



IPAC Checklist for Preventing COVID-19 in Drop-In Settings

(Updated March 31, 2022)

Adapted from PHO's Checklist "COVID-19 Preparedness and Prevention in Congregate Living Settings"



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1. Getting Prepared

1.1 Contact information

Appropriate staff know how to contact key people such as:

- Key individuals within the facility
- Local public health unit
- Health care providers for your facility
- COVID-19 assessment centre

1.2 Resources and guidance documents

Appropriate resources and guidance have been reviewed:

- Ministry of Health
- Public Health Ontario
- Local public health unit
- COVID-19 Response Framework: Keeping Ontario Safe and Open

Prepare and make available a **safety plan** that describes the measures that have been or will be implemented to reduce the spread of COVID-19, including measures for:

- Screening
- Physical Distancing
- Masks
- PPE
- Hand Hygiene & Respiratory Etiquette
- Cleaning & Disinfecting
- Preventing & Controlling Crowding

The safety plan should be in writing, and must be made available for review, upon request. The safety plan should also be posted in a visible place for everyone entering the facility. See: [COVID-19 Safety Plan](#)

1.3 Response leads and outbreak management team identified

A planning and preparedness team has been identified that could include:

- A COVID-19 lead, administrators, managers, the environmental lead, an IPAC lead, health care staff (if applicable), and other appropriate staff members
- This team can become the outbreak response team and should include the local public health unit.



2. Staff and essential visitors

2.1 Universal Masking

- Create a universal mask policy for your agency as per the City of Toronto [bylaw](#) and [Reg. 364/20](#)
- Communicate universal mask policy to all staff, volunteers, visitors and participants
- Staff, visitors and participants should wear a well-fitted, high quality medical mask at all times
 - Participants should be provided with disposable medical/surgical masks that fit well to the face without gaping anywhere as much as possible (ideally, KN95 masks or N95 respirators)
 - If participants are unable to safely or properly wear an N95 type mask, ensure that a well-fitted medical/surgical mask is made available for use.
 - ***It is highly encouraged that staff wear an N95 respirator mask throughout their shift***
- Physical distancing should be maintained even when wearing a mask
- If physical distancing cannot be maintained continuously, staff and volunteers should wear both a mask and eye protection (eg: face shield or goggles)
- Ensure masks are properly used, cleaned/discarded
- Ensure masks are worn properly (covering the nose, mouth and chin)
- Ensure hands are sanitized before reaching into a box of masks
- Use alternative ways to provide services to those who are unable to wear a mask (eg: provide services at the beginning/end of day when fewer patrons are present, use protective barriers such as plexiglass, and maintain physical distancing when possible)
- Mitigate any possible physical and psychological injuries that may inadvertently be caused by wearing a mask (for example, interfering with the ability to see or communicate)

2.2 Stay home if ill

- Staff and visitors know that they should stay home if ill, even if they only have mild symptoms
- Staff should advise their manager of any illness that could be COVID-19
- Have a flexible sick policy so staff do not come to work when they are ill
- Essential visitors should advise their supervisor of any illness that could be COVID-19
- Ensure that all employees are aware of the income replacement and workplace-related benefits they are entitled to if they have to isolate due to symptoms of COVID-19, being tested for COVID-19, or being a close contact of someone with COVID-19
 - Up to three days of [paid infectious disease emergency leave](#) is also available for workers for reasons related to COVID-19, such as awaiting the results of a COVID-19 test, being sick or providing care for a family member, or getting vaccinated
 - They may also be eligible for [Canada Recovery Sickness Benefit \(CRSB\)](#)
- For information on travel restrictions and requirements for travellers, visit the [Government of Canada website](#)



2.3 Work at only one facility

To prevent the spread of COVID-19 from another workplace, whenever possible:

- Staff (including agency and temporary staff) and essential visitors should work at only one workplace site.
- Visitors should not visit other facilities if possible.

2.4 Tell a manager if there has been contact with COVID-19

- Prior to arriving at work, staff are told to inform their manager/supervisor, and essential visitors are told to inform their supervisor if they have been at another facility with COVID-19 cases or if they have been exposed to COVID-19

2.5 Alternative sources of staffing

- Alternative sources of staffing have been determined in case they are needed during an outbreak.

2.6 Contact Information

- Up to date contact information for all staff is available

2.7 Physical distancing is maintained (2 m apart)

- Stagger break times to ensure staff are able to physically distance when eating
 - Masks should be removed for the minimum amount of time required and should be worn even in break rooms when not eating or drinking.
 - Additionally, disposable face shields should be discarded prior to entering break spaces; reusable face shields should be appropriately cleaned, disinfected and safely stored prior to eating and drinking and not placed on surfaces where food and drink are also located.
 - [Prevent the Spread of COVID-19 in Lunchrooms and Breakrooms infographic](#)
- Consider implementing flexible work schedules to reduce the number of people in the setting at one time
- If possible, assign staff to groups that are physically separated in different areas or have rotating schedules so that groups do not mix at any time
- Assign workstations and equipment to a single user if possible, or limit the number of users
- Limit the number of people in attendance so that everyone can maintain at least two metres/six feet physical distancing at all times (this includes between staff members)
 - *Masks and physical barriers provide added layers of protection, but are not substitutes for physical distancing*
 - [Physical Distancing in the Workplace Infographic](#)
- Ensure staff and visitors follow [guidelines for safe elevator use](#)
- Maintain a one way flow



- Move furniture and use tape to mark the floor and keep seating as far apart as possible (or at least 2 m)
- Remove surplus furniture and supplies from rooms and walkways to allow ease of movement while maintaining physical distancing
- Move or tape off furniture in lunch rooms, meeting rooms, etc. so staff or participants cannot sit within 2m of each other
- Discussions take place only while at least 2 m apart
- Group meetings should not take place
- Consider cancelling or holding virtually in-person activities that are discretionary or for those at higher risk of COVID-19.
- Implement work from home wherever possible and appropriate work from home procedures.
- Use telephone or video conferencing when possible for meetings.
- Consider using an appointment or registration system for programs/ services that must be in-person.
- Ensure workstations and equipment in use are 2 m apart, or equipped with barriers/dividers that are adequate in height to ensure protection between clients and staff
- Limit the number of people onsite at one time to not exceed the prescribed capacity, and post signage that states the maximum capacity within each room/space
- The number of clients allowed in the space should be limited to the number that can maintain a physical distance of at least two metres/six feet
- Remind clients and staff to greet each other using non-physical gestures (e.g. wave or nod).
- Physical distancing should not compromise safety or supervision
- Limit entrances to reduce staff and participants entering at any given time
- Post physical distancing signs at all entrances and common areas
- Use visual markers (eg: tape on floor, pylons, signs) to remind people where to stand to keep 2m distance from others
- Consider [plexiglass or other impermeable barriers](#), for high frequency, short duration interactions.
- Do not allow members of the public to line up or congregate inside the facility unless they are: a) maintaining a physical distance of at least two metres from other groups of persons inside or outside the facility, and b) wearing a mask or face covering in a manner that covers their mouth, nose and chin, unless they are entitled to any exceptions.
- Do not allow members of the public to line up or congregate outside of the facility unless they are maintaining a physical distance of at least two metres from other groups of persons inside or outside the facility.
 - *Masks are recommended while waiting in line outdoors (especially if physical distancing is not being maintained consistently)*
- Prevent and control crowding. Actions to consider:
 - Assign a staff person to monitor and manage lines within and outside the drop-in
 - Assign a staff person to monitor capacity within the drop-in
 - Use barriers/structures
 - Designate entry and exit points



- Stagger arrivals, departures and breaks to reduce congestion at entrances and exits and in common areas
- Discourage people from gathering and loitering outside the drop-in
- Develop a plan of action if capacity is exceeded and/or crowds become uncontrollable
- ☐ If possible, consider an appointment/registration system for services that must be in person
- ☐ Instruct participants to wait outside until their scheduled appointment/program begins. Do not have clients wait in a waiting room.
- ☐ Offer in-person programming outdoors whenever possible.
 - If using a tent or canopy, at least two full sides must be open to the outdoors and not substantially blocked by any walls or other impermeable barriers.
 - Limit capacity under the tent/canopy to ensure physical distancing can be maintained.
 - Arrange tables and chairs to promote physical distancing.
 - Require masks or face coverings if physical distancing cannot be maintained.
- ☐ If multiple programs are provided onsite at the same time, stagger program activities, snack times, meals and washroom breaks to reduce contact between participants from different programs.
- ☐ Where possible, establish cohort groups consisting of the same clients and staff rather than mixing groups.
- ☐ Assign cohort groups a designated room/space.
- ☐ Incorporate and prioritize individual activities that encourage more space between participants so that physical distancing can be maintained.
- ☐ The provision of bussing or other transportation is not recommended at this time.
- ☐ Promote COVID-19 safety in vehicles
 - Ensure use of masks by drivers and passengers in all vehicles operating as part of a business or organization
 - Consider installing [plastic screens or plexiglass shields](#) as a physical barrier between the driver and passenger in the back seat. Ensure that these barriers do not create any new safety hazards such as visual obstructions for the driver.
 - Consider asking passengers to sit in the back seat to maintain physical distance.
 - Considering improving fresh air circulation using the vehicle climate control system and opening windows. Avoid the recirculated air option.
- ☐ Encourage staff who carpool to limit the number of passengers in their car, not to drive or ride if they are sick, and to follow public health [guidance for taxis and ride-share vehicles](#).
- ☐ Provide guidance to staff, volunteers and clients who commute via public transit or ride-share/taxi:
 - Wear a mask and open the windows, if possible.
 - Use elbow/arm to push buttons/open doors.
 - Sit in the back when using taxi and ride share.
 - Avoid travel during peak hours, if possible.
 - Avoid touching your face.
 - Do not use transit if you are sick or self-isolating.



2.8 Vaccine Recommendations

- Encourage staff, volunteers and participants who were born in 2016 or earlier to get two doses of the COVID-19 vaccine
- Encourage eligible individuals to get their third/booster dose of the COVID-19 vaccine
- Implement a workplace vaccination policy
 - For more information, review [COVID-19 Vaccine Information for Employers](#), including guidance on developing a workplace vaccination policy.
 - Also see TDIN's "SAMPLE VACCINE POLICY" document, found here: <https://www.tdin.ca/resource.php?id=724>
- Read and share information with staff [about the vaccine and where to get vaccinated](#).
- Post signs and share [COVID-19 vaccine resources](#), available in multiple languages, with staff, workers and patrons.
- Learn more about how [COVID-19 vaccines help make your workplace safer](#) .
 - For more info on the vaccines, how to set up a vaccine clinic at your drop-in, vaccine policies, vaccine clinics, etc., visit <https://www.tdin.ca/resource.php?id=724> and see "COVID-19 Vaccine Resources" document

3 [Screening and Monitoring](#)

3.1 Entry into the facility and active screening

- Limit entrances to reduce staff and client entering the setting at any given time
- If possible, designate an area outside, near the main entrance, as a screening station for in-person screening
- The screening area should be clearly identifiable as the screening station
- All entering are actively screened daily and before entering the facility using the list of symptoms and screening questions:
 - Staff/Volunteers
 - [COVID-19 Staff/Visitor Screening Tool](#) (SSHA)
 - [Provincial screening tool for workers and employees](#) – **most up-to-date**
 - Staff or visitors who do not pass this screening should not enter the facility
 - Participants – those who do not pass this screening should not enter the facility, and should be directed to a safe place to self-isolate and wait for transportation to an assessment centre
 - [Provincial screening tool for participants](#) – **most up-to-date**
 - [COVID-19 Client Screening Tool](#) (SSHA) – **for those experiencing homelessness**
 - [COVID-19 Active Screening Tool for Patrons](#) – additional screening tool from Toronto Public Health for Community Settings – **may be a better fit depending on the community you serve**
- Physical distancing should be maintained outdoors while waiting to enter the facility
- Use visual markers/cues as a guide for physical distancing



- Post signs in visible locations clearly explaining the screening process and conditions for entry
 - *Post [signs](#) at all entrances to the premises, in a conspicuous location visible to the public, that inform individuals on how to screen themselves for COVID-19 prior to entering the premises*
- Staff asking screening questions should be behind a barrier (i.e., Plexiglass) and wearing a mask. If a barrier is not available, the screener should wear a mask and eye protection (e.g. face shield) and stay 2 m from those entering facility
- Alcohol-based hand sanitizer is at entrance, and anyone entering the facility is advised to perform hand hygiene
 - *Clean hands frequently throughout the day by washing with soap and water or using ABHR (60-90% alcohol);*
 - *Wash hands with soap and water if hands are visibly dirty*
- Supplies needed for screening process are available (eg: cleaning and disinfecting wipes, hand sanitizer, PPE)
- Temperature checks are not required, nor recommended
- A mask is provided for any staff and participant who does not have one (*see “Guidance on the Use of PPE for Drop-Ins” document for mask recommendations, found here: <https://tdin.ca/resource.php?id=724>*)
- Medical masks are available for anyone with symptoms or isolating as a case/contact
- Medical masks*, eye protection, gowns and gloves are available for staff who need to provide direct care or service within 2 m of an ill person entering the facility
 - **The [interim recommendations by Public Health Ontario](#) (updated March 2022) states the recommended 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.*
 - *See [here](#) for interim recommendations by Public Health Ontario for PPE use when caring for suspect or confirmed COVID-19 cases.*
- Prior to arriving at work, staff should inform their manager/supervisor if they have been at another facility with COVID-19 cases or if they have been exposed to COVID-19
- Staff should report COVID-19 symptoms to their supervisor/manager and stay home if sick
- If staff become sick with COVID-19 symptoms while at work, advise them to go home immediately and self-isolate.
 - *Instruct them to call Telehealth at 1-866-797-0000, their health care provider or an Assessment Centre to get tested.*
- Ensure employees know who their workplace contact is (e.g., manager) in case they need to stay home/go home
- Homelessness service providers who **want to report an individual with suspected or confirmed COVID-19, or who have questions related to an individual with suspected or confirmed case of COVID-19**, can contact the TPH Shelters Intake Line at **416-338-1521** or



email TPHshelters@toronto.ca between the hours of 8 a.m. to 6 p.m. After-hours, please contact 311.

- ["What to do if an Employee has COVID-19"](#)
 - Helpful checklist from TPH
- [COVID-19 Guidance: Employers, Workplaces & Businesses](#)
 - Includes info on Reporting Workplace Outbreaks to TPH
- NEW** - [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#)
 - **SSHA recognizes drop-ins as high-risk settings, and therefore, TDIN recommends that drop-ins follow guidance for high-risk settings due to the nature of the work they do, and due to the vulnerable populations that drop-ins serve.**
 - Includes information on **who** must isolate and for **how long** (includes info for high-risk settings)
 - **Refer to Pages 20-21**
- NEW** - [COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings](#)
- ["COVID-19 Guidance: Workplace Outbreaks"](#)
- ["What to do if you have COVID-19"](#)
- ["What to do if you have COVID-19 Symptoms"](#)
- ["Caring for Someone with COVID-19"](#)
- ["What to do if you are a close contact of a person with COVID-19"](#)

3.2 A record of who is entering the facility

- Maintain attendance records for staff, volunteers, participants and visitors, including: full name, telephone number, email address, date and time at the agency. Information from clients is voluntary and can only be used for COVID-19 contact tracing, should the need arise
- Protect the personal information collected. Keep records for 30 days and then shred.
- Encourage staff and clients to download the COVID Alert app so they can be notified directly if they have been in close contact with someone who was contagious with COVID-19.

3.3 Passive screening (signage)

- Signs are posted (including at the entrance) advising everyone to tell a staff member if they have symptoms of COVID-19.
- Signage is posted explaining the screening process and conditions for entry
- Signage is translated into languages appropriate for residents

3.4 Ongoing monitoring

- Where able, participants are advised to inform staff if they feel unwell
- Staff/volunteers are asked about symptoms at the start and end of their shift or visit
- Staff/volunteers are self-monitoring for signs and symptoms during the day and understand to inform their supervisor if they begin to feel unwell



3.5

- Staff know to notify Toronto Public Health if:
 - Anyone tests positive for COVID-19, or
 - You are seeing more than the expected number of ill participants or staff

4 Testing

4.1 Plan for testing and care coordination

A plan is made for:

- How to test residents and staff if needed:
 - Consider on-site testing by health care providers, EMS, outreach services or COVID-19 assessment centre staff. If on-site testing is planned, ensure PPE is available
 - Consider off-site testing by health care providers, assessment centre or hospital
- How the facility will obtain test results
- How participants will be cared for

4.2 Rapid Antigen Testing

- Encourage all staff to use rapid antigen tests as an additional screening measure (only if they have already passed the screening questionnaire beforehand)
 - *Rapid antigen testing can be used for regular workplace screening of employees based on provincial eligibility.*
 - *Rapid testing does not replace other public health measures such as vaccination and masking, even if a person tests negative.*
- Refer to SSHA's Guidance on Rapid Antigen Testing, found [here](#)

5 PPE and Source Control

5.1 PPE Use in Drop-In Settings

- Please refer to "PPE Resources for Drop-Ins", found [here](#)

5.2 PPE supplies

- A plan is in place to ensure an adequate supply of medical masks, eye protection, gowns and gloves
- Have medical/surgical masks or face coverings available on-site for staff and clients at all times
- Have personal protective equipment (PPE) available on-site for staff, as appropriate.

5.3 Training

- Staff and volunteers are trained on how to properly use PPE (eg: donning and doffing PPE)
- Train staff on proper hand hygiene technique, respiratory etiquette, cleaning and disinfection



- Provide resources and training for participants and visitors on proper mask use (for example, how to wear and remove a mask), as well as on safe use and limitations of masks. For additional information, read [Ontario's COVID-19 face covering and mask guidance](#), Ministry of Labour, Training and Skills Development's [guidance on wearing masks in the workplace](#) and [PHO's website](#).

6 Infection Prevention and Control

6.1 Education and training is provided, and signs are posted about:

- Respiratory etiquette – coughing and sneezing into a tissue or into your elbow and sleeve, disposing the tissue as soon as possible in a lined, non-touch waste basket or garbage bin, followed by cleaning your hands
 - [COVID-19 Cover Your Cough Poster](#)
 - [Respiratory Etiquette Poster](#)
 - [COVID-19 Protect Yourself Poster](#)
- Frequently cleaning your hands:
 - When entering and before leaving the facility
 - Before and after touching surfaces or using common areas or equipment
 - Before eating
 - Before and after preparing food
 - Before putting on and before/after taking off a mask
 - When putting on and removing PPE
 - Before touching the face (including before smoking)
 - After using the bathroom
 - When dirty
 - [COVID-19 Hand Hygiene Poster](#)
- How to Clean Hands
- Physical distancing
 - [COVID-19 Physical Distancing Poster](#)
- COVID-19 symptoms
- PPE
- Toronto Mask Bylaw
 - [COVID-19 Masks Bylaw Poster](#)
 - [How to Wear a Mask](#)
- COVID-19 vaccine resources
- Participants are educated on:
 - Proper and frequent hand hygiene; how to clean their hands
 - Not to touch their face (eyes, nose and mouth with unclean hands)
 - Physical distancing
 - Respiratory etiquette
 - Appropriate use of mask



- Importance of not sharing items that come into contact with their mouth (eg: utensils, cigarettes/joints, drinks, drug use supplies)

6.2 Ensure adequate hand hygiene supplies

- Access to adequate supply of liquid hand soap, paper towels (or automatic hand dryers) and alcohol-based hand rub (60-90% alcohol)
 - If there are concerns that residents may drink the alcohol-based hand rub, consider alcohol-based foam products, wipes or locked wall-mounted units, staff carrying the alcohol-based hand rub or temporary sinks for hand washing
- There are tissues and no touch garbage cans available
- Glove use is not a substitute for proper hand hygiene.

6.3 Cleaning and disinfection

- Ensure there is enough time between programs or appointments to thoroughly clean and disinfect equipment and workspaces
- Clean work surfaces and equipment thoroughly with soap and water before disinfection
 - *Items and surfaces must be free from visible soil and other items that may interfere with the action of the disinfectant before the disinfectant is used, or else the item or surface will not be disinfected properly*
- Use disinfectants after cleaning, follow manufacturer's instructions
- Cleaning agents must be compatible with the disinfectant being used
- Cleaning agents with disinfectants and disinfectants should have a Drug-Identification Number (DIN) – this means it is approved by Health Canada
 - *The only products that don't have a DIN are bleach and alcohol-based disinfectants*
- Products must be compatible with the surface/equipment being cleaned
- Products must be safe for use for both staff and participants
- Products must be used, stored and prepared according to manufacturer's recommendations and product's safety data sheet (this will also tell you which PPE to use when using the product)
 - Consider what additional PPE is needed based on what is being cleaned. Refer to [Risk Algorithm to Guide PPE Use](#)
- Products remain on surfaces for the appropriate length of time (contact time) – read the label on the product to see how long the surface must remain wet for to properly be disinfected
- Check the expiry dates of products – don't use products past their expiry
- Appropriate cleaning and disinfecting products are used (be sure they are effective against the COVID-19 virus)
 - Refer to Health Canada's [list of hard surface disinfectants for use against COVID-19](#)
- Select a limited number of disinfectants to minimize training requirements and the risk of error



- ❑ Frequently touched surfaces are cleaned and disinfected at least twice daily and when visibly dirty (eg: door handles, light switches, faucets, etc.)
 - *If a high-touch item can't be disinfected frequently, like certain electronics, consider covering them with a new disposable plastic bag between each use*
- ❑ Low-touch surfaces (eg: floors, walls, windowsills) require less frequent cleaning, but must be cleaned immediately if they are visibly dirty or if there are bodily substances present
- ❑ Partitions (such as plexiglass barriers) must be treated as contaminated surfaces and should be cleaned regularly according to a set protocol. Partitions that are not touched should be cleaned daily, whereas portions of the partition that are touched (e.g., hands passing through and contacting a soft plastic flap) should be cleaned twice daily, or more frequently if visibly soiled, as with other high-touch surfaces.
 - *Many common disinfectants are known to damage acrylic or polycarbonate surfaces, causing them to crack or become cloudy. Proprietary cleaning solutions may not contain detergents or other ingredients sufficient to destroy SARS-CoV-2, the virus that causes COVID-19. When in doubt, the surface should be cleaned with mild soap and water. If microfiber or other reusable cloths are used to wash or dry the partition, these should be considered contaminated and should be laundered before re-use.*
- ❑ If equipment is being used on clients, it needs to be cleaned and disinfected between use
- ❑ Work from “clean to dirty”, “top to bottom” and “low-touch to high-touch”
 - *Start at one end or side and clean in one direction (from clean to dirty). Do not go back and forth between clean and dirty sections to avoid contaminating the cloth or wipe.*
- ❑ Washrooms, locker rooms, change rooms, showers or similar amenities made available to the public must be cleaned and disinfected as frequently as is necessary to maintain a sanitary condition.
 - Washrooms and showers should be cleaned and disinfected at least twice per day and when visibly dirty
 - If possible, clean and disinfect showers & washrooms in between each use
- ❑ Any equipment that is rented to, provided to or provided for the use of members of the public must be cleaned and disinfected as frequently as is necessary to maintain a sanitary condition.
- ❑ If using cleaning and disinfecting wipes:
 - Ensure the wipes don't dry out (be sure lids are kept closed) as dry wipes may transfer germs from one surface to another
 - Ensure surface remains wet for proper amount of time to be properly disinfected (contact time)
 - Not recommended for heavily soiled surfaces
 - Use a single-use wipe for each separate section or area and for each piece of equipment
 - Large surfaces – ensure that the wipe is saturated with the disinfectant; consider using a larger format wipe
 - Follow manufacturer's instructions for safe use, and for storing of wipes



- Ensure adequate supplies are on hand
- Ensure equipment and tools that might be shared are cleaned and disinfected regularly, including between users. If staff are separated into assigned groups, clean and disinfect shared spaces between rotating groups.
- Use clean cleaning equipment to avoid spreading germs around
- Don't "double dip" dirty cloths into cleaning and disinfecting solutions – use a fresh, clean cloth each time
- Change cloths and cleaning solution frequently. Change cloths when they are no longer saturated with disinfectant
- Damp cleaning methods (damp clean cloths and wet mops) are preferred over dry methods (dusting and sweeping). Damp methods of cleaning are less likely to distribute virus droplets into the air.
- Do not shake out cloths
- Contaminated disposable items (eg: mop heads, cloths) should be placed in a lined garbage bin before disposing of them with regular waste
- Do not mix cleaning products – could be dangerous
- Where possible, use ready for use, pre-mixed solutions – this is safer
- Products are available that perform cleaning and disinfection in one step, and these should be chosen where possible
- Do not refill or top-up bottles – risk of contamination
- Do not use spray or trigger bottles for cleaning products or disinfectants
- There is regular schedule for cleaning all surfaces that is posted on the wall:
 - Who will conduct cleaning and disinfection
 - Areas that require cleaning/disinfection
 - Products that will be used
 - How often cleaning/disinfection will be performed
- Maintain a log book for records
 - *Document the time that areas are cleaned*
- Shared equipment is cleaned and disinfected after use by each person (for electronic equipment, ensure that cleaning products will not damage the equipment)
- Shared items that are difficult to clean have been removed
- Ensure staff receive training on how to maintain a clean workplace during COVID-19, including:
 - Proper use of cleaning agents and disinfectants, including contact times
 - Safety precautions and requirements for use of masks and gloves
 - Ensuring adequate ventilation when using products
 - Thoroughly washing hands with soap and water immediately after cleaning
- Cleaning and disinfection instructions are discussed with any contracted cleaning company/agency at your site
- Review Public Health Ontario's fact sheet on [COVID-19 Cleaning and Disinfection for Public Settings Guidance Document](#)
- See additional resources that can be posted:



- [Cleaning & Disinfecting During COVID-19 Checklist for Businesses & Organizations](#)
- [Maintain a clean workplace during COVID-19 – Infographic](#)

6.4 Ventilation and Indoor Air Quality

- ❑ In general, ventilation with fresh air and filtration can improve indoor air quality and are layers of protection in a comprehensive COVID-19 strategy.
- ❑ To reduce the risk of COVID-19 transmission, outdoor activities are encouraged over indoor activities where possible.
- ❑ Indoor spaces should be as well ventilated as possible, through a combination of strategies: natural ventilation (e.g., by opening windows), local exhaust fans, or centrally by a heating, ventilation, and air conditioning (HVAC) system.
- ❑ Regularly check HVAC systems for proper function
 - *Consider consulting an HVAC specialist to determine if the HVAC system is suitable for the type of setting, type of activity, number of occupants, and the length of time the space is occupied*
 - *Consider installing ventilation system upgrades such as ultraviolet germicidal irradiation (UVGI), heat or energy recovery ventilation (HRV or ERV), or an air economizer. These upgrades should only be installed by HVAC professionals and the technology must be approved by Health Canada.*
 - *Consider upper-room ultraviolet disinfection, where safe and appropriate, installed and maintained by experts. Of particular use in high-risk areas such as shared bedrooms and dining areas.*
- ❑ Improve ventilation by increasing the introduction and circulation of outdoor air by maximizing the outdoor air ratio of the HVAC system settings, using the highest efficiency filters possible or by opening windows and doors.
- ❑ Avoid recirculating air
- ❑ Where provided, use the highest efficiency filters that are compatible with the HVAC system
 - *Consult an HVAC professional about installing the highest rated Minimum Efficiency Reporting Values (MERV) or High Efficiency Particulate Air (HEPA) filters compatible with your ventilation system(s). Adjust filter replacement schedules, if required, as new filters could require more frequent changes.*
 - *In consultation with an HVAC professional, ensure filters are well sealed without bypass, and clean or change your filters regularly per manufacturer's recommendations – this should be done within the specifications of your HVAC system*
- ❑ Increase air-exchanges if possible
 - *HVAC systems should achieve at least six air exchanges per hour in each room. Each air exchange should replace all the air in the room. This can be done using fresh air brought in from the outside. Or it can be done using a combination of fresh air from the outside and air that has passed through a high-quality filter. In the context of pandemic conditions, it is advisable to adjust the HVAC system in order to increase the ratio of outdoor air as much as possible, up to 100 percent, while maintaining thermal comfort in the room.*
 - *Where the room's air exchange rate is known, the air should change over three times between uses. Where the room's air exchange rate is not known, the room should be allowed to air out for at least two hours.*



- ❑ Keep areas near HVAC inlets and outlets clear [seating should be arranged away from areas with high airflow (i.e. not in front of air vents)]
- ❑ Facilities without HVAC systems should increase ventilation by opening windows and doors (only if this does not pose a risk to staff and participants)
- ❑ Rooms where ceiling fans are used should have an upward airflow rotation
- ❑ If portable fans are used, limit the blowing of air across people and surfaces by positioning them to provide an upward movement of air.
- ❑ Position fans to blow inside air to the exterior
- ❑ Operate humidification systems to maintain building air relative humidity between 30-50%. Airborne particles have been shown to be impacted by air humidity in the following ways:
 - Dry air causes respiratory droplets to decrease in size and stay suspended in the air longer; it also causes mucous membranes in the nose to dry out and be more permeable to viruses.
 - Humid air causes respiratory droplets to increase in size causing them to fall to the ground more rapidly.
 - Note: Humidifiers should be used with caution as increasing humidity too much can lead to condensation on surfaces, as well as inside walls and building areas where it cannot be seen. This can lead to mould growth and the proliferation of mites.
- ❑ Where ventilation is inadequate or mechanical ventilation does not exist, the use of portable air cleaners can help filter out aerosols. Expert consultation may be needed to assess and identify priority areas for improvement and improve ventilation and filtration to the extent possible given HVAC system characteristics.
- ❑ Using portable air cleaners in indoor spaces helps reduce virus particles in the air, especially when everyone is wearing a mask. Make sure that the air cleaner keeps running and does not blow directly at anyone. Proper filters should be used and changed regularly.
See more guidance on the use of air purifiers here:
 - [Use of Portable Air Cleaners and Transmission of COVID-19](#)
 - [Reducing transmission of respiratory illness in community spaces through improved indoor air quality](#)
 - City of Toronto: [COVID-19: Transmission, Aerosols and Ventilation](#)
 - [COVID-19: Guidance on indoor ventilation during the pandemic](#)
 - [Best practices for choosing portable air filters](#) from CBC Marketplace
- ❑ Spaces without HVAC Systems:
 - If possible and safe, open windows and doors in rooms without HVAC systems. If a room does not have ventilation (i.e. no windows or HVAC system), a portable air cleaner can be used. Portable fans, ceiling fans and single unit air conditioners help improve airflow, which is better than no ventilation at all. If a window air conditioner unit or fan is needed, make sure they do not blow directly toward anybody. When using a fan, it is important to put it near an open window or door to help bring outdoor air into the space.
- ❑ Avoid barriers that impact airflow and ventilation
 - Business operators who have installed physical barriers such as plexiglass must be sure that the barriers do not negatively impact airflow and ventilation. Physical barriers should only be used for businesses that have a high number of short interactions with high-risk contacts, such as at cash registers or checkout counters, and are not suited for settings with poor ventilation.



- ❑ Increase ventilation in washrooms and kitchens/break rooms by continuously running local exhaust fans
- ❑ Run ventilation systems continuously at maximum rate to minimize the accumulation of viruses in the air. Alternatively, run HVAC systems at maximum air exchanges setting for 2 hours before and after periods when the room or building is occupied.
- ❑ Some systems are designed to adjust ventilation according to occupation level such as demand-control ventilation (DCV) or variable air volume (VAV). Bypass or temporarily reprogram these systems to provide continuous maximum ventilation.
 - *More information on ventilation and indoor air quality provided by Dr. Jeffrey Siegel:*
 - [Reducing transmission of respiratory illness in community spaces through improved indoor air quality](#)
 - [Presentation by Dr. Jeffrey Siegal in March 2021](#) – Indoor Air Quality and COVID-19
 - [Slide Deck](#)
 - [Lunch & Learn: Improving indoor air quality for infection control in community spaces](#)
 - [Slide Deck](#)
 - Public Health Ontario Webinar: [PHO Rounds: COVID-19 and HVAC: A Practical Perspective](#)
 - *For further details and information on air quality and ventilation, please see the following resources **which may be updated more regularly**:*
 - Public Health Agency of Canada: [COVID-19: Guidance on indoor ventilation during the pandemic](#)
 - Public Health Agency of Canada: [At home: Using ventilation and filtration to reduce the risk of aerosol transmission of COVID-19](#)
 - Public Health Ontario: [Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#)
 - Canadian Centre for Occupation Health and Safety: [Tips: Indoor Ventilation: Guidance During The COVID-19 Pandemic](#)
 - City of Toronto: [COVID-19: Transmission, Aerosols and Ventilation](#) – **RECENTLY UPDATED (Feb 2, 2022)**
 - City of Toronto: [Shelter Design and Technical Guidelines](#) (see Section 6)
 - Guidance on [COVID-19 risk reduction in residential buildings](#) from the American Society of Heating, Refrigerating and Air-Conditioning Engineers;
 - [Indoor air quality fact sheets](#) from the Clean Air Crew
 - Guidance on [ventilation and COVID-19](#) from the Public Health Agency of Canada
 - Want to get started now? Dr. Siegel and Dr. Li have shared [five great things non-profits can do](#) with their year-end surpluses (or any time!) to improve air quality and reduce airborne transmission of COVID-19.
 - *Maintenance of physical distancing measures (> 2 metres) for the entire duration of exposure decreases the risk of transmission. However, **physical distancing of 2 metres does not eliminate the risk of transmission**, particularly in confined indoor and poorly ventilated spaces and during exercise, talking loudly, yelling or singing activities.*



- *Ventilation and filtration are important for overall indoor air quality as they help to dilute or reduce respiratory droplets and aerosols in a given space. However, they do not prevent transmission in close contact situations and need to be implemented as part of a comprehensive and layered strategy against COVID-19.*

6.5 Laundry

- Gloves and gown are to be worn when handling dirty laundry
- Handle laundry gently without shaking
- Clean hands with soap and water or alcohol-based hand sanitizer immediately after handling laundry
- Clean and disinfect the buttons and lid on the washing machine after use
- Regular laundry soap and hot water (60 – 90 °C) are used for laundering
- Dryers should be used as heat kills any viruses
- Wrap wet laundry in a dry sheet or towel before placing it in a laundry bag
- Be careful of sharps when collecting laundry
- Remove feces from laundry with a gloved hand and place feces into a toilet or garbage bag
- Label and use separate baskets or bags for clean and dirty laundry items. Laundry baskets or reusable bags must be sanitized between uses.
- Dirty laundry must be placed in a lined laundry bin for washing.
- Participants have their own clean towels, which are not shared
- Towels are washed after each use
- Keep clean laundry in a manner that prevents contamination
- Do not sort or pre-rinse soiled laundry in non-laundry facilities (eg: in a bathroom)
- Do not walk around with soiled linens
- Do not wash client laundry and environmental cleaning items in the same cycle

7. Activities and Meals

7.1 Common areas and activities

- All activities that require close contact are discontinued, including group in-person meetings
- Modify services to reduce the number of patrons present at the same time:
 - Consider cancelling or holding virtually in-person activities that are discretionary or for those at higher risk of COVID-19.
 - Provide services online or by phone whenever possible.
 - Offer mail, product or curbside delivery, and follow contact-less delivery practices.
- Consider using an appointment or registration system for programs/ services that must be in-person.
- Offer in-person programming outdoors whenever possible.
 - If using a tent or canopy, at least two full sides must be open to the outdoors and not substantially blocked by any walls or other impermeable barriers.
 - Limit capacity under the tent/canopy to ensure physical distancing can be maintained.
 - Arrange tables and chairs to promote physical distancing.
 - Require masks or face coverings if physical distancing cannot be maintained.



- Do not have clients wait in a waiting room. Ask clients to call when they arrive and wait outside.
- If multiple programs are provided onsite at the same time, stagger program activities, snack times, meals and washroom breaks to reduce contact between participants from different programs.
- Where possible, establish cohort groups consisting of the same clients and staff rather than mixing groups.
- Assign cohort groups a designated room/space.
- Incorporate and prioritize individual activities that encourage more space between participants so that physical distancing can be maintained.
- Schedules for using common areas are staggered
- Furniture is moved to support keeping 2 m distance apart and tape is used on the floor to indicate where furniture should stay
- Common areas are cleaned and disinfected at least twice daily
- Support activities that can be done with physical distancing
- Access to phones, computers, internet, television, video games or other activities, if available, is supported in a way that allows physical distancing
- Participants are encouraged to clean their hands before and after activities and using any equipment
- Shared equipment is cleaned and disinfected after use by each person (using products that are safe for electronic equipment).
- If phones are shared and cannot be appropriately disinfected between use, cover them with a new disposable plastic bag for each use.
- Offer activities that only use items that can be easily cleaned and disinfected or are single use and disposed of at the end of the day/program
- Minimize the sharing and frequency of touching objects, equipment, surfaces, and personal items
- Provide individualized, labelled bins for participant's supplies and items (eg: craft supplies)
- Shared items that cannot be cleaned such as puzzles, cards, and plush toys have been removed. New items should be used by only one participant.
- Remind participants (and staff) not to share items, including food, dishes, articles of clothing, ear buds, phones or other electronic devices, personal items such as combs or make-up, cigarettes, vapes, supplies, etc.

7.2 Meal Programs

Meal programs are permitted if they support the provision of food to individuals who are economically disadvantaged or otherwise vulnerable. Such meals programs are exempt from the indoor dining restrictions, however, precautions must be taken in addition to others mentioned in this document:

- Offer take-away options, as appropriate.
- Offer pre-packaged/assembled meals to reduce line-ups.
- Provide single-use dishes, cups and cutlery.



- Remove high-touch items such as water pitchers, salt shakers, etc., and provide single use packages/items, if possible.
- Discourage sharing of food and drinks.
- Have staff/volunteers serve participants while they remain seated, as appropriate, to reduce participants having to get up.
- Serve food while maintaining physical distancing
- Participants must maintain physical distancing while waiting in line inside and outside the facility. Masks must be worn while waiting in line inside and are recommended outside.
- Encourage participants to wash their hands or use 70-90% alcohol-based hand sanitizer, provided their hands are not visibly soiled, before entering the space and/or eating.
- Participants must be seated at least two metres/six feet apart from others they don't live with.
- Provide extra space for belongings, as required.
- Participants should remove their mask only while eating and drinking.
- Clean and sanitize surfaces, furniture and items after each use.
- See [Guidance for Food Service Premises](#) for more information.
- For guidance on food banks and donation safety, please see:
 - o [COVID-19 Guidance for Food Banks & Donation Centres](#)
 - o [COVID-19 Checklist for Safely Organizing a Donation Drive](#)
 - o [Guidance for Donation Drives](#)

7.3 Meals

- Mealtimes are staggered to support physical distancing. Clean and disinfect surfaces, such as tabletops and chairs, between each mealtime and user
- Use of kitchen for meal preparation are staggered. Kitchen is cleaned and disinfected between use as appropriate and at least twice daily and when dirty.
- Reinforce regular hand washing by staff who prepare food, and ensure they are well. Staff who develop symptoms should immediately stop preparing/serving food.
- Space between people standing in lines is increased by marking floors with tape every 2 m.
- Tables and chairs are as far apart as possible, at least 2 m apart, and chairs are set up so that residents are not directly facing each other. Every other seat is blocked off or removed.
- The floor is marked with the locations where the seats should stay.
- Shared items like salt and pepper shakers, ketchup, mustard and food containers (e.g., water pitchers, coffee and cream dispensers) are removed. Single use items are provided.
- Share food safety information from Toronto Public Health Food Safety website with those involved in food preparation and serving

7.4 Bathrooms

- Schedules for using common bathrooms for hygiene (such as washing, bathing, showering, teeth brushing and shaving) are staggered
- Bathrooms are cleaned and disinfected at least twice daily and when dirty
 - o See: [Bathroom Cleaning and Disinfection Checklist](#)



- ❑ Before cleaning:
 - Gather materials required
 - Perform hand hygiene and put on proper PPE
 - Refer to the product's Safety Data Sheet for PPE requirements
 - Also, consider what PPE is needed based on what is being cleaned. Refer to [Risk Algorithm to Guide PPE Use](#)
 - Example: when staff are cleaning the bathroom and there is a risk that clothing and/or forearms may become contaminated by splashes or sprays, they should wear a gown (eg: when cleaning the toilet, sink or shower). Gloves should also be worn when cleaning and disinfecting.
 - If wearing gown and gloves to clean an area that is considered contaminated (eg: bathroom), the gown and gloves need to be removed right after completing the task for which they were used for, before moving onto another task, to avoid contaminating clean areas. After removing PPE, perform hand hygiene right away. Refer to **"Guidance on the Use of PPE for Drop-Ins"** document on the TDIN website for how to safely remove PPE to avoid contaminating oneself: <https://www.tdin.ca/resource.php?id=724>
 - Remove soiled linen from floor, wipe up spills
- ❑ During cleaning:
 - Work from clean to dirty areas (eg: soap dispenser → sink → shower → toilet)
- ❑ After cleaning:
 - Change all waste bags
 - Remove PPE and perform hand hygiene
 - Replenish supplies (eg: toilet paper, paper towel, waste bags, soap, hand sanitizer) (**ensure gloves and gown have been removed and hand hygiene has been performed before touching clean supplies**)
 - Tools used for cleaning and disinfecting must be cleaned and dried between uses
 - Clean cleaning carts and carts used to transport waste daily

8 [Communications](#)

8.1 Keep people informed

- ❑ A plan has been created to keep staff and participants informed of steps being taken to prevent the spread of COVID-19 in the facility and they know how you will communicate with them during an outbreak

8.2 An outbreak communication plan has been developed

- ❑ A plan has been developed that includes:
 - Potential media spokesperson
 - Outlines who should be notified of an outbreak including:
 - Health care providers



- Nearby facilities that may share participants
- Who to contact for ill staff members
- Others such as board members, relevant Ministry officials, funders, placing agencies for child welfare, unions, staffing agencies

Additional Resources

Screening Tools

- [COVID-19 Staff and Visitor Screening Form for Homelessness Service Settings](#)
- [COVID-19 Client Screening Tool for Homelessness Service Settings](#)
- [COVID-19 Staff & Visitor Screening Visual Poster](#)
- [COVID-19 Client Screening Visual Poster](#)

Posters

- [COVID-19 Physical Distancing Poster](#)
- [COVID-19 How to Wash Your Hands Poster](#)
- [COVID-19 Hand Hygiene Poster](#)
- [COVID-19 Protect Yourself Poster](#)
- [COVID-19 Cover Your Cough Poster](#)
- [COVID-19 Masks Bylaw Poster](#)
- [How to Wear a Mask](#)
- [COVID-19 Maintaining Clean Workplaces Poster](#)
- [Putting on and Removing PPE Posters](#)
- [Putting on and Removing PPE Posters \(Detailed\)](#)
- [Respiratory Etiquette Poster](#)

Toronto Public Health Documents

- [COVID-19 Safety Plan](#)
- [Toronto Public Health COVID-19 Workplace Reporting Tool](#)
- [Community Non-Profit Services COVID-19 Prevention Checklist](#)
- [Toronto Public Health COVID-19 Guidance for Community Non-Profit Services](#)
- [COVID-19 Guidance for Adult Day Programs](#)
- [COVID-19 Prevention Checklist for Adult Day Programs](#)
- [COVID-19 Guidance for Food Banks & Donation Centres](#)
- [COVID-19 Checklist for Safely Organizing a Donation Drive](#)
- [Guidance for Employers on Preventing COVID-19 in the Workplace](#)
- [Guidance for Employers on Managing COVID-19 in the Workplace](#)
- [COVID-19 Vaccine Getting Started Checklist for Workplaces](#)
- [COVID-19 Vaccine Sample Message to Employees](#)



- [Reasons to Get Your Vaccine – Poster](#)
- [What People Experiencing Homelessness Need to Know About the COVID-19 Vaccine - Poster](#)
- [COVID-19: Transmission, Aerosols and Ventilation](#)
- [How to Maintain a Clean Workplace During COVID-19](#)
- [IPAC Training Modules](#) (very helpful for understanding risk assessment, use of PPE, cleaning and disinfecting, etc.)
- [Infection Prevention and Control Resources for Homelessness Service Settings](#)
- [Physical Distancing in Shelters and Respite](#) – good for seeing how tables and chairs should be set up

Public Health Ontario Documents

- [Risk Algorithm to Guide PPE Use](#)
- [How to Remove Gloves](#)
- [Putting on Full PPE](#) Video
- [Taking off Full PPE](#) Video
- [Putting on a Mask and Eye Protection](#) Video
- [Taking off a Mask and Eye Protection](#) Video
- [Taking off Flatfold N95 Respirator/KN95 Mask](#) Video
- [How to Wash Your Hands](#) Video
- [How to Use Hand Sanitizer](#) Video
- [Cleaning and Disinfection of Reusable Eye Protection](#)
- [IPAC Presentation – Screening, Physical Distancing, Cohorting and Environmental Cleaning](#)
- [COVID-19 Resources for Congregate Living Settings](#)
- [COVID-19 Cleaning and Disinfection for Public Settings Guidance Document](#)
- [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings](#)
- [HVAC Systems in Buildings and COVID-19](#)
- [Use of Portable Air Cleaners and Transmission of COVID-19](#)
- [COVID-19 FAQ for Congregate Living Settings](#)
- [PPE and Non-Medical Masks in Congregate Living Settings](#)

Other

- [Physical barriers for COVID-19 infection prevention and control in commercial settings](#)
- [Reducing transmission of respiratory illness in community spaces through improved indoor air quality](#)



References:

1. https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/05/covid-19-preparedness-prevention-congregate-living-settings.pdf?sc_lang=en
2. https://www.publichealthontario.ca/-/media/event-presentations/2020/webinar-ipac-for-extendors-session-2-dec-14.pdf?sc_lang=en
3. https://www.toronto.ca/wp-content/uploads/2020/06/965e-Guidance_Community-Non-Profit-Services.pdf
4. <https://www.toronto.ca/wp-content/uploads/2020/06/9678-Community-Services-Checklist.pdf>
5. <https://www.toronto.ca/home/covid-19/covid-19-reopening-recovery-rebuild/covid-19-reopening-guidelines-for-businesses-organizations/covid-19-guidance-employers-workplaces-businesses/>
6. Women's College – COVID-19 Check List for Managers/Directors at Shelters
7. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/cleaning-disinfecting-public-spaces.html>
8. https://www.publichealthontario.ca/-/media/documents/b/2018/bp-environmental-cleaning.pdf?sc_lang=en
9. <https://www.toronto.ca/community-people/community-partners/emergency-shelter-operators/training-modules/>
10. <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2020/10/factsheet-covid-19-environmental-cleaning-hcs.pdf>
11. <https://www.toronto.ca/home/covid-19/covid-19-reopening-recovery-rebuild/covid-19-reopening-guidelines-for-businesses-organizations/covid-19-guidance-employers-workplaces-businesses/?accordion=preventing-covid-19-in-the-workplace>
12. <https://www.toronto.ca/wp-content/uploads/2020/05/8fa9-ssha-covid-19-ppe-staff-info-sheet.pdf>
13. https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mgmt/management_cases_contacts.pdf
14. <https://www.ccohs.ca/covid19/indoor-ventilation/>
15. <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/guide-indoor-ventilation-covid-19-pandemic.html>



16. <http://www.shjn.ca/wp-content/uploads/2021/10/Winter-Plan-Final.pdf>
17. https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_congregate_living_guidance.pdf
18. <https://www.toronto.ca/wp-content/uploads/2020/10/8de9-COVID19-Transmission-Aerosols-Ventilation.pdf>
19. <https://www.ontario.ca/page/covid-19-guidance-congregate-living-settings-funded-and-licensed-ministry-children-community#section-2>
20. https://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_congregate_living_guidance.pdf
21. <https://www.publichealthontario.ca/-/media/documents/ncov/ltrh/2020/08/covid-19-fans-air-conditioning-ltrh.pdf?la=en>