Equipment**

- Increase the frequency of cleaning and disinfecting at your site, especially for:
  - high-touch surfaces (e.g., door knobs, light switches),
  - common areas (e.g., dining rooms, sleeping quarters, bathrooms), and
  - shared equipment (e.g., telephones, computer keyboard, coffee machines)
- Make sure that your site has an adequate and accessible supply of:
  - personal protective equipment (e.g., gloves, gowns masks),
  - liquid hand soap,
  - alcohol-based hand rub, and
  - cleaning/disinfectant products
- Use appropriate personal protective equipment. Where possible:
  - Wear a mask when in close contact with a client with respiratory illness symptoms
  - Encourage clients with respiratory illness symptoms to wear masks in common areas. Clients should be educated on the proper use of masks (e.g., changing masks if wet, not wearing masks on their head or dangling around their neck) and have access to new masks

#### **Respiratory Etiquette**

- Ensure that there is at least two metres between yourself and someone who is coughing or sneezing. When that is not possible, use other techniques to limit your exposure to respiratory droplets (e.g., stand next to rather than in front of the client)
- Post Cover your Cough posters in your site and educate clients and staff about respiratory etiquette (e.g., sneeze/cough into your sleeve)

#### **Client Control Measures**

- Encourage ill clients to seek healthcare
- Consider restricting or cancelling group activities
- Discourage clients from sharing items that come into contact with their mouth (e.g., utensils, cigarettes/joints, drinks, crystal meth/crack pipes)
- Place mats/cots/beds at least two meters apart. If that is not possible, consider having clients sleep head-to-toe or in a staggered manner to increase the distance between their faces while sleeping

## Tool 19: Respiratory Illness Cluster Tip Sheet continued

### **Staff (including students and volunteers) Control Measures**

- For respiratory illnesses with an unknown cause, request that ill staff stay home from work until symptoms resolve or until five days after symptom onset, whichever is shorter
  - If staff have confirmed influenza, request that they stay home from work until five days after symptom onset
- Inform staff of increase in illness and provide just-in-time training (e.g., review the points in this tip sheet)

### **Communication**

- Inform clients of increase in illness. Post information in a location that clients frequent, if possible
- Inform agency partners (e.g., healthcare, external laundry services) of increase in illness
- If calling first responders (e.g., EMS) to the site, inform them that the site is experiencing an increase in illness and provide illness symptoms

**Notify Toronto Public Health Control if there is a significant change in the severity of illness, hospitalizations, or deaths related to this cluster.**

# Tool 20: The Ontario Publicly Funded Immunization Schedule

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## Ontario's Publicly Funded Immunization Schedule

Vaccine	Diphtheria	Tetanus	Pertussis	Polio	Haemophilus B (Hib)	Pneumococcal-C-13	Rotavirus	Meningococcal-C	Meningococcal-ACYW-135	Measles	Mumps	Rubella	(Varicella*) Chickenpox	Hepatitis B	HPV	Influenza	Pneumococcal - P-23	Shingles
2 months	✓	✓	✓	✓	✓	✓	✓											
4 months	✓	✓	✓	✓	✓	✓	✓											
6 months	✓	✓	✓	✓	✓													
*1 year						✓	✓		✓	✓	✓							
15 months												✓						
18 months	✓	✓	✓	✓	✓													
*4-6 years	✓	✓	✓	✓					✓	✓	✓	✓						
Grade 7								✓					✓	✓				
14 – 16 years	✓	✓	✓															
Every autumn															✓			
Adults	✓	✓	✓															
Every 10 years	✓	✓																
65+ years																	✓	
65-70 years																		✓

Same colour boxes in a row indicates combination vaccines given as one dose

The vaccines in bold print are required for school attendance under the Immunization of School Pupils Act


\* Vaccines should be given on or after the child's birthday

November 2016

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# Be Careful with Needles!



If you pick up needles-  
handle them with care.

**Be safe**

- Hold the needle tip away from you
- Be careful not to prick yourself with the needle
- Put the needle into a "Sharps Container", a plastic container with a lid or a sealable container

**Be careful**


**The proper disposal of needles is important**

- Do not put a container with needles into the garbage or recycling bin
- Call 311 to find out where to take the container
- If you have a contract with a disposal company, secure the sharps and have them picked up accordingly


**Be aware**

**Protect yourself**

- Protect your hands!
- Use tongs to pick up the needle to transfer it to a sharps container. Ensure the needle tip is held away from you
- If you do not have tongs, use puncture resistant gloves
- Always follow your agency's safer disposal of sharps policies and procedures



*The Works*  
- Needle Exchange

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## Tool 22: First-aid Management of Exposure to Body Substances

43 55

Some infections can be transmitted through contact with infected blood and other potentially infectious body fluids.

- For exposure from a sharp (e.g., a needle), allow wound to bleed freely (without applying pressure) for 30-60 seconds.
  - Cleanse the wound thoroughly with soap and water (without scrubbing vigorously). Do not squeeze, "milk" or rub the injury site as this can increase the risk of infection with germs.
  - Cover the wound with a clean dressing, if necessary.
- For eye exposures, flush the exposed eye immediately with clean water or normal saline. Do not use soap or disinfectant in the eye.
- For exposure in the mouth, spit out fluid immediately and rinse mouth thoroughly with water and spit it out again. Repeat this process several times. Do not use soap or disinfectant in the mouth.
- For exposures onto unbroken skin, wash the area immediately with running water. If running water is not available, clean the area with a hand-cleansing solution.

Immediately report the incident to your supervisor and contact a healthcare provider for assessment.

## Tool 23: Diseases of Public Health Significance

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### CONTACT INFORMATION:

#### Toronto Public Health - Communicable Disease Surveillance Unit

277 Victoria Street, 10th Floor, Toronto, ON M5B 1W2

Phone: 416-392-7411 – Fax: 416-392-0047

After hours: 3-1-1 or 416-392-CITY (2489) for callers from outside of Toronto

#### Timely reporting of communicable diseases is essential for their control.

If you suspect or have laboratory confirmation of any of the following specified diseases of public health significance or their etiologic agents (as per Ontario Reg 135/18 and amendments under the Health Protection and Promotion Act) please report them to the local Medical Officer of Health.

Diseases marked \* should be reported immediately to the Medical Officer of Health by telephone (24 hours a day, 7 days a week) or fax (Mon-Fri, 8:30 am – 4:30 pm only). Other diseases can be reported the next working day by fax, phone, or mail.

Acquired Immunodeficiency Syndrome (AIDS)	* Gastroenteritis, outbreaks in institutions and public hospitals	* Meningococcal disease, invasive
Acute Flaccid Paralysis	Giardiasis (symptomatic cases only)	Mumps
Amebiasis	Gonorrhea	Ophthalmia neonatorum
* Anthrax	* Group A Streptococcal disease, invasive	Paralytic Shellfish Poisoning
Blastomycosis	Group B Streptococcal disease, neonatal	Paratyphoid Fever
* Botulism		Pertussis (Whooping Cough)
* Brucellosis	* Haemophilus influenzae disease, all types, invasive	* Plague
Campylobacter enteritis	* Hantavirus Pulmonary Syndrome	Pneumococcal disease, invasive
Carbapenemase-producing Enterobacteriaceae (CPE)	Hemorrhagic fevers, including:	* Poliomyelitis, acute
Chancroid	1. *Ebola virus disease	Psittacosis/Omnithosis
Chickenpox (Varicella)	2. *Marburg virus disease	* Q Fever
Chlamydia trachomatis infections	3. *Other viral causes	* Rabies
* Cholera	* Hepatitis, viral	* Respiratory infection outbreaks in institutions and public hospitals
* Clostridium difficile associated disease (CDAD) outbreaks in public hospitals	1. *Hepatitis A	* Rubella
* Creutzfeldt-Jakob Disease, all types	2. Hepatitis B	Rubella, congenital syndrome
Cryptosporidiosis	3. Hepatitis C	Salmonellosis
Cyclosporiasis	Influenza	* Severe Acute Respiratory Syndrome (SARS)
* Diphtheria	* Lassa Fever	* Shigellosis
Echinococcus multilocularis infection	Legionellosis	* Smallpox
Encephalitis, including:	Leprosy	Syphilis
1. Primary, viral	Listeriosis	Tetanus
2. Post-infectious	Lyme disease	Trichinosis
3. Vaccine-related	* Measles	Tuberculosis
4. Subacute sclerosing panencephalitis	* Meningitis, acute	Tularemia
5. Unspecified	1. *Bacterial	Typhoid Fever
Food poisoning, all causes	2. Viral	* Verotoxin-producing E. coli infection, including Haemolytic Uraemic Syndrome (HUS)
	3. Other	West Nile Virus illness
		Yersiniosis

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