

COVID-19 (SARS-CoV-2) Update for Homeless Service Providers

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Disclosures

- I have no disclosures.

Objectives

- Brief overview of COVID-19 and how it is transmitted
- PPE requirements for various activities
- PPE use/reuse
- Recommendations for disinfection
- Staffing Considerations
- Facility Layout Considerations
- How do we comfort upset people with COVID precautions?
- When can congregate shelters re-open?
- What if it simply isn't possible to maintain social distancing?

SARS-CoV-2 Epidemiology Highlights

- Droplet spread, ? Aerosol spread
- Incubation period of up to 15 days with most becoming symptomatic four to five days after exposure.
- Can be transmitted prior to the onset of symptoms
- Asymptomatic transmission seems to be possible
- Secondary attack rate for household contacts has been estimated to be about 10%
- ~81% mild disease, ~14% severe disease, ~5% critical disease
- Worse outcomes seem to be associated with age and various medical comorbidities

Cough/Sneeze

- <https://www.youtube.com/watch?v=piCWFgwysu0>

What illness looks like

- Incubation period is estimated to be 5 days with 95% CI at 4-7 days.
 - Cough
 - Shortness of breath or difficulty breathing
 - Fever
 - Chills
 - Muscle pain
 - Sore throat
 - New loss of taste or smell
- Most people have mild, influenza-like illness
- Older patients seem to be at higher risk with most all cases occurring in adults.
- There may be the possibility of clinical deterioration during the second week of illness.

What PPE to Use?

- All staff and all residents should utilize cloth face coverings at all times.
 - However, these should not be considered personal protective equipment. Cloth face coverings provide protection to those around the wearer, but they do not confer individual protection.
- Physical control measures are the most effective form of protection
 - Ensure frequent surface cleaning, handwashing, and minimum of 6 feet of distance between staff and residents

PPE

- For situations where staff are providing medical care to clients with suspected or confirmed COVID-19 and close contact (within 6 feet) cannot be avoided, staff should at a minimum, wear eye protection (goggles or face shield), an N95 or higher level respirator (or a facemask if respirators are not available or staff are not fit tested), disposable gown, and disposable gloves.
 - **Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated.** If staff have direct contact with the client, they should also wear gloves.

Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

- 1. Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
- 2. Perform hand hygiene using hand sanitizer.**
- 3. Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
- 4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).**

If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*

 - » **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 - » **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
- 5. Put on face shield or goggles.** Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
- 6. Perform hand hygiene before putting on gloves.** Gloves should cover the cuff (wrist) of gown.
- 7. HCP may now enter patient room.**

Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

- 1. Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
- 2. Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*
- 3. HCP may now exit patient room.**
- 4. Perform hand hygiene.**
- 5. Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
- 6. Remove and discard respirator (or facemask if used instead of respirator).***

Do not touch the front of the respirator or facemask.

 - » **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - » **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
- 7. Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

Can PPE Be Reused?

- Only certain PPE items can be reused safely
 - N95 masks, but they have to go through a specialized decontamination procedure.
 - Face shields, but they have to be cleaned with materials that will denature viruses.
- Surgical Masks
 - Can be used for one work day.
 - Care must be made to not let it become soiled.
 - Mask should fully cover mouth and nose.
- Face Coverings, this is protection for other, should not be viewed as **Personal protective equipment**
 - Face covering used at work should be washed periodically in warm water.

General Recommendations for Routine Cleaning and Disinfection

- Community members can practice routine cleaning of **frequently touched surfaces** (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, and electronics (see below for special electronics cleaning and disinfection instructions)) with household cleaners and EPA-registered disinfectants that are appropriate for the surface, following label instructions.
- Focus efforts on high touch areas
- When cleaning services wear gloves to protect your hands from chemical spills.
- Diluted household bleach to 1000 ppm sodium hypochlorite can be used for surfaces.
 - Prepare by missing 5 tablespoons of bleach per gallon of water OR
 - 4 teaspoons of bleach per quart of water
 - **MORE DOES NOT MEAN BETTER**

Staffing Considerations

- Work to minimize staff who are required to have face-to-face interactions with clients with respiratory symptoms
- Anticipate increased absenteeism due to illness in the employees or their family members.
 - Cross-training will be critical to maintain operational viability.
- Work out plans to maintain 6 feet of distance in between employees, between residents, and at the points of employee and resident interaction.
- All staff members should wear a cloth face covering to diminish the spread of the virus.

Staffing Considerations

- Staff should avoid handling client belongings
 - If staff do hold the belongings, gloves should be utilized, but they should be disposed after each use. Hands should be washed afterwards.
 - Do not constantly wear gloves throughout the day as this gives a false sense of security and decreases hand washing.

Staffing Considerations

- Staff who are checking client temperatures should use a system that creates a physical barrier between the client and the screener
 - Screeners should stand behind a **physical barrier**, such as a glass or plastic window or partition that can protect the staff member's face from respiratory droplets that may be produced if the client sneezes, coughs, or talks.
 - If social distancing or barrier/partition controls cannot be put in place during screening, PPE (i.e., facemask, eye protection [goggles or disposable face shield that fully covers the front and sides of the face], and a single pair of disposable gloves) can be used when within 6 feet of a client.

Staffing Considerations

- **Staff should launder work uniforms or clothes after use using the warmest appropriate water setting for the items and dry items completely.**

Facility Layout Considerations

- Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g., check-in staff).
 - For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them to at least 6 feet.
- In meal service areas, create at least 6 feet of space between seats, and/or allow either for food to be delivered to clients or for clients to take food away.
- In general sleeping areas (for those who are not experiencing respiratory symptoms), try to make sure client's faces are at least 6 feet apart. o Align mats/beds so clients sleep head-to-toe.

Facility Layout Considerations

- For clients with mild respiratory symptoms consistent with COVID-19
 - Prioritize these clients for individual rooms.
 - If individual rooms are not available, consider using a large, well-ventilated room.
 - Keep mats/beds at least 6 feet apart.
 - Use temporary barriers between mats/beds, such as curtains.
 - Align mats/beds so clients sleep head-to-toe.
 - If possible, designate a separate bathroom for these clients.
 - If areas where these clients can stay are not available in the facility, facilitate transfer to a quarantine site.

Facility Layout Considerations

- For clients with confirmed COVID-19, regardless of symptoms:
 - Prioritize these clients for individual rooms.
 - If more than one person has tested positive, these clients can stay in the same area.
 - Designate a separate bathroom for these clients.
 - Follow CDC recommendations for how to prevent further spread in your facility.
 - If areas where these clients can stay are not available in the facility, assist with transfer to an isolation site.

Facility Procedure Considerations

- Plan to maintain regular operations to the extent possible.
- **Limit visitors who are not clients, staff, or volunteers.**
- Identify clients who could be at high risk for complications from COVID-19, or from other chronic or acute illnesses, and encourage them to take extra precautions.
- Arrange for continuity of and surge support for mental health, substance use treatment services, and general medical care.
- Identify a designated medical facility to refer clients who might have COVID-19.

Facility Procedure Considerations

- Keep in mind that clients and staff might be infected without showing symptoms.
 - Create a way 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 clients should wear cloth face coverings any time they are not in their room or on their bed/mat (in shared sleeping areas). Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Facility Procedure Considerations

- Regularly assess clients and staff for symptoms.
- Clients who have symptoms may or may not have COVID-19. Make sure they have a place they can safely stay within the shelter or at an alternate site.
 - An on-site nurse or other clinical staff can help with clinical assessments.
 - Provide anyone who presents with symptoms with a cloth face covering.
 - Facilitate access to non-urgent medical care as needed.
- Make sure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing.
 - Provide alcohol-based hand sanitizers that contain at least 60% alcohol at key points within the facility, including registration desks, entrances/exits, and eating areas.

How to talk to residents about these changes?

- Consistent language should be utilized across an entire organization to convey the messaging of protecting the residents and the staff.

What if it is not possible to maintain social distance?

- Everyone should be wearing face coverings.
- Limit time in these situations as much as possible.

