Background



How COVID-19 is spread

- COVID-19 is an illness caused by a virus that can spread from person to person.
- You can become infected by breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus.
- You can become infected when small respiratory droplets and particles that contain then virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.
- You may also be able to get it by touching eyes, nose, or mouth with hands that have the virus on them.





Know the symptoms of COVID-19*



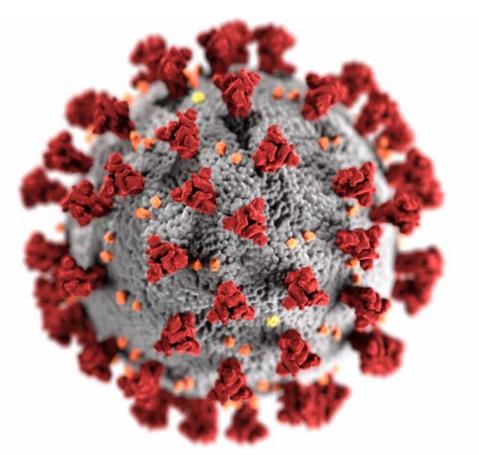
- Symptoms can range from mild (or no symptoms) to severe illness, and appear 2-14 days after exposure to the virus that causes COVID-19.
- Some individuals with COVID-19 lack symptoms (asymptomatic).
- Even those who eventually develop symptoms (pre-symptomatic) can transmit the virus to others *before* showing symptoms.
- *Does not include all possible symptoms. Call a medical provider for any other symptoms that are severe or concerning to you.



https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms-11x17-en.pdf https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html#studies

Protecting yourself and others

- The best tools available for protection against COVID-19 are vaccination and appropriate nonpharmaceutical prevention measures.
- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at <u>increased</u> <u>risk</u> for severe illness.
- There are <u>currently three different COVID-19 vaccines</u> that have been authorized and recommended for preventing COVID-19.





<u>https://www.cdc.gov/coronavirus/2019-ncov/hcp/therapeutic-options.html</u> <u>https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf</u> <u>https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html</u>

Prevention basics

- Avoid close contact with others, including crowded public settings.
- Wear a mask over your nose and mouth any time you are not in their room or on a bed/mat in shared sleeping area.
- Wash your hands often with soap and water for at least 20 seconds, or use hand sanitizer that contains at least 60% alcohol.
- Clean frequently touched surfaces daily.
- Do not touch your eyes, nose, or mouth.



<u>https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf</u> <u>https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/homelessness.html</u> <u>https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf</u>

Homeless services

- Continuing homeless services during community spread of COVID-19 is critical.
- People experiencing homelessness are at risk for infection during community spread of COVID-19.
- Homeless shelters should not close or exclude people who are having symptoms or test positive for COVID-19 without a plan for where these clients can safely access services and stay (e.g., identifying additional temporary housing and shelter sites).
- Coordinate with local health authorities when making decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in a shelter or be directed to alternative housing sites.





Changes to Facility's Layout and Procedures

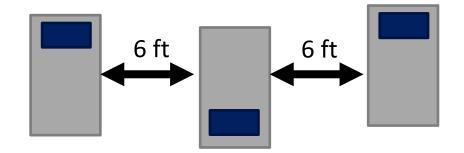


Facility layout – General

- Use physical barriers to protect staff who will interact with clients with unknown infection status (e.g., check-in staff).
- In meal service areas, create at least 6 feet of space between seats and/or allow food to be either delivered to clients or taken away by clients to eat at least 6 feet away from one another.
- In general sleeping areas (for those who are not experiencing respiratory symptoms), try to make sure clients' faces are at least 6 feet apart and align mats/beds so clients sleep head-to-toe.







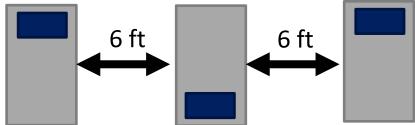


https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html

Facility layout – An area for clients with symptoms

- Prioritize individual rooms for clients with <u>symptoms</u>.
- If individual rooms are not available, consider using a large, well-ventilated room for people with symptoms.
- Keep mats/beds at least 6 feet apart.
- Align mats/beds so clients sleep head-to-toe.
- Use temporary barriers between mats/beds, such as curtains.
- If possible, designate a separate bathroom for these clients.
- If suitable areas are not available in the facility, help transfer clients to a quarantine site until they can be tested.







https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html

Facility layout – Clients with confirmed COVID-19

- Prioritize clients with confirmed COVID-19 for individual rooms.
- If more than one person has tested positive for COVID-19, these clients can stay in the same area.
- Designate a separate bathroom for these clients.
- Follow CDC <u>recommendations</u> for how to prevent further spread of COVID-19 in your facility.
- If there are no available areas in the facility to isolate clients, help transfer them to an isolation site.





Facility procedures (1)

- Limit visitors who are not clients, staff, or volunteers.
- Do not require a negative COVID-19 viral test or proof of vaccination for entry to a homeless services site unless otherwise directed by local or state health authorities.
- Provide masks for all staff and clients to wear.
- Make sure bathrooms and other sinks are consistently and adequately stocked with soap and disposable drying materials (e.g., paper towels) for handwashing.
- Provide hand sanitizers that contain at least 60% alcohol at key points within the facility (e.g., registration desks, entrances/exits, eating areas).





https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html

Facility procedures (2)

- Regularly assess clients and staff for <u>symptoms</u>, including at intake.
- Identify clients who could be at <u>increased risk</u> for complications from COVID-19, or from other chronic or acute illnesses, and encourage them to take extra precautions.
- If your facility provides healthcare services, prepare <u>healthcare clinic staff</u> to care for patients with COVID-19, and make sure your facility has a supply of <u>personal protective equipment</u> (PPE).
- Arrange for continuity of and surge support for mental health services, substance use treatment services, and general medical care to manage chronic health conditions and to reduce the risk of severe illness from COVID-19.
- Identify a designated medical facility to refer clients who might have COVID-19.



Keep in mind: Clients and staff might be infected without showing symptoms

- Consider ways to make physical distancing between clients and staff easier, such as staggering meal services or having maximum occupancy limits for common rooms and bathrooms.
- All staff should wear a mask over their nose and mouth at all times.
- All clients should wear a mask over their nose and mouth any time they are not in their room or on their bed/mat (in shared sleeping areas).
- Masks should not be placed on young children under age 2, or anyone who has trouble breathing, is unconscious, or is incapacitated or otherwise unable to remove a mask without assistance.





Helping Sick Clients



Screening clients for COVID-19

- Homeless shelters can <u>screen clients for symptoms</u> of COVID-19.
- Although not every person who has symptoms will have COVID-19, conducting daily screenings can help identify people who may need medical care or isolation.
- If available, a nurse or other clinical staff can help with clinical assessments; these clinical staff should follow <u>personal protective measures</u>.
- If a client screens positive for symptoms, they should be directed to a place to stay according to a predesignated plan developed with the local continuum of care program, public health department, and community leadership.



https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html

Step 1: Determine if the client has a fever

- Use a system that creates a physical barrier between the client and the screener, as described <u>here</u>.
 - If this is not possible during screening, staff can wear PPE when within 6 feet of a client.
- Take their temperature using a temporal thermometer, AND ask "Have you felt like you had a fever in the past day?"
- To use the temporal thermometer:
 - Turn on the thermometer.
 - Gently sweep the thermometer across the client's forehead.
 - Remove the thermometer and read the number (100.4°F or greater is considered a fever).
 - People with no fever (at or below 100.3°F) may continue into the shelter using normal procedures.
 - Between each client, clean the thermometer with an alcohol wipe (or isopropyl alcohol on a cotton swab).
 https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html

https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-

symptoms.html



Step 2: Ask the client about symptoms

Ask the client, **"Do you have a new or worsening** cough today?" AND **"Do you have any of these** <u>other symptoms</u>*?

- *Other symptoms may include:
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

If the client has a fever **OR** a new/worsening cough **OR** any other symptoms*:

- Ensure the client has a <u>mask</u>.
- Advise client on: cough etiquette (provide tissues and trash containers for tissue disposal), hand hygiene, remaining in their room/symptomatic area except to use the restroom, wearing a mask when they leave their room/symptomatic area, and notifying staff immediately if symptoms worsen.
- Direct sick client to an isolation room if available; if no area exists for persons with symptoms of COVID-19, redirect the person to the pre-specified location.

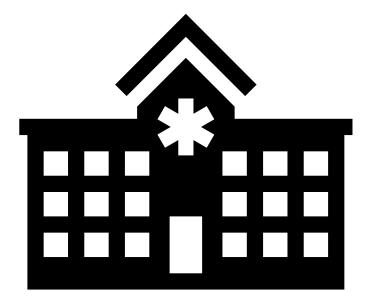


https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-

symptoms.html

Linking sick clients to medical care

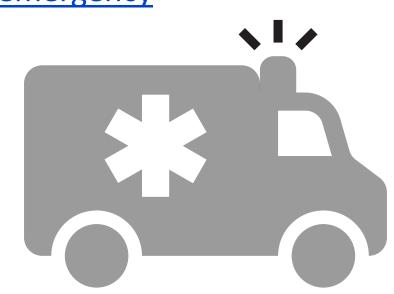
- Facilitate access to non-urgent medical care as needed.
- Use standard facility procedures (or standard outreach protocols) to determine whether a client needs immediate medical attention.
- Notify the designated medical facility and personnel who transfer clients that the client might have COVID-19.





When to seek emergency medical attention

- Seek medical care immediately if someone has <u>emergency</u> <u>warning signs</u>* of COVID-19.
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion
 - Inability to wake or stay awake
 - Bluish lips or face



*This list is not all possible symptoms. Call a medical provider for any other symptoms that are severe or concerning to you.



https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms-11x17-en.pdf

When does medical isolation end?

Symptom-based strategy At least 10* days have passed since symptoms first appeared AND No fever for ≥24 hours without fever-reducing medications AND Other symptoms have improved If the person had a positive test but never had symptoms • At least 10 days have passed since the first positive COVID-19 viral test (RT-PCR) AND • The person has had no subsequent illness

*Might need to extend the duration up to 20 days for some people with severe COVID-19 illness. Consider consultation with infection control experts.



<u>https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html</u> <u>https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html</u> https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

Can testing be used to end isolation?

- In consultation with infectious disease experts, a test-based strategy could be considered for people who are *severely immunocompromised*.
- For all others, a test-based strategy is no longer recommended except to end isolation *earlier* than the symptom-based strategy.

Test-based strategy

- No fever for ≥24 hours without fever reducing medications AND
- Other symptoms have improved AND
- Tested negative in ≥2 consecutive respiratory specimens collected ≥24 hours apart



<u>https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html</u> <u>https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html</u> <u>https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html</u>

Cleaning and Disinfection



When to clean and when to disinfect

- Cleaning reduces germs on surfaces by removing contaminants.
- Disinfecting using an <u>EPA-registered household disinfectant</u> on List N kills any remaining germs on surfaces.
- Clean surfaces using soap and water before disinfectant use.
- When no people with confirmed or suspected COVID-19 are known to have been in a space, cleaning once a day is usually sufficient.
- You may want to either clean more frequently or choose to disinfect (in addition to cleaning) in shared spaces depending on the community context.
- If there has been a sick person or someone who tested positive for COVID-19 in your facility within the last 24 hours, you should clean AND disinfect the space(s) where they have been.



Cleaning your facility

Clean



- Wear PPE (such as gloves, goggles, or glasses) to clean. Check the cleaning product label to verify what PPE is needed.
- Clean surfaces using soap and water.
- Clean frequently touched surfaces at least once daily.
 - e.g., tables, chairs, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, shared kitchen items, etc.
- More frequent cleaning may be required based on level of use.
- Ensure cleaning staff are trained on appropriate use of cleaning products.



https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfecting-decision-tool.html

Cleaning and disinfecting your facility

Disinfect

- Recommend use of <u>EPA-registered household disinfectant</u> on List N.
- Follow the instructions on the label to ensure safe and effective use and storage of the product.
 - Wash your hands immediately after removing gloves with soap and water.
 - You should never eat, drink, breathe or inject these products into your body or apply directly to your skin as they can cause serious harm.
- Many products recommend:
 - Keeping surface wet for a period of time (see product label).
 - Wearing gloves and making sure you have good ventilation during use of the product.
- <u>Diluted household bleach solutions</u> may also be used if appropriate for the surface.
 - Never mix household bleach with ammonia or any other cleanser.
 - Bleach solutions will be effective for disinfection up to 24 hours.
 - Leave solution on the surface for at least 1 minute.
- Alcohol solutions with at least 60% alcohol may also be used.



...

Cleaning and disinfecting outdoor areas

- High-touch surfaces made of plastic or metal, such as grab bars, play structures, and railings, should be cleaned regularly.
- Spraying cleaning products or disinfectants in outdoor areas

 such as on sidewalks, roads, or groundcover is not
 necessary, effective, or recommended.
- Cleaning and disinfection of wooden surfaces (such as wood play structures, benches, tables) or groundcovers (such as mulch and sand) is not recommended.





https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html

Laundering cloth masks

- <u>Cloth masks</u> used by clients and staff should be <u>laundered regularly</u>.
- Cloth masks should be collected in a sealable container (like a trash bag).
- Staff involved in laundering client cloth masks should wear disposable gloves and a face mask. Use of a disposable gown is also recommended, if available.
- Use the warmest appropriate water setting for laundering and dry items completely.
- Gloves should be properly removed and disposed of after laundering cloth masks; clean hands immediately after removal of gloves by washing hands with soap and water for at least 20 seconds or using hand sanitizer with at least 60% alcohol if soap and water are not available.





Considerations for Unsheltered Homelessness



Unsheltered homelessness

- Make plans to maintain services for all people experiencing unsheltered homelessness.
- People experiencing unsheltered homelessness (those sleeping outside or in places not meant for human habitation) may be at risk for infection when there is community spread of COVID-19.
- Outdoor settings may allow people to increase physical distance between themselves and others; however, sleeping outdoors often does not provide protection from the environment, adequate access to hygiene and sanitation facilities, or connection to services and healthcare.
- Lack of housing contributes to poor physical and <u>mental</u> health outcomes, and linkages to permanent housing for people experiencing homelessness should continue to be a priority.



When an unsheltered client tests positive for COVID-19

- If immediate medical attention is not required, facilitate <u>transportation</u> to an isolation site.
- Notify designated medical facility and personnel that the client has tested positive for COVID-19.
- If medical care is not necessary, and if no other isolation options are available, advise the individual how to isolate themselves while efforts are under way to provide additional support.
- During isolation, ensure continuation of behavioral health support for people with substance use or mental health disorders.
- Ensure the client has a safe location to recuperate (e.g., respite care) after isolation requirements are completed, and follow up to ensure the client's medium- and long-term medical needs are met.

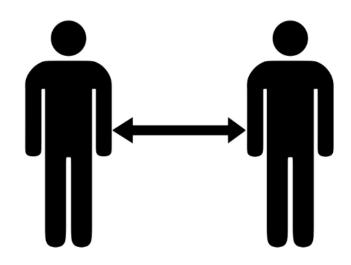


Reminders for Staff Protection



Prevention measures for staff

- <u>Get vaccinated</u> as soon as you can and <u>talk with clients</u> about getting vaccinated.
- Maintain good <u>hand hygiene</u> on a regular basis, including before and after each client interaction.
- Maintain at least 6 feet of distance while interacting with clients and other staff, where possible.
- Wear <u>masks</u> when working in public settings or interacting with clients.
- Healthcare providers should follow infection control <u>guidelines</u>.
- Staff who are sick or experiencing symptoms consistent with COVID-19 should stay home and report to their facility management.



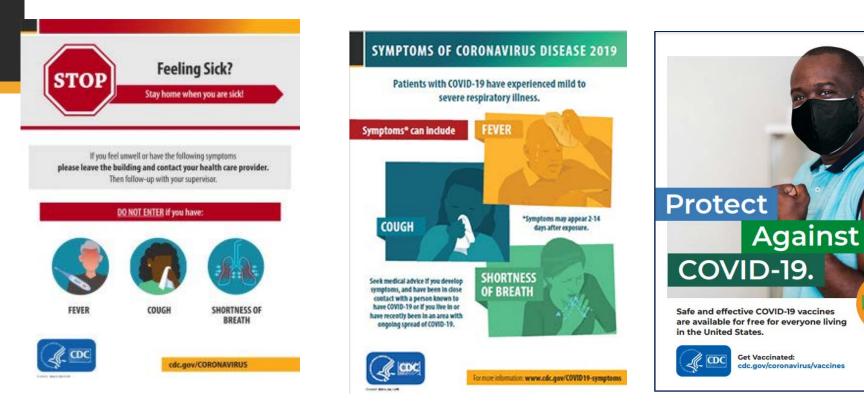


https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html

Important considerations for service delivery during community re-opening

- Stay aware of the local COVID-19 situation and communicate clearly with clients and staff
- Maintain basic prevention strategies for clients and staff
 - Physical distancing measures
 - <u>Masks</u>
 - Handwashing
 - <u>Clean and disinfect</u> facilities regularly
- Continue to connect clients to care
 - Continue taking <u>additional precautions</u> for clients and staff who are at <u>increased risk</u> <u>for severe illness.</u>
- Provide services while being aware of changes in the community







COVID-19

VACCINE!

Communication Resources



https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/community-organization.html