# Guidelines for Outreach Ministries Offering Indoor Food Services

There are two models to consider when offering indoor services:

* Model A: People come into the space, pick up food, perhaps have access to washrooms, but leave fairly quickly. This is not very good for community-building, but is an efficient way to deliver much-needed food, and hygiene breaks, for a larger number of people.
* Model B: People come into the space and stay for some period of time, with food, coffee, washroom access and a chance to socialize, perhaps Wi-Fi access and/or sleeping opportunities. This is the most difficult model to implement safely, and will impose limits on numbers, but can meet a wider range of needs.

In either case, please consider the following issues before offering an indoor food service as part of your outreach ministry. Parishes considering Model B should be aware of the additional considerations involved, which will be highlighted in each section.

## Space capacity

Consider the capacity of your available space, if everyone is keeping a distance of at least 6 feet. What is your usual number of guests? If the usual number significantly exceeds capacity, can you expand into other spaces, or do you have a plan for limiting occupancy while continuing to deliver services (i.e. making the space available for shifts of 1-2 hours each?) This is a particular consideration for Model B; Model A can accommodate larger numbers, as people move through more quickly. Some programmes have limited their indoor services only to those who are homeless, rather than underhoused/food-insecure; others have been able to expand into larger spaces.

If planning to implement Model B, consider what you will do if you need to turn people away because of space limitations. If your space is too small, this may not be the best outreach model for your parish.

Design the space for efficient traffic flow to avoid people crowding together (i.e. while being served). If possible, designate a separate exit, to avoid guests passing each other coming and going.

Consider how to serve food/drink in a way that preserves physical distancing and reduces congestion.

Especially for Model B: Can you remove unnecessary furniture, and position the furniture you have in such a way as to preserve physical distancing while people are occupying the space?

## Ventilation

Ensure that you have as much natural ventilation as possible (open doors/windows, cross-flow of air and high ceilings are all helpful) even if this means that the space is not as warm. Ventilation is extremely important in preventing infection. If your space cannot be well- ventilated naturally, you may need to reconsider moving indoors.

You may wish to purchase portable air purifiers designed for large rooms; or, if your parish has financial resources and a relatively modern HVAC system, you may be able to upgrade the whole system with HEPA filters. (This is not likely to be practical for most parishes).

The American Society of Heating and Air-Conditioning Engineers (ASHRAE) has published guidelines for the control of airborne infectious aerosol exposures and recommendations for communities of faith building. These are excellent guidelines that offer a clear approach to reducing the risk of infectious exposure for building occupants.

[https://www.ashrae.org/about/news/2021/ashrae-epidemic-task-force-releases-core-recommendations-for-reducing-airborne-infectious-aerosol-exposure-and-communities-of-faith-building-guidance](https://linkprotect.cudasvc.com/url?a=https%3A%2F%2Fwww.ashrae.org%2Fabout%2Fnews%2F2021%2Fashrae-epidemic-task-force-releases-core-recommendations-for-reducing-airborne-infectious-aerosol-exposure-and-communities-of-faith-building-guidance&c=E,1,HNJeERUY6O_IcuyTv-wvdtgxvKoONIcNRgViOCHwvqOvwtnxJLwxsV4pXlY3tzS4aX9rVClJ6pir5gakz-c2RJOe8NrEKvLOd4ah1NK5I88qmXmvMhQ8_Q,,&typo=1)

For additional guidance, please see the “Ventilation Fact Sheet” on the COVID-19 Updates page.

## Vaccination Policy

In accordance with Diocesan policy and best practices for the sector, ALL staff and volunteers MUST have received at least two doses of a COVID-19 vaccine approved by Health Canada, and proof of vaccination must have been shown to the churchwarden of the relevant parish.

## Masks and other PPE

Staff and volunteers should wear high-quality masks at all times. We recommend ASTM Level 2 or 3 surgical masks, or ideally N95 or genuine KN95 respirator masks (be aware that fake KN95s are in wide circulation; the Red Cross is a reliable source). Masks should be adjusted to fit snugly around the nose and mouth without gaping.

In the city of Toronto, as well as in some other municipalities, church buildings are covered by municipal mask by-laws, even when offering programming for the homeless, which means that we are legally required to develop a mask policy. This policy should be communicated to all staff and volunteers, and include the posting of signage at all entrances, as well as how to deal with people who claim exemptions from wearing a mask. Education around the need for masks, and how to wear them appropriately, may be needed.

Make sure that you have a sufficient supply of masks to distribute at the door, for those guests who arrive without them. You should expect that many guests will not have masks when they arrive.

Volunteers may wear gowns if very close contact with others is anticipated – for instance, designated first aid or crisis responders may wear gowns. Staff and volunteers with regular close contact may also wish to wear face shields or goggles in addition to masks, but face shields CANNOT be used as a substitute for masks.

## During Operation

Clean/disinfect the space before the program begins as well as between any shifts or sittings.

Have physical markers and/or staff/volunteer to maintain physical distancing in the line-up both outside and inside the space.

Have a greeter/screener immediately outside or inside the doorway. The greeter/screener should offer hand sanitizer and also ask screening questions (at least informally) of the guests. *(Please see previous screening questionnaire for Outreach Red Stage Guidelines)*

The greeter/screener will also need to control entry so that people come in one at a time, and so that there is not a concentration of people at food serving points or elsewhere.

If a guest appears to be symptomatic for COVID-19, a volunteer or staff person will need to have a conversation with that guest about going for medical attention/testing as quickly as possible. Ideally this would be a person who has an established relationship with the guests. Be aware of the hours and locations of assessment centres, transfer protocols for your area, and alternatives if the assessment centre is not open. If possible, have a designated area where symptomatic guests can be isolated from others until they can be taken for medical attention.

If considering Model B (longer stay/indoor meal consumption), you will need staff/volunteers who are able to circulate and remind guests of appropriate physical distancing and mask wearing (when not actually eating/drinking)? This must be done with sensitivity, and respecting the fact that some people are effectively in social circles/bubbles of proximity while on the street. This can be an emotionally draining job; on the one hand it needs an experienced person, but on the other hand it is ideal if the job can be rotated, to avoid the perception of one person as “policing” the guests.

Hand sanitizer should be made available to all guests when entering, as well as before and after eating.

## Conclusion

If you choose not to offer indoor programming, this doesn't mean that you can't engage in direct outreach! You can explore alternatives including tents with radiant heaters (not fan heaters); street outreach with cars, vans, or carts; limited-contact deliveries to the homes of those who are housed but food-insecure; or collaboration with other agencies operating in your area. And, of course, advocacy for more just and equitable social policies is always part of our work.

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