

Supplemental Document D1. Survey to assess the sites' satisfaction with MCAT and/or CSS and adoption of IPC practices after CSS involvement

**WOMEN'S COLLEGE HOSPITAL
COVID-19 COMMUNITY RESPONSE TEAM (CRT)
FOR TORONTO HOMELESS AND CONGREGATED LIVING SERVICES
Interviewer-Administered Survey**

INTERVIEWER NOTE – *SOME OF THESE QUESTIONS WERE COLLECTED FROM THE INTAKE FORM THAT WAS FILLED OUT WHEN WCH FIRST ENGAGED WITH THE SHELTER OR ORGANIZATION. PLEASE EXPLAIN TO DIRECTOR OR MANAGER: "As part of the hospital's ongoing commitment to COVID19 innovation through community partnerships, we are completing an evaluation piece on the work that the Community Response Team – which is specifically the Mobile COVID Assessment Team (or MCAT), the Community Support Squad (or CSS) and the Centre for Wise Practices – collaborated with your agency on earlier this year. Some of the information we are collecting in this evaluation has already been shared by your agency during earlier meetings and calls. As part of the evaluation we would like to review that information with you to make sure that we are responsibly reflecting what has been shared with us. We would also like to ask you some new questions. We feel that completing an evaluation and presenting what we learn in the form of a published paper in a research journal allows the story of how women's college hospital partnered with the community to be told for others to learn.*

I am hoping to spend 20 minutes on the phone with you to confirm some of the information that I found in the intake forms as well as ask you some satisfaction questions. Would that be OK with you? It is important for you to be OK with providing us with the information. It is also important that you feel comfortable with us summarizing the information as it is partly your story. We acknowledge that under OCAP, you own your story. We can also get started and you can let me know at the end if you are OK with it.

If and when we publish the evaluation piece, the names of organizations won't be used for confidentiality, but your words may be included – we would love to hear what you have to say."

INTERVIEWER NOTE – *THIS SCRIPT CAN BE EDITED slightly TO WHAT YOU FEEL IS MOST APPROPRIATE. PROCEED THROUGH THE QUESTIONS AS NATURALLY AS POSSIBLE.*

A. FACILITY ID (I.E., F1 FOR FACILITY 1, F2 FOR FACILITY 2, ETC.): _____

1. **NAME OF FACILITY:** _____
2. **DATE OF REFERRAL (DD/MM/YY):** _____
3. **TYPE OF FACILITY:**
 - SHELTER;
 - ROOMING HOUSE;
 - TRANSITIONAL HOUSING;
 - SINGLE ROOM OCCUPANCY;
 - GROUP HOME;
 - DROP IN CENTRE;
 - OTHER – SPECIFY: _____
4. **SPECIAL CHARACTERISTICS OF FACILITY:**
 - INDIGENOUS;
 - WOMEN;
 - REFUGEE;
 - LOW BARRIER (ACCEPTS CLIENTS THAT MOST OTHER FACILITIES DON'T);
 - OTHER – SPECIFY: _____
5. **DATE NEEDS ASSESSMENT DONE (DD/MM/YY):** _____

6. **WCH EXPANDED COVID19 MOBILE SUPPORT VIRTUAL NEEDS ASSESSMENT TOOL QUESTIONS (INTERVIEWER NOTE – THESE TO BE ANSWERED BASED ON ANSWERS AT TIME OF NEEDS ASSESSMENT)**

- a. NUMBER OF RESIDENTS (TOTAL N) _____
 - b. CAPACITY PRIOR TO COVID-19 (N): _____
 - c. CURRENT CAPACITY SINCE COVID-19 (N) _____
 - d. NUMBER OF STAFF PRIOR TO COVID-19 (TOTAL N) _____
 - e. NUMBER OF STAFF SINCE TO COVID-19 (TOTAL N) _____
 - f. DO RESIDENTS SHARE ROOMS?
 - YES
 - NO
 - g. DO RESIDENTS HAVE INDIVIDUAL ROOMS?
 - YES
 - NO
 - h. DID YOU HAVE ANY IPAC POLICIES/PROCEDURES DOCUMENTS PRIOR TO COVID-19?
 - YES
 - NO
 - i. DID YOU HAVE ANY CHANGES TO IPAC POLICIES/PROCEDURES DOCUMENTS SINCE COVID-19?
 - YES; IF YES, DETAILS: _____
 - NO
 - j. DID YOU HAVE ANY CHANGES TO IPAC POLICIES/PROCEDURES DOCUMENTS SINCE COVID-19?
 - YES; IF YES, DETAILS: _____
 - NO
 - k. DOES THE ORGANIZATION HAVE HAND SANITIZER, SOAP, TISSUES, LINED GARBAGE CANS, AND NO TOUCH GARBAGE CANS?
 - YES
 - NO
 - l. DO YOU HAVE ADEQUATE SUPPLIES OF PPE?
 - YES
 - NO
7. **DECISION BASED ON ASSESSMENT (IF MCAT DEPLOYED FILL OUT SECTIONS B TO E; IF CSSQAD ONLY, SKIP TO SECTION F ONWARD):**
- ASSIGNED TO MCAT;
 - ASSIGNED TO CSSQAD;
 - OTHER – SPECIFY: _____

B. MOBILE COVID-19 ASSESSMENT TEAM QUESTIONS

- 1. TESTING VISIT DATE (DD/MM/YY): _____
- 2. ON SITE TESTING LOCATION (E.G, FOYER, CAFETERIA, OUTDOORS, Etc.): _____
- 3. NUMBER OF TOTAL SWABS CONDUCTED ON CLIENTS/RESIDENTS: _____

4. NUMBER OF SWABS CONDUCTED ON STAFF: _____
5. NUMBER OF CLIENTS/RESIDENTS WHO MISSED SWABS: _____
6. NUMBER OF STAFF WHO MISSED SWABS: _____

C. IMMEDIATE POST-TEST INFORMATION

1. NUMBER OF CLIENTS/RESIDENTS WITH POSITIVE SWABS : _____
2. NUMBER OF STAFF WITH POSITIVE SWABS: _____

D. POST-TEST INFORMATION IF THERE WAS A POSITIVE TEST/OUTBREAK

1. NUMBER OF CLOSE CONTACTS IDENTIFIED: _____

E. MCAT EVALUATION

1. ACQUIRED INFORMED CONSENT FROM ORGANIZATION TO PRESENT MINIMAL INFORMATION REGARDING THEIR FACILITY IN AGGREGATE (EXPLAINED THAT NO FACILITY NAMES WILL BE USED)
 - a. YES
 - b. NO
2. HOW PLEASED WAS YOUR ORGANIZATION WITH MCAT'S SERVICE?
 - a. NOT VERY PLEASED
 - b. NOT PLEASED
 - c. NEUTRAL
 - d. PLEASED
 - e. VERY PLEASED
3. WE WOULD RECOMMEND MCAT SERVICES TO ANOTHER ORGAIZATION OR FACILITY
 - a. STRONGLY AGREE
 - b. AGREE
 - c. NEUTRAL
 - d. DISAGREE
 - e. STRONGLY DISAGREE
4. THE INTERACTION AND SERVICES PROVIDED MCAT MET OUR NEEDS
 - a. STRONGLY AGREE
 - b. AGREE
 - c. NEUTRAL
 - d. DISAGREE
 - e. STRONGLY DISAGREE

INTERVIEWER NOTE – PLEASE SAY: “Do you want to share any about the experience of working with MCAT in words?” DOCUMENT & WRITE DOWN

F. COMMUNITY SUPPORT SQUAD INFORMATION ENTRY QUESTIONS

1. DATE OF REFERRAL TO CSSQUAD (DD/MM/YY): _____
2. DATE OF VIRTUAL CSSQUAD INTAKE ASSESSMENT DONE (DD/MM/YY): _____
3. WHAT CSSQUAD ACTIVITIES/MATERIALS WERE THE FACILITY INTERESTED IN:
 - STAFF EDUCATION ON COVID-19 & IPAC PRINCIPLES
 - RESIDENT/CLIENT EDUCATION ON COVID-19 & PREVENTION PRINCIPLES
 - QUICK IPAC PRINCIPLES DOCUMENT
 - DOCUMENT ON HOW TO HANDLE SOMEONE WHO SCREENS POSITIVE
 - ANSWERING QUESTIONS RELATED TO IPAC AND COVID-19 IN CONGREGATE LIVING SETTINGS VIA EMAIL AND/OR PHONE

- SHELTER TIPS FOR TRANSFER TO THE WCH COVID-19 ASSESSMENT CENTRE
 - SHELTER LETTER FOR TRANSFER TO THE WCH COVID-19 ASSESSMENT CENTRE
 - CSSQUAD FLYER WHICH NOTES TO CALL OR EMAIL TPH IF THEY HAVE A POSITIVE CASE
 - LINKS TO OTHER RESOURCES
 - SIGNAGE/POSTERS
 - WELLNESS RESOURCES
 - OTHER; SPECIFY: _____
 - OTHER; SPECIFY: _____
4. **WAS A STAFF EDUCATION PRESENTATION DONE:**
- YES;
 - NO;
5. **IF YES; HOW WAS IT CONDUCTED (TICK ALL THAT APPLY):**
- BY ZOOM: 1) YES; 2) NO – DETAILS: _____;
 - IN PERSON: 1) YES; 2) NO – DETAILS: _____;
 - OTHER DETAILS: _____
6. **DATE DONE (DD/MM/YY):** _____
7. **WAS A RESIDENT EDUCATION PRESENTATION DONE:**
- YES;
 - NO;
8. **IF YES; HOW WAS IT CONDUCTED (TICK ALL THAT APPLY):**
- BY ZOOM: 1) YES; 2) NO – DETAILS: _____;
 - IN PERSON: 1) YES; 2) NO – DETAILS: _____
 - OTHER DETAILS: _____
9. **DATE DONE (DD/MM/YY):** _____
10. **NUMBER OF PEOPLE IN ATTENDANCE:**
- RESIDENTS: _____;
 - STAFF: _____
11. **WERE CCSQUAD MATERIALS SENT TO CONTACT:**
- YES;
 - NO;
12. **DATE SENT (DD/MM/YY):** _____
13. **WHICH CSSQUAD MATERIALS:**
- QUICK GUIDE ON WHAT TO DO IF CLIENT SCREENS POSITIVE
 - QUICK IPAC PRINCIPLES DOCUMENT
 - SHELTER TIPS FOR TRANSFER TO THE WCH COVID-19 ASSESSMENT CENTRE
 - SHELTER LETTER FOR TRANSFER TO THE WCH COVID-19 ASSESSMENT CENTRE
 - CSSQUAD FLYER WHICH NOTES HOW TO CALL OR EMAIL TPH IF THEY HAVE A POSITIVE CASE
 - GOOGLEDRIVELINK – POSTERS/SIGNAGE, TPH FACT SHEET, TPH & MOH DOCUMENTS, CSS DOCUMENTS
 - PRESENTATION
 - OTHER; SPECIFY: _____
14. **WERE OTHER MATERIALS SENT TO CONTACT:**
- YES; DETAILS: _____
 - NO;
15. **WERE OTHER SERVICES PROVIDED:**

- YES; DETAILS: _____
- NO;

16. **IF YES, WHICH RESOURCES?**

- WELLNESS RESOURCES; DETAILS: _____
- OTHER; SPECIFY: _____

G. CSSQUAD EVALUATION

1. **ACQUIRED INFORMED CONSENT FROM ORGANIZATION TO PRESENT MINIMAL INFORMATION REGARDING THEIR FACILITY IN AGGREGATE (EXPLAINED THAT NO FACILITY NAMES WILL BE USED)**
 - YES
 - NO

2. **HOW PLEASED WAS YOUR ORGANIZATION WITH CSSQUAD'S SERVICES?**
 - NOT VERY PLEASED
 - NOT PLEASED
 - NEUTRAL
 - PLEASED
 - VERY PLEASE

3. **WE WOULD RECOMMEND CSSQUAD SERVICES TO ANOTHER ORGAIZATION OR FACILITY**
 - STRONGLY AGREE
 - AGREE
 - NEUTRAL
 - DISAGREE
 - STRONGLY DISAGREE

4. **THE INTERACTION AND SERVICES PROVIDED CSSQUAD MET OUR NEEDS**
 - STRONGLY AGREE
 - AGREE
 - NEUTRAL
 - DISAGREE
 - STRONGLY DISAGREE

5. **HOW MANY PRACTICES HAVE YOU CHANGED BASED ON THE TRAINING AND/OR INTERACTION WITH THE CSSQUAD?**
 - 0
 - 1
 - 2
 - > 2

INTERVIEWER NOTE – PLEASE SAY: “Do you want to share any about the experience of working with CSSquad in words?” DOCUMENT & WRITE DOWN

Supplemental Table S1. Detailed information for each shelter, congregate living setting, and supporting organization supported by the COVID-19 Community Response Team

ID	Type	Specialty Characteristic	Capacity prior to COVID-19	Current Capacity	MCAT (y vs. n)	Total COVID-19 swabs by MCAT	No. of positive swabs	CSS services provided (y v. n)	Staff training (y vs. n) Virtual (V), In-person (I), Both (B)	CSS staff training (y vs. n)	CSS materials sent (y vs. n)
F1	Shelter	N/A	32	25	Y	44	1	Y	Y B	N	Y
F2	Shelter	Women; Low barrier; Other (Pet-friendly; harm reduction)	55	45	Y	25 & 45	0 & 0	Y	Y V	N	Y
F3	Other (Supportive Housing)	Low Barrier	88	88	Y	62	0	Y	N	N	Y
F4	Shelter; Other (Respite)	Women	30	20	Y	14 & 15	0 & 0	Y	Y V	N	Y
F5	Shelter; Other (Mixed Housing)	Women	140+	72	Y	37	0	Y	Y V	N	Y
F6	Shelter	Other (Violence against women)	24	15	Y	21	0	Y	Y V	N	Y
F7	Shelter	Other (Violence against women)	9 rooms	6 rooms	N	-*	-	Y	Y V	Y	Y
F8	Other (Supportive Housing/Mixed Housing)	Women	300	300	N	N/A	N/A	Y	Y V	N	Y
F9	Rooming House	Other (High needs individuals)	30	25	Y	30	0	Y	Y I	N	Y
F10	Shelter	Women	103	80	Y	64	15	Y	Y V	N	Y
F11	Shelter	Low Barrier	60	80	Y	80	0	Y	N	N	Y

F13	Other (Drop-In)	N/A	N/A	N/A	N	N/A	N/A	Y	Y B	N/A	N
F14	Shelter	Other (Respite)	50	25	Y	59	1	N	N/A	N/A	N/A
F15	Shelter	Refugee	-	-	Y	101	26	N	N/A	N/A	N/A
F16	Other (Recovery site)	N/A	0	0	Y	39	0	N	N/A	N/A	N/A
F17	Shelter	Other (Intake)	40	31	Y	35	0	Y	Y I	N	Y
F18	Shelter	Other (Men; Long-term stay)	72	36	Y	35	1	Y	Y V	N	Y
F19	Shelter	Other (Co-ed; Couples)	275	150	Y	141 & 67	15 & 0	N	N/A	N/A	N/A
F20	Shelter	Women; Other (Pet-friendly)	122 +10	55	Y	49	0	N	N/A	N/A	N/A
F21	Shelter	Other (Men; Satellite site for physical distancing)	NA	62	Y	38	1	N	N/A	N/A	N/A
F22	Shelter	Refugee; Other (Men; Families)	18	13	Y	21	0	N	N/A	N/A	N/A
F23	Shelter	Other (Men)	105	61	Y	46	0	N	N/A	N/A	N/A
F24	Shelter	Women	7	7	Y	7	0	N	N/A	N/A	N/A
F25	Shelter; Other (Satellite for physical distancing)	Women	70	72	Y	33	0	N	N/A	N/A	N/A
F26	Shelter	Refugee	-	-	Y	153	1	N	N/A	N/A	N/A
F27	Other (Support service team)	Women	N/A	N/A	N	-	-	Y	Y V	N	Y
F28	Shelter	Women	40	26	Y	27	0	N	N/A	N/A	N/A
F29	Shelter	Refugee	74	35-40	Y	50	0	N	N/A	N/A	N/A
F30	Shelter	Other	82	36	Y	36	1	N	N/A	N/A	N/A
F31	Shelter	Other	42	18	Y	23	0	N	N/A	N/A	N/A
F32	Shelter; Other	Other	0	42	Y	44	0	N	N/A	N/A	N/A
F34	Shelter	Other	100	50	Y	32	1	N	N/A	N/A	N/A

MCAT, Mobile COVID-19 Assessment Team; CSS, Community Support Squad. *Dash (-) indicates missing data

Appendix 1, as supplied by authors. Appendix to: Loutfy M, Kennedy VL, Riazi S, et al. Development and assessment of a hospital-led, community-partnering COVID-19 testing and prevention program for homeless and congregate living services in Toronto, Canada: a descriptive feasibility study. *CMAJ Open* 2022. DOI:10.9778/cmajo.20210105. Copyright © 2022 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at cmajgroup@cmaj.ca.