

CORONAVIRUS IN SHELTER SETTINGS RECOMMENDATIONS March 2020

Below are interim guidelines for Atlanta area homeless service providers regarding Coronavirus disease 2019 (COVID-19). This document is meant to encourage organizations to plan, prepare, and respond to this emerging public threat in an attempt to reduce risk to staff, clients, volunteers, and all stakeholders. These recommendations have been compiled from a variety of sources -- but primarily from the Center for Disease Control and Prevention (CDC). This document contains several links for further review

Prevention and Preparedness

- **Provide COVID-19 prevention supplies for staff, volunteers, and those you serve.** Take inventory to make sure you have the following supplies on hand - an eight-week supply is recommended:
 - Hand sanitizer that contains at least 60% alcohol
 - Hand soap (preferable)
 - Tissues/toilet paper
 - Extra trash baskets/trash bags
 - Disposable facemasks (N-95)
 - Rubber gloves
 - Cleaning supplies (including disposable towels)
 - Infrared thermometer if possible

It may already be difficult to get these resources in your community, so getting them ordered now – even if there is a backlog in having orders filled – may be better than waiting until the illness has taken root.

- **Emphasize staying home when sick, respiratory etiquette, and hand hygiene by all at your organization:**
 - Place posters that encourage [staying home when sick](#), [cough and sneeze etiquette](#), and [hand hygiene](#) at the entrance to your workplace and in other areas where they are likely to be seen.
 - Provide tissues and no-touch disposal receptacles for use in office and common areas.
 - Instruct employees and clients to clean their hands often by washing their hands with soap and water for at least 20 seconds or if that is not possible use an alcohol-based hand sanitizer that contains at least 60-95% alcohol and be sure to rub it into your hands completely. Soap and water should be used preferentially if hands are visibly dirty.
 - Provide soap and water and alcohol-based hand sanitizer. Ensure that adequate supplies are maintained. Place hand sanitizer in multiple locations or in conference rooms to encourage hand hygiene.
 - CDC posters can be downloaded using the following link:

<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>

- **Clean frequently touched surfaces and objects daily.** Plan to have tables, countertops, light switches, doorknobs, and cabinet handles cleaned using a detergent and water **prior to disinfection. For disinfection**, a list of products with Environmental Protection Agency (EPA)-approved emerging viral pathogens claims, maintained by the American Chemistry Council Center for Biocide Chemistries (CBC), is available at Always follow the manufacturer's instructions for all cleaning and disinfection products.

<https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>

Always follow the manufacturer's instructions for all cleaning and disinfection products. Plan to disinfect regularly and often.

- **Educate staff and volunteers about how to keep themselves healthy when accompanying someone to a destination away from your facility.** For example, teach staff and volunteers how to keep themselves healthy while traveling with a client to a medical appointment, worship service, or government office by having tissues, alcohol-based hand sanitizer, masks, and gloves on hand.

- **Plan to store up to two weeks of food for clients and staff in case of mandatory quarantine.** Consider how much food is required to feed the entire facility if staff and clients are required to remain on premise. Purchase food that can be stored in pantries (vs. refrigerated) so food does not go bad and can be used in the future. It is recommended that food be served on disposable products - order sufficient paper plates, flatware, and drinkware.
- **Ensure an ample inventory of traditional first aid supplies** including pain relievers and other symptom relievers.

Screening and Testing Protocols

- Become familiar with symptoms of COVID-19 and how they differ from the Flu and Allergies.

| COVID-19 | FLU | ALLERGIES |
|--|---|---|
| <ul style="list-style-type: none"> ○ Fever ○ Cough ○ Shortness of Breath ○ Symptoms 2 – 14 days after exposure | <ul style="list-style-type: none"> ○ Fever ○ Cough ○ Sore Throat ○ Headaches ○ Body, Muscle Aches ○ Runny, Stuffy Nose ○ Fatigue | <ul style="list-style-type: none"> ○ Sneezing, Coughing ○ Runny Nose, Scratchy Throat ○ Itchy, Red Watery Eyes |

- **Identify and regularly monitor clients (and staff) who could be at high risk for complications (those who are older, have underlying health conditions, like heart disease, diabetes, high blood pressure, lung disease or who are immune compromised).**
- Determine if the client is a smoker and has a regular routine cough which may allow you to rule out the possibility of a virus if that is the only symptom.
- Incorporate COVID-19 screening protocol at intake to determine how prospective clients are feeling and if they have any symptoms that may be related to the illness. Provide a face mask if the following symptoms are present.
 - fever (person feels warm to the touch, gives a history of feeling feverish, cold sweat, or has an actual measured temperature of 100.0°F [38° C] or higher) that has persisted for more than 48 hours

OR

 - fever AND one of the following:
 - persistent cough
 - difficulty breathing
 - appears obviously unwell

Should the client screen positive for these symptoms, it does not mean that they have the COVID-19 virus. They could have another type of flu or a common cold. They should be provided with a mask and be isolated from other clients. If their symptoms are severe and they have other underlying conditions, call 911.

Be advised that the following severe symptoms should be addressed immediately, Call 911:

- Extremely difficult breathing (not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion, or inability to arouse
- New seizure or seizures that won't stop

Workforce Impact

- **Actively encourage sick employees to stay home:**
 - Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
 - Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
 - Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
 - Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
 - Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- **Separate those who become sick at your organization from those who are well.** Send staff members and volunteers who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) home immediately. If an employee becomes sick at your organization, separate them from others (particularly from those who are at high risk for COVID-19 complications) as soon as possible. Provide them with clean disposable facemasks to wear until they can leave. If needed, arrange transportation for staff and others who need emergency care. Read more about [caring for those sick with COVID-19](#).
- **Consider additional Measures:**
 - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.
 - If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.
- **Consider temporary alternative work options.** Explore whether you can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies. For employees who are able to telework, supervisors should encourage employees to telework instead of coming into the workplace. Ensure that you have the information technology and infrastructure needed to support multiple employees who may be able to work from home.
- **Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.** Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g., intake 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.
- **Staff and volunteers at high risk of severe COVID-19** (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the shelter. Limit visitors to the facility.

- **If staff are handling client belongings, they should use disposable gloves.** Make sure to train any staff using gloves to ensure proper use.
- **Prepare for possible decreased capacity** due to illness in employees and their family members, dismissals of early childhood programs and K-12 schools due to high levels of absenteeism or illness:
 - Anticipate modified service delivery based on staff capacity.
 - Assess and prioritize essential functions/services and the reliance that others and the community have on your services. Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize clients, or temporarily suspend some of your operations if needed, plan for longer shifts of employees that remain).
 - Prepare staff to handle different jobs than they're used to in the event that key staff members are absent. Flexibility will be key.

Client Impact

- **Plan for Impact of People Not Getting Access to Medications.** Access to and supply chains of medication can be interrupted during a pandemic. Knowing that many people who are homeless live with chronic disease or mental illness where they rely upon medication, consider plans for how clients will be able to access medications and how you can still effectively serve people who may lose access to their medications.
- **Consider the Density and Layout of Sleeping Spaces.** Many homeless service providers try to maximize the use of whatever space they have to accommodate as many people as they can on a nightly basis. This may work against efforts to decrease spread of the illness. Furthermore, if you don't already do so, you may want to consider reconfiguring sleeping space to maximize the distance between people (at least 3 feet apart) and/or ensure sleeping arrangements are organized in a head-to-foot configuration.
- **Ensure 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 dining areas.
- **Provide access to fluids, tissues, plastic bags** for the proper disposal of used tissues.
- **Consider Unique Challenges When Serving Families.** Family service providers need to plan for the unique challenge of a parent(s) that become ill or pass away while their children remain healthy and need access to supports. Working with Child Welfare organizations now to plan ahead for this possibility is better than scrambling to figure out the response if/when this occurs.

Communications

- **Stay informed about the local COVID-19 situation.** Get up-to-date information about local COVID-19 activity from public health officials (Fulton County Board of Health).

<http://fultoncountyboh.org/boh/index.php/epidemiology-info/2019-ncov>

Be aware of temporary school dismissals in your areas as these may affect your staff, volunteers, and families you serve.

- **Create a communication plan** for distributing timely and accurate information during an outbreak. Identify everyone in your chain of communication (e.g., staff, volunteers, key community partners and stakeholders, and clients) and establish a system for sharing information. Maintain up-to-date contact information for everyone in the chain of communication. Identify platforms, such as a hotline, automated text messaging, website, social media to help disseminate information to those inside and outside your organization.
- **Identify and address potential language, cultural, and disability barriers** associated with communicating COVID-19 information to workers, volunteers, and those you serve.

Shelter Triage Screening Tool

Become familiar with symptoms of COVID-19 and how they differ from the Flu and allergies.

| COVID-19 | FLU | ALLERGIES |
|--|---|---|
| <ul style="list-style-type: none"> ○ Fever ○ Cough ○ Shortness of Breath <p>(Symptoms occur 2 – 14 days after exposure)</p> | <ul style="list-style-type: none"> ○ Fever ○ Cough ○ Sore Throat ○ Headaches ○ Body, Muscle Aches ○ Runny, Stuffy Nose ○ Fatigue | <ul style="list-style-type: none"> ○ Sneezing, Coughing ○ Runny Nose, Scratchy Throat ○ Itchy, Red Watery Eyes |

1. Are you having fever? ___ Yes ___ No
2. Do you have a cough? ___ Yes ___ No
3. Are you experiencing shortness of breath? ___ Yes ___ No

If client answers yes to Questions 1-3, they should be masked and isolated.

4. If yes, what is your age? _____

If client answers yes to Question 1-3 and are over 55, they should be transported to the hospital for testing.

5. If yes, do you have diabetes, heart disease, high blood pressure, lung disease or any immunosuppressant illnesses? Please specify. _____

If client answers yes to 1-3 and has a documented illness for 5 they should be transported to Grady Hospital for testing.

Prior to transporting, please call Hospital and alert them of the transport and contact Cathryn Marchman with name, DOB, shelter, and hospital: cmarchman@partnersforhome.org

Also, please consider the following:

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- Determine if the client is a smoker and has a regular routine cough which may allow you to rule out the possibility of a virus if that is the only symptom.
- **Should the client screen positive for these symptoms, it does not mean that they have the COVID-19 virus. They could have another type of flu or a common cold. They should be provided with a mask and be isolated from other clients. If their symptoms are severe and they have other underlying conditions, call 911.**

Be advised that the following severe symptoms should be addressed immediately, Call 911:

- Extremely difficult breathing (not being able to speak without gasping for air)
- Bluish lips or face
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- New confusion, or inability to arouse
- New seizure or seizures that won't stop