

CANADIAN ASSOCIATION OF EMERGENCY PHYSICIANS

# COVID-19

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## COVID-19 and Persons Experiencing Homelessness or Vulnerable Housing

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Our personal and professional lives are increasingly disrupted by the COVID-19 pandemic. Specific groups within Canada are at heightened risk for spread of disease – including people experiencing homelessness or vulnerable housing.

Across Canada, over 200,000 people experience homelessness, with nearly 130,000 in emergency shelters.<sup>1</sup> Their situation presents unique challenges for controlling the spread of COVID-19:

- People residing in shelters are at an increased risk of transmission due to crowded conditions and lack of isolation facilities.
- Homeless or vulnerably housed people may no longer have access to safe shelters, drop-in facilities, and programs including those that maintain food security.
- Community transmission in the shelter system could result in rapid increases of COVID-19 cases that could overwhelm the capacity of the healthcare system, including emergency departments and intensive care units.

In order to reduce the risk to homeless or vulnerably-housed people, shelter staff, the general public, and the healthcare system, the following should be considered for persons experiencing homelessness who are [suspected or confirmed](#) to have COVID-19 infection<sup>2</sup> and are stable for discharge:

### Emergency Care Provider

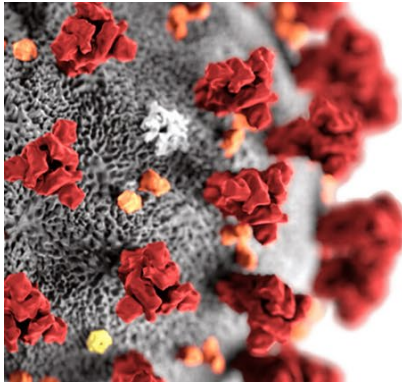
#### Testing

- Follow local guidance regarding testing of people in institutions, including shelters, long-term care and retirement residences. Guidelines may recommend a **lower threshold** to test given the individual and public health risks for people living in shelters.<sup>3</sup>

#### Discharge Dos<sup>4</sup>

Determine the patient's living and isolation conditions (screen for homelessness). A transitional support plan will be necessary for individuals using shelters:

- Contact the shelter** to determine if there is the capability to provide isolation.
- Involve other providers** early in the care process, where appropriate e.g., case worker, community outreach team, social worker, addictions services.



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- Ensure that you have working **contact information** for the individual or service provider / delegate, as appropriate.
- Contact the local public health unit for advice and follow-up when possible.
- Safe(r) transport** to destination: local services, including public health units, may pay for private transport or taxis.

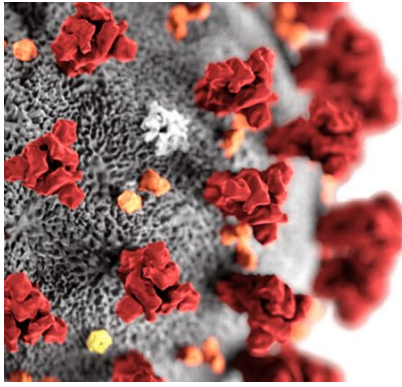
## Discharge Don'ts<sup>4</sup>

- Avoid** discharging persons experiencing homelessness who are suspected or confirmed to have COVID-19 infection<sup>2</sup> from hospital without a transitional support plan (above).
- Avoid discharging **after hours** when additional services or planning are needed – especially for isolation – to develop a safe management plan in the community. Unique procedures or supports are often needed.
- Do not** support decisions to leave against medical advice (LAMA). The 2020 Canadian [Clinical Guideline for Homeless and Vulnerably Housed People](#) can be applied to promote a safe and effective clinical encounter that addresses patient and health system needs.<sup>5</sup>

## Hospital, Public Health, and Health System<sup>3</sup>

1. Develop **clear protocols** to support clinicians in managing these high-risk situations.
2. Develop a comprehensive plan for the management of suspected and confirmed cases of COVID-19 amongst people experiencing homelessness. **Early coordination** between stakeholders, including emergency departments, governments, public health units, shelters, and community health providers is essential.
3. Stakeholders should communicate the need for special arrangements to isolate suspected and confirmed cases<sup>2</sup> who are experiencing homelessness to the responsible government authorities.
4. In partnership with local governments, develop **isolation facilities** for people experiencing homelessness, e.g., public buildings, motels etc. Allocate appropriate resources to maintain the health and safety of isolated individuals with higher needs e.g., support workers, nurses, physicians, addictions specialists.

These guidelines for an early response to the COVID-19 epidemic should be adapted to local conditions and evolving circumstances over time.



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3. Canadian Network for the Health and Housing of People Experiencing Homelessness (CNH3). Coronavirus COVID-19. Available from: <http://cnh3.ca/resources/>
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5. Pottie K, Kendall CE, Aubry T, et al. Clinical guideline for homeless and vulnerably housed people, and people with lived homelessness experience. Canadian Medical Association Journal. 2020;192(10):E240.