COVID-19 Monitoring, Care, and Transmission Reduction among People Experiencing Homelessness in Shelters and Hotels

Monday, May 4, 2020
House Keeping

- Attendees are muted
- Please type any questions you have into the Questions Box
- We are recording this webinar and will send out the link to everyone who registered at a later date.
Overview of Webinar Series

This two-part webinar series is intended to provide homeless service and shelter providers with clearer public guidance regarding how to respond to the COVID-19 pandemic within homeless shelters.

• Part 1 (today’s webinar) features speakers from the Connecticut Department of Public Health and will provide public health guidance regarding how to care for persons who are COVID-19 positive/suspected in homeless shelters (and hotels) and how to minimize transmission of COVID-19 among shelter residents and staff.

• Part 2 of the series will provide information on how to implement this guidance in local settings, featuring examples from shelter settings.
Speakers

Lynn Sosa, MD
TB/STD Control Programs Medical Director
Deputy State Epidemiologist
Connecticut Department of Public Health

Richard Melchreit, MD, MPH
DPH Infectious Disease Section
Medical Reserve Corps
Connecticut Department of Public Health

Kimberly Ploszaj, BS, EMT
CLEAR Nationally Certified Investigator/Inspector
Epidemiologist
Lead Poisoning Prevention and Radon Program
Environmental Health Section
Connecticut Department of Public Health
Connecticut’s COVID-19 Public Health Response
Guiding Principles and Considerations

Congregate settings have additional challenges:

Social distancing can be difficult

Need to provide services to the persons residing in the congregate setting
  Food
  Laundry
  Medical, mental and behavioral health services

Cleaning

Managing well and ill persons in the same location
Local Health Departments and Districts (LHDs) are responsible for the development and implementation of COVID-19 protocols at the local level based on DPH and CDC guidance.

DPH provides overall guidance and provides technical assistance and support.
Every homeless shelter (including hotel sites) should have a COVID-19 infectious disease protocol that is developed in partnership with your LHD.

This protocol should encompass the following components:

- Facilities and hygiene
- Services modification
- Medically high-risk populations
- Screening and symptom monitoring
- Testing
- Health/medical care for COVID suspected or positive persons
- Quarantine of exposed persons
- Isolation
- Conditions and arrangements for hospital care and discharge
- COVID Recovery Facilities/medical respite
Important Terminology

- **COVID Transmission Precautions** - Steps that should be followed to avoid the spread of COVID-19 by people who are still contagious. These precautions should be followed as long as people meet specific criteria (detailed in later slides).

- **Isolation** - Isolation is used to separate sick people from healthy people. People who are in isolation should stay in their current room and avoid leaving their room. In a shelter, anyone sick should separate themselves from others by staying in a specific “sick” room or space and using a different bathroom (if possible).

- **Quarantine** - Quarantine is used to keep a well person who has been exposed to someone with COVID-19 away from others. Someone in quarantine stays separated from others, monitors their symptoms and they limit movement outside of their current place. Quarantine helps limit further spread of COVID-19.
Important Terminology

• **Isolation Space** – A room within a hotel or shelter that can be used to isolate persons who are sick and under COVID transmission precautions, but who do not have a home to self-isolate.

• **Cohorting** – Cohorting refers to the practice of isolating multiple laboratory-confirmed COVID-19 persons together as a group, or quarantining close contacts of a particular person together as a group. Ideally, people should be isolated individually, and close contacts should be quarantined individually. However, some facilities do not have enough individual rooms to do so and must consider cohorting as an alternative. Cohorting should only be practiced if there are no other available options.
Important Terminology

• **Alternative Isolation Facility** – A facility that can isolate homeless persons who are under COVID-19 transmission precautions when no isolation space is available in their current shelter or hotel. (NOTE: There are additional considerations involved with how to safely transport people who are under COVID transmission precautions, as movement between facilities can contribute to spread.)

• **COVID Recovery Facility (CRF)** – A facility that is used to care for persons with COVID-19 who no longer need hospitalization, but still need skilled nursing prior to returning home or to their community facility (e.g. shelter). CRFs are not specific to homeless populations. Currently, there are only three CRFs that have been developed.
Protocol Workflow – Isolation of COVID positive or suspected persons

* COVID Symptoms Include:
  1. Fever
  2. Cough
  3. Shortness of Breath
  4. Chills
  5. Repeated Shaking with Chills
  6. Muscle Pain
  7. Headache
  8. Sore Throat
  9. New Loss of Taste or Smell

** Severe Disease Symptoms Include:
  1. Trouble breathing
  2. Persistent pain or pressure in the chest
  3. New confusion or inability to arouse
  4. Bluish lips or face

START

Assess Client (Daily)

Does Client Have COVID High Risk Conditions?

NO

Yes to COVID

Does Client Have Any COVID Symptoms?

NO

Is Client in Severe Disease?

NO

Does Client Require Skilled Nursing?

NO

Is Client in a Double Occupancy Room?

NO

Does Location Have Medical Staff?

NO

Call 911

YES

Does Location Have Isolation Space?

NO

Does Client Mask Put in Isolation Space & Monitor

NO

Implement Isolation Protocol & Monitor (may vary by location)

YES

Determine Appropriate Treatment Option

Call Urgent Care or Local Provider

NO
Isolation Guidance for Homeless Shelters and Hotels

The following should be implemented for people who have COVID-19 symptoms or who have tested positive for COVID-19:

• Person should be isolated in a room away from people who are not symptomatic or positive. They should not leave their room except to get medical care if needed.
• Multiple persons who are confirmed to have COVID-19 and who need isolation can be isolated together.
• They should be monitored for symptoms and receive care (rest, OTC medications, hydration, food).
• Wear a face covering, a cloth one is ok.
• Minimize contact with other people and staff.
• Increase disinfection in and around the room and follow CDC cleaning guidance when room is vacated
• Follow guidance on when persons can be released from isolation.
Protocol Workflow – Quarantining of Exposed Persons
Quarantining of Exposed Persons

It is helpful to quarantine people who feel healthy, but have recently had close contact with a person with COVID-19. At a minimum, the following actions should be taken:

• Check temperature twice a day and watch for symptoms
• Stay in a separate room, if available, for 14 days and monitor symptoms
• Stay away from people who are high-risk for getting very sick from COVID-19
• Wear a mask (cloth face covering) whenever out of their room

Shelters/hotels should work with LHDs to determine the best way to quarantine someone who has been exposed to COVID-19, but is feeling healthy. It may not be feasible to quarantine every person who is exposed in a homeless shelter or hotel.

If someone is quarantined, they can be released from quarantine if they have been symptom-free for 14 days.
Protocol Workflow – Releasing Persons from Isolation

1. **Client Tested?**
   - YES: **Test Results Positive?**
     - NO: **Client Symptomatic?**
       - YES: **Implement Isolation Protocol & Monitor (may vary by location)**
       - NO: **Keep Client Isolated and Monitor**
     - YES: **Will Client Be Tested or Retested?**
       - YES: **Return Client to General Space**
       - NO: **Keep Client Isolated and Monitor**
   - NO: **Client Symptomatic?**
     - YES: **Implement Isolation Protocol & Monitor (may vary by location)**
     - NO: **Keep Client Isolated and Monitor**

2. **Client Symptomatic?**
   - YES: **Implement Isolation Protocol & Monitor (may vary by location)**
   - NO: **Keep Client Isolated and Monitor**

3. **Client Has No Fever, Symptoms Improving and a Negative Test?**
   - YES: **Return Client to General Space**
   - NO: **Keep Client Isolated and Monitor**
Conditions for Releasing Someone with COVID-19 from Isolation (if they will not be re-tested)

People with confirmed COVID-19 or symptoms consistent with COVID-19 who are recovering in a shelter or hotel, and will not be tested to determine if they are no longer contagious can leave their “sick room” when:

• They have had no fever for at least 72 hours (that is three full days of no fever) without the use of medicine that reduces fevers

AND

• Other symptoms have improved (for example, when their cough or shortness of breath have improved)

AND

• At least 10 days have passed since their symptoms first appeared
Conditions for Releasing Someone with COVID-19 Isolation (if they will be re-tested)

People with COVID-19 or its symptoms who are recovering in a shelter or hotel, and will be tested to determine if they are no longer contagious can leave their “sick room” when:

• They no longer have a fever (without the use of medicine that reduces fevers)

  AND

• Other symptoms have improved (for example, when their cough or shortness of breath have improved)

  AND

• They received two negative tests in a row, 24 hours apart
People who **DID NOT** have COVID-19 symptoms, but tested **positive** who are self-isolating in a shelter or hotel can leave their “sick room” and home when:

- At least 10 days have passed since the date of the first positive test  
  **AND**
- They continue to have no symptoms (no cough or shortness of breath) since the test
- For 3 more days, this group of people should continue to limit contact (stay 6 feet or more away from others) and wear a face covering for their nose and mouth when other people are present (including at home).
Due to global supply chain disruptions and significant demand, COVID-19 testing has been limited. Considering these shortages, DPH is taking action to derive the greatest public health benefit from the limited resources available at this time.

Facilities should be judicious in the use of specimen collection kits. At this time, testing should only be used to guide decisions about patient cohorting and outbreak management. We do not yet have enough testing resources to test more broadly.

Determining who to test should be done in collaboration with your LHDs. Some testing is available through the State Public Health Laboratory.
Steps You Can Take

1. If your shelter or hotel site does not already have a COVID-19 infectious disease protocol, contact your local health department or district. Contact Kimberly Ploszaj at DPH if you need assistance: Kimberly.Ploszaj@ct.gov

2. Work with your local health department to review your existing protocol against the outline and workflows presented in this webinar to ensure completeness and consistency.

3. Identify spaces for isolation within your shelter or hotel, or if isolation spaces are not available, work with your CAN to identify or secure additional isolation spaces.

4. Manage your rooms and space to best meet public health considerations.
For more information:

CCEH’s Coronavirus Resource Page:  www.cceh.org/covid19

State of Connecticut Coronavirus Disease 19 webpage:  https://portal.ct.gov/Coronavirus

Questions?

Additional Questions and Training Needs?

Contact training@cceh.org