

## Shelter, Support & Housing Administration Division

### Homelessness Services COVID-19 Response Frequently Asked Questions and Resources

This FAQ document can help answer questions that homelessness service providers may have about COVID-19 and SSHA's response.

In addition to this FAQ, service providers are encouraged to review the City's website for updates on SSHA services. Information is posted in two places:

1) [Updates on the City's response and service](#) (look under 'Housing and Shelter'), and  
2) [COVID-19 Guidance: Homelessness Services & Congregate Living Settings](#). Service providers are also encouraged to review the following resources:

- [Ministry of Health COVID-19 Guidance: Congregate Living for Vulnerable Populations](#)
- [Public Health Ontario COVID-19 Preparedness and Prevention in Congregate Living Settings Checklist](#)
- [Public Health Ontario Managing COVID-19 Outbreaks in Congregate Living Settings Checklist](#)
- [TPH Pandemic Planning Guide for Housing Services and Shelters](#)
- [COVID-19 client screening tool for homelessness service settings](#)
- [COVID-19 staff and visitor screening tool for homelessness service settings](#)
- [Instructions for arranging non-emergency transportation for clients](#)
- [SSHA Directive on Physical Distancing for Shelter Settings](#)
- [SSHA Directive on Mandatory Masks for Clients and Required Personal Protective Equipment for Staff](#)
- [SSHA Directive on Mandatory COVID-19 vaccination for staff of City Funded Shelter, 24-Hour Respite and 24-Hour Women's Drop In Providers](#)
- [Ministry of Health COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#)
- [Toronto Public Health COVID-19 Vaccine Webpage](#)

Note that as the pandemic continues, our response evolves to be nimble and adjust as needed. The answers we provide today may change tomorrow based on updated circumstances and information.

Please stay up-to-date with the most recent information to keep yourself informed of new developments by referring to credible sources of information, including the City of Toronto [website](#).

**Please share this document with staff in your organization, as it may answer questions they may have about the current situation.**

## **NEW FAQS**

### **Recovery and Isolation Program**

#### **Will additional isolation sites be opened or designated?**

The City of Toronto Shelter, Support and Housing Administration (SSHA), Toronto Public Health (TPH) and its partners remain committed to promoting and enhancing best practices in Infection Prevention and Control as the Omicron variant increases demands across all sectors including healthcare, the shelter system and homelessness services. The current total capacity of the COVID-19 Recovery and Isolation Program is 60 rooms. SSHA will be gradually increasing space available at the COVID-19 Isolation and Recovery Site for people experiencing homelessness with complex health needs who test positive for COVID-19. Working with program partners, the current 60-room capacity will be expanded by up to an additional 60 rooms, on a progressive ramp up as additional staffing resources and health supports are available.

Given the increasing number of cases and current information suggesting that Omicron may cause less severe COVID-19 symptoms for most people, SSHA is also proceeding with the advice of Toronto Public Health for in-situ isolation. The COVID-19 Isolation and Recovery Site's [eligibility criteria](#) have been recently revised to prioritize available space for those with complex clinical, physical or harm reduction needs, including seniors, who test positive from congregate shelter settings. Individuals living outdoors, including in encampments, will also be prioritized.

#### **How do service providers refer clients to the COVID-19 Isolation and Recovery site?**

Service providers can refer clients to the COVID-19 Isolation and Recovery site by completing the [electronic](#) or [paper](#) referral form.

#### **What supports will be provided to agencies where clients are isolating in-situ? Will onsite supports be available at hotel sites, and at congregate settings?**

The supports available depend on each organization and what existing resources are already in place. Onsite harm reduction supports (e.g. access to cigarettes, managed alcohol program and referrals to safer supply) are available through MOVID. Practice Health Check has developed Outbreak Management Guides to support service providers with managing an outbreak. Information and training has provided to all IPAC leads, to support implementation of in-situ isolation plans. Practice Health Check continues to be available to support sites in developing their Outbreak Management Plans.

A digital front door for Virtual Emergency Department services in the GTA has been developed in partnership across Unity Health, Sunnybrook, and UHN. This is to be used for urgent but not life-threatening issues. Appointment availability will be pooled

between the three hospitals. Virtual ED services can be accessed through <https://www.torontovirtualed.ca>

Inner City Health Associates (ICHA) is also putting together a virtual clinical support team, which they are aiming to have in place shortly. More information will be shared as it is available.

**How can clients from encampments be identified for referral, to ensure they are prioritized for admission to the recovery program?**

When making a referral to the COVID-19 Isolation and Recovery Site, please ensure that staff make a note that the client is sleeping outdoors or living in an encampment. This includes clients who attend drop-in spaces but do not have an overnight space. A rapid or PCR test result confirming that they have tested positive for COVID-19 will be required for admission into the program.

**How do people who have been released from jail and are experiencing homelessness access the isolation sites?**

At this time, if an individual has tested positive and are living or sleeping outdoors (i.e. do not have an existing admission to a shelter program), they would be given a priority referral to the COVID-19 Isolation and Recovery program based on the current eligibility criteria.

**Our Public Health Investigator has advised that once four positive cases are confirmed, we should stop sending clients for PCR testing. How should we proceed if a positive test result is required for referral to the Isolation and Recovery Site?**

The COVID-19 Isolation and Recovery Program requires a positive test result from a Rapid Antigen Test or a PCR test for admission to the program. Sites can use a Rapid Antigen Test rather than a PCR test after the 4<sup>th</sup> person. Please continue to contact the COVID-19 Recovery and Isolation program to make a referral for a client who meets the [criteria](#).

**N95 Respirators and PPE**

**Does the current guidance for N95 respirator use by staff meet Ministry of Labour criteria?**

SSHA is working closely with the City's Occupational Health and Safety to understand the requirements for N95 respirators and to ensure that respirator fit testing requirements are communicated to workers. All service providers should develop a fit testing program which includes timelines by which staff will be fit tested.

**How many N95 respirators will be provided for staff?**

Service providers will be provided with sufficient N95 respirator mask supplies for staff to use up to three respirators daily.

### **How often will the supply of N95 respirators for staff be replenished?**

At this point in time, we are expecting to facilitate a shipment of N95 masks every 2 weeks, as needed. The allocations for N95 masks will be similar to those for medical masks. We also encourage you to access other supply channels where you have them.

### **Should N95 respirators be worn at all times, or only when caring for suspected or confirmed COVID-19 cases?**

The [required](#) PPE when providing direct care for patients with suspect or confirmed COVID-19 includes a fit-tested, seal-checked N95 respirator (or equivalent or greater protection), eye protection, gown, and gloves.

Given the current spread of COVID-19, N95 respirator masks are encouraged for frontline staff throughout their shift. Fitted N95 respirators provide the best protection. In the absence of a N95 respirator (i.e., at times during the shift when an N95 respirator is not required) a well-fitting surgical mask also offers protection. The fit of a surgical mask can be improved by layering a well-fitting non-surgical mask on top.

Use of N95 respirators can be extended to conserve PPE and decrease the chance of 'self-contamination' that can result from repeated touching of one's face to replace the mask. Staff may see multiple clients without changing their N95, regardless of client isolation status, unless it becomes damaged or contaminated. If the N95 respirator is visibly soiled or dirty, staff should perform hand hygiene, remove the N95, and put on a new N95 following the correct protocol for putting on and taking off a N95 respirator. For further information about the use of N95 respirators, see [COVID-19 Information Sheet For Staff: Use Of N95 Respirators In Homelessness Services Settings](#).

### **Can staff replace N95 respirators with KN95 respirators?**

The City has secured access to supplies of N95 to meet the occupational health and safety needs for PPE for homeless services staff working with confirmed or suspected COVID-19 cases in the context of Omicron. Under the City's occupational health and safety standards, KN95 respirators are not considered an appropriate substitute for N95 respirators.

### **What should we do if staff refuse to wear a N95 respirator mask?**

Staff are required to wear a N95 respirator mask in the situations and settings outlined in the [Directive on Mandatory Masks for Clients and Required Personal Protective Equipment for Staff](#). If staff who require a N95 respirator refuse to use one, a request for accommodation is required. Requests for accommodation must be assessed according to organizational procedures under the Ontario Human Rights Code.

### **Will N95 masks be given to people experiencing homelessness?**

On January 13, 2022, the City [announced](#) that more than 310,000 N95 masks will be provided for clients in the shelter system. All shelter sites are receiving deliveries of N95 masks to make available to shelter clients. The requirement is for shelter clients to wear a medical mask in indoor common areas of the shelter site, as per the [Directive on Mandatory Masks for Clients and Required Personal Protective Equipment for Staff](#). N95 masks are to be made available to clients if they wish to wear them. N95s are now recommended by many health experts to best protect against spread of the highly contagious Omicron variant. The City estimates the more than 310,000 N95 masks will be sufficient to provide all clients of the shelter system with N95 masks for at least the next 14 days.

SSHA will continue to explore options to expand access to PPE for clients, and follow all recommendations from public health.

The Government of Canada has shared information outlining [how to choose the best mask for community use](#).

### **Who should service providers contact for N95 respirator fit testing? Will SSHA support drop-in programs with fit testing for N95 respirators?**

In light of the recent provincial guidance N95 mask fit-testing is being made available by Ontario Health at no cost to community healthcare workers in Toronto, including frontline shelter and drop-in workers, who provide direct care to clients/patients with suspected, probable or confirmed cases of COVID.

Several options exist to support N95 mask fit testing for Toronto front-line health care workers:

- University Health Network (UHN) is offering appointments at 700 Bay Street beginning January 4, 2022 for eligible healthcare workers in the Toronto Region. Booking link: [https://maskfitbookings.ca/cN95\\_1.php](https://maskfitbookings.ca/cN95_1.php)
  - **Note:** Fit-testing will be conducted by appointment only. Drop-ins will not be accepted. Bookings will be monitored and where needed, additional dates and times will become available.
- OHT-based mask fit-testing, for eligible health care workers within the OHT:
  - East Toronto Health Partners:
    - Individual front-line staff <https://easttorontohealthpartners.as.me/mask-fit-testing>; or
    - Full-day session for staff in your own organization (25-35 staff must be available in order to book a full-day session) <https://ethp.ca/maskfittesting>
    - Downtown-East Toronto (DET) OHT: healthcare workers to receive a communication from the DET Family Physician Network with mask fit-testing options in the coming days.

- Direct bookings with mask fit-testing providers (at cost to your organization). Attached is a list of mask fit providers in Ontario (*see Appendix 4 below*).

UHN and OHT based mask fit testing has a limited capacity and is reserved for health care workers who need to continue serving clients with urgent and immediate needs. *CEOs/Executive Directors are responsible for validating mask fit-testing needs of their own staff.* Individuals will be asked to provide proof of employment (e.g. organizational ID Badge) upon arrival at testing locations. Booking links should only be shared with those who are eligible.

Alternatively, service providers are encouraged to seek out vendors in the marketplace. A list of N95 Respirator Fit-Test Service Providers in Ontario has been shared with the homeless sector.

If you need additional support to access fit testing for your program, please contact your Agency Review Officer.

### **What if a client refuses to wear a mask or refuses to follow public health and safety guidance (i.e. self-isolation)?**

Service providers are encouraged to continue to provide education, reminders and encouragement for clients to follow public health protocols, including physical distancing, wearing a medical mask when indoors in common areas, and complying with any requirements to self-isolate. Communicate the risks the client is posing to them self, other clients and staff at the current site, and the community. Where possible, use rapport and interpersonal skills to address/de-escalate conflict and issues of non-compliance. If required, escalate to Program Manager or Designate for guidance on next steps and resolution.

Clients should not be service restricted if they do not wear a medical mask or are not compliant with self-isolation requirements.

Resources are in development to support organizations in working with clients who refuse to wear a mask or follow other public health and safety guidance.

### **Rapid Antigen and PCR Testing**

#### **What is the difference between a Rapid Antigen Test and a PCR test?**

Rapid antigen testing (often referred to as a rapid test or RAT) detects protein fragments specific to the COVID-19 virus. PCR means polymerase chain reaction, and is a test to detect genetic material from a specific organism, such as a virus. The test detects the presence of a virus if you have the virus at the time of the test. The PCR test results must be confirmed by a lab, while the rapid antigen test provides a result immediately.

The Government of Ontario recently announced that positive results from a Rapid Antigen Test no longer need to be confirmed with a PCR test.

**Our staff are concerned that results for Rapid Antigen Tests are not accurate. Should the throat and nose be swabbed to get more accurate results?**

The Government of Ontario recently [announced](#) that positive results from a Rapid Antigen Test no longer need to be confirmed with a PCR test.

Where individuals are symptomatic, and receive a negative RAT result, a PCR test to confirm should be conducted. People experiencing homelessness and homeless service staff have been identified by provincial guidance as eligible for PCR testing.

To ensure that Rapid Antigen Test results are accurate, we recommend that staff follow the instructions provided by the manufacturer as closely as possible. If COVID-19 is suspected but a negative Rapid Antigen Test result is received, isolate, and conduct the test again 24-48 hours later.

**Will shelter and drop-in staff have access to PCR tests? Where can we send staff for PCR tests?**

On January 13, 2022, the Government of Ontario announced [updated information](#) for testing and isolation requirements. Publicly-funded PCR testing is currently available for:

- Symptomatic staff, volunteers, clients, essential care providers, and visitors in highest risk settings (including shelters and drop-ins)
- Symptomatic household members of workers in highest risk settings
- Symptomatic people who are underhoused or homeless
- Symptomatic/asymptomatic people from First Nation, Inuit, and Métis communities
- Symptomatic/asymptomatic close contacts and people in confirmed or suspected outbreaks as directed by the local public health unit

Staff who work in homelessness settings and people who are homeless are underhoused are eligible to access PCR testing. If staff or clients are having challenges accessing PCR testing at Assessment Centres, please contact your ARO or email [ssha.homeless@toronto.ca](mailto:ssha.homeless@toronto.ca) with details of the specific situation, so we can support resolution with our health partners.

Please refer to the [List of COVID-19 Testing Locations in Toronto](#) for more information on where to obtain PCR testing.

**What documentation should shelter and drop-in staff and clients carry to access PCR testing? What documentation should close contacts carry?**

Staff and clients who identify themselves as eligible for PCR testing are not required to present documentation to receive a test. Staff are encouraged to bring their work ID or a letter from their organization when getting a PCR test. Clients can also bring a

copy of the screening tool with them. Close contacts may bring a letter from the staff or client's service provider.

Staff and clients are encouraged to provide a TPH-issued outbreak number if available, in order to formally link the case to the outbreak, but an outbreak number is not required to get tested.

**Do clients need a positive PCR test for admission to the COVID-19 Isolation and Recovery program or can it be a positive result on a rapid antigen test?**

Yes, either a rapid antigen or PCR test result confirming that a client has tested positive for COVID-19 are sufficient for admission into the COVID-19 Isolation and Recovery program.

**Do new clients need to be tested for COVID-19 at intake?**

New clients are not required to be tested for COVID-19 at intake. If you have access to sufficient supplies of rapid antigen tests (e.g. through the [Provincial Antigen Screening Program](#)), you may choose to offer a Rapid Antigen test to new clients at intake.

**We are concerned about the supply of rapid antigen tests and the number of tests being used by staff members. Will sites need to re-order rapid antigen tests or will SSHA periodically re-supply?**

SSHA will regularly distribute Rapid Antigen Test kits for staff use. To manage supply, organizations should establish policies and procedures for rapid antigen test use. SSHA has provided all service providers with the [COVID-19 Information Sheet: Rapid Antigen Testing as a Screening Tool for Frontline Staff](#), with detailed information about the use of Rapid Antigen Tests by frontline staff in City-operated and City-funded shelters, as well as an Attestation Form to be used for staff receiving Rapid Antigen Tests. For a staff member working five shifts per week, 25 tests should last just over a month.

We also encourage organizations to register for rapid antigen tests through the Provincial program. Tests for client use can be obtained through the [Provincial Antigen Screening Program](#).

**How can we ensure staff are reporting the results of rapid antigen tests correctly and promptly?**

To ensure the most accurate results, staff should carefully review the instructions provided for the kits they are using and follow the manufacturer's instructions carefully. Resources for Panbio™ Rapid Antigen Test kits include Ontario Health's [How to test yourself with Panbio™ COVID-19 Rapid Antigen Screening Test At Home](#) document and Ontario Health's video on self-administration of a Rapid Antigen Test ([COVID-19 Antigen Rapid Test Training Video](#)).

Staff should complete the RAT before the start of their shift and leave enough time to report the results to their supervisor if results indicate they are unable to attend a



scheduled shift, adhering to the required length of time to report an absence specified by their organization or collective agreement(s). Self-administration of the test takes approximately five minutes and results are available within approximately 15 minutes.

After receiving their RAT results, staff should complete the daily [COVID-19 Staff and Visitor Screening Form for Homelessness Service Settings](#) which includes a question about RAT results, prior to each shift. Further information about RATs can be found in the [COVID-19 Information Sheet: Rapid Antigen Testing as a Screening Tool for Frontline Staff](#).

### **What should we do if a client refuses to be tested?**

Based on provincial guidance, anyone with symptoms should be assumed to have COVID-19, until they get tested (or if they refuse to get tested). Service providers are encouraged to continue to provide education and encouragement for clients to comply with public health protocols, including self-isolation, physical distancing, and mask requirements. It is advised that staff communicate the risks the client is posing to them self, other clients and staff at the current site, and the community. Where possible, use rapport and interpersonal skills to address/de-escalate conflict and issues of non-compliance. If required, escalate to Program Manager or Designate for guidance on next steps and resolution.

### **How should service providers report positive Rapid Antigen Test results?**

Staff with a positive RAT result must notify their direct supervisor as they normally would and adhere to all public health and safety measures (e.g., self-isolate at home). Service providers are required to notify Toronto Public Health if a staff member or client tests positive for COVID-19 through regular reporting processes including via [TPHshelters@toronto.ca](mailto:TPHshelters@toronto.ca).

If you are receiving Rapid Antigen Testing supplies from the province, please also follow the reporting requirements outlined on the Ministry of Health [Provincial Antigen Screening Program website](#).

## **Isolation**

### **How long is the isolation period for staff who have tested positive for COVID-19? When can staff return to work after testing positive for COVID-19?**

The general guidance is that individuals who work or live in high-risk settings return to work after 10 days from their last exposure OR symptom onset OR date of diagnosis.

The Province has released [COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings](#). Due to high community transmission, isolation requirements may lead to staffing shortages impacting patient/resident care in these highest-risk setting. Provincial guidance provides a risk prioritization framework provides to use when considering early return to work of staff, as mitigation to critical staffing shortages, which can be implemented without requiring

approval of the local public health unit. This replaces previous guidance provided by TPH.

### **How long is the isolation period for clients in congregate settings?**

The isolation period for everyone who is experiencing homelessness or is under-housed is 10 days from the onset of symptoms, or from the date they received a positive test result, regardless of vaccination status.

### **How can clients who are isolating access methadone or opioid agonist treatment (OAT) prescriptions?**

Clients who are isolating are still able to access methadone or opioid agonist treatment (OAT).

The Ontario College of Pharmacists and the Centre for Addiction and Mental Health (CAMH) provide [guidance<sup>1,2</sup> for pharmacists](#) in the context of COVID-19. [CAMH advises](#) that OAT may be picked up by an authorized, reliable agent of the client. Pharmacists are advised to follow these steps:

1. Document that patient is in isolation, including the start date, and document vaccination status to determine approximate end date
2. Speak to the patient directly (virtually) to confirm that the agent is authorized to pick up their dose and bring to them
3. Document that the patient will have doses handled by an authorized agent during period of self-isolation

If a MOVID team is on site, members of that team can work with pharmacies to facilitate access to these prescriptions.

## **Vaccinations**

### **Will there be a new definition of being 'fully' vaccinated to include having 3 doses of an approved COVID-19 vaccine?**

The Ministry of Health has not made changes to the definition of 'fully vaccinated'.

Vaccination continues to be an important strategy to reduce the transmission and severity of the Omicron variant. SSHA continues to work with TPH and vaccination partners to provide first, second and third dose COVID-19 vaccinations to staff and clients accessing homelessness services. We encourage everyone eligible to get their third dose of the vaccine as soon as possible.

### **Is the City considering mandating third COVID-19 vaccinations for City staff and City-funded organizations?**

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<sup>1</sup> <https://www.ocpinfo.com/regulations-standards/novel-coronavirus-covid-19-professionals/>

<sup>2</sup> <http://www.camh.ca/-/media/files/covid-19-modifications-to-opioid-agonist-treatment-delivery-pdf.pdf?la=en&hash=261C3637119447097629A014996C3C422AD5DB05>

The City implemented a mandatory vaccination policy in order to provide a safe working environment for all staff and to protect the community. At this point in time, no information has been shared about if the City will require a mandatory third dose of the COVID-19 vaccination.

Everyone eligible is encouraged to get their third dose of the vaccine as soon as possible, as getting the vaccine and its boosters helps us protect ourselves, our colleagues, our city and those who are too young to be vaccinated or have compromised immune systems.

**What percentage of the shelter system has received a third dose of a COVID-19 vaccine?**

As of January 14, more than 1,000 clients have received a third dose which is approximately 16% of eligible shelter residents.

**When will the third dose be available for youth experiencing homelessness?**

At this time, there is no information about when a third dose will be available for youth.

**Who can I contact to set up a vaccination clinic?**

Please contact Soha or Maiesha at the Toronto Shelter Network to schedule a vaccination clinic at your site. Email: [maiesharahman.tsn@gmail.com](mailto:maiesharahman.tsn@gmail.com)

Service providers can continue submitting requests to schedule a [mobile clinic online](#) or email Linda Godfrey [Linda.Godfrey@toronto.ca](mailto:Linda.Godfrey@toronto.ca) from TPH to book a one-time visit or recurring clinic. Alternatively, you can email [SSHAacovidvaccine@toronto.ca](mailto:SSHAacovidvaccine@toronto.ca) and SSHA will connect you with a team lead.

**Temporary Pandemic Wage Enhancement**

**Is this iteration of the pandemic wage enhancement being funded by the City or the province?**

The program is being developed by SSHA. The City has requested the federal and provincial government to provide funding for the ongoing COVID-19 response in 2022, which would include the costs of the pandemic wage enhancement. To date, ongoing federal and provincial funding beyond March 31 has not been confirmed.

**Will wage enhancements include the \$250 per month top up for staff who work over 100 hours a month, similar to the previous program?**

No, the Program will provide a \$4 per hour top-up to eligible direct-service workers in community agencies when working in an eligible workplace.

**Who is eligible for the pandemic wage enhancement program?**

To be eligible, a worker must be working (1) for an eligible agency, (2) in an eligible workplace, and (3) in an eligible position.

Eligible Agencies must:

1. Have an active funding agreement with SSHA;
  - a. This also includes third-party agencies/vendors that have an active contract to provide direct services for an agency that has an active funding agreement with SSHA;
2. Deliver direct, in-person services to clients; and,
3. Provide those services in an eligible workplace.

Eligible Workplaces include:

1. Emergency Shelter facilities that (i) are located in SSHA's geographic catchment area, (ii) provide temporary residence for people who are experiencing homelessness, and (iii) are funded by SSHA, including:
  - a. Emergency and homeless shelters;
  - b. Respite and drop-in centres;
  - c. Temporary shelter facilities, such as re-purposed community centres/arenas; and,
  - d. Hotels and motels used for self-isolation, physical distancing, and/or emergency shelter overflow;
2. Outdoor spaces where the worker is (i) working in SSHA's geographic catchment area, (ii) providing direct supports to people who are experiencing homelessness, and (iii) working for a program that is funded by SSHA.

Administrative buildings are not considered eligible workplaces. Remote work/work-from-home is not considered an eligible workplace.

Eligible Workers include:

- Direct-service positions:
  - Direct support workers;
  - Supervisors;
  - Outreach workers;
  - Clinical staff; and,
  - Nursing staff.
- Auxiliary positions which support direct-service care in an eligible workplace:
  - Housekeeping staff;
  - Security staff;
  - Administration staff;
  - Maintenance staff; and,
  - Food Service workers.
- Contracted employees who work in any of the above listed positions. It is the responsibility of the participating Agency to identify and provide funding to these eligible contracted employees.

If the employee does not meet all three criteria, they are not eligible for the program. As such, an employee may have some eligible hours and some non-eligible hours over the course of the program.

**Are City of Toronto staff considered eligible employees?**

At this point in time. City staff are not eligible for the temporary pandemic wage enhancement program.

**Are Supportive Housing residences considered eligible workplaces?**

No, only emergency shelter facilities and outdoor spaces are considered eligible workplaces, as described above.

**Is there an application process for the pandemic wage enhancement program?**

No, there is no application for the pandemic wage enhancement program. SSHA has connected directly with all potentially eligible agencies

**What is the process to receive funding? Will the funds have to be distributed to staff in lump-sum or by paycheck?**

The timelines for payments differ for each agency. Funding is sent through when all signed documentation is received by SSHA.

SSHA provides lump-sum funding to agencies. It is at the agency's discretion how they distribute the funding to staff. They may choose to provide a one-time payment or distribute funding over several paychecks. Agencies are required to include a separate line to specify that the funding is specific to pandemic pay.

**General**

**Can shelters in outbreak still accept new clients?**

Throughout the COVID-19 pandemic, Toronto Public Health has provided detailed guidance to the homelessness sector on the creation of effective isolation plans within congregate shelter settings to ensure shelter residents needing support have a place to safely isolate. Given the highly transmissible nature of the Omicron variant, health and public health experts have indicated that it is no longer possible or advisable to try to move all clients who may have been exposed to COVID-19. Current public health advice recommends that all shelter locations develop on-site (also known as in-situ) isolation plans to safely isolate people impacted by COVID-19, in accordance with the Ministry of Health guidelines for isolation and outbreaks in congregate living settings.

As outbreaks are identified, they are discussed closely with staff, service providers and Toronto Public Health to determine the best course of action regarding accepting new clients and to develop an outbreak management plan for the site. Sites experiencing an

outbreak will also have access to mobile support teams and virtual health assessments to support their in-situ isolation plans.

**Do agencies have to admit a client who has tested positive for COVID-19 before the intake was completed?**

For new clients who meet the [criteria](#) for referral to the COVID-19 Isolation and Recovery Program, a referral should be made.

**Is transportation still being provided for clients?**

Yes, transportation is available for clients experiencing homelessness using the referral form that is on the [Client Screening Tool for Homelessness Service Settings](#). Please refer to the [Instructions for Arranging Non-Emergency Transportation](#) and send this form as an email attachment (scan or .jpg) to [SSHACOVIDtransport@toronto.ca](mailto:SSHACOVIDtransport@toronto.ca) to arrange non-emergency transportation for people experiencing homelessness. Please title your email "REQUESTING NON-EMERGENCY TRANSPORTATION TO COVID-19 ASSESSMENT CENTRE."

**What guidance should employers follow when staff have been travelling in and outside of Canada?**

Service providers are encouraged to visit the [COVID-19: Travel, testing and borders - Travel.gc.ca](#) webpage if they have questions about federal screening and quarantine requirements for vaccinated and unvaccinated travelers arriving to Canada

**How long must a person be in the USA before they are considered as arriving from the USA? If a person takes a one day trip to the USA are they still required to follow the CSBA testing and quarantine requirements?**

According to the federal government, at this point, there is no time limit. Once an individual has crossed into the USA, they have left the country and the Order in Council measures apply. All persons entering Canada require a pre-departure test and are subject to quarantine requirements regardless of the length of trip to the US.