



LUKE A. BRONIN
Mayor

CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

131 Coventry Street
Hartford, Connecticut 06112
Ph: (860) 757-4700
Fax: (860) 722-6851
www.hartford.gov



LIANY E. ARROYO
Health Director

To: Homeless Service Providers in Hartford, CT
From: Liany E. Arroyo, Director
CC: Thea Montañez, COO; Vasishth Srivastava, Chief of Staff; Tung Nguyen, Epidemiologist; Reginald Freeman, Emergency Management Director
Date: April 24, 2020
Re: Homeless Service Provider Interim COVID-19 Response Plan 2020

This guidance replaces the guidance issued on March 13, 2020.

This document provides guidance to homeless shelter providers during an outbreak of COVID-19 in our community. If this guidance is modified again, it will be provided to Journey Home via email. Please ensure that the City of Hartford's Department of Health and Human Services (DHHS) has the contact information of at least three individuals in your agency to whom revised guidance should be sent to. Names, titles, emails, and cell phone numbers of those three individuals should be sent to Tung Nguyen at tnghuyen@hartford.gov.

For Shelters that still have their Facility Open

In order to prevent the spread of COVID-19, the City of Hartford's Department of Health and Human Services (DHHS) is encouraging shelters to do the following:

- Post signage throughout the facility with information on handwashing and covering coughs and sneezes.
- Have staff verbally remind residents to wash hands, and cover coughs and sneezes.
- Provide staff and residents increased access to tissues and hand sanitizer. If hand sanitizer is not available, ensure that bathrooms are adequately stocked with soap and paper towels.
- Clean using the guidance from the Centers for Disease Control and Prevention (CDC) using approved cleaners which can be found on their website at: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>.

Staff Guidance

- Encourage sick staff and volunteers to stay home (or be sent home if they develop symptoms while at the facility), to prevent transmitting any illnesses to others.
- Plan your staffing to minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.
- For staff interacting with a lot of clients with unknown infection status (i.e. front desk staff):
 - Put in a sneeze guard or separate clients by a big table (to increase distance)
 - Use gloves if staff are handling IDs or other client items.
 - Keep in mind, when using gloves:
 - Gloves are not a substitute for hand hygiene
 - Clean your hands before putting on gloves
 - Clean your hands immediately after removing gloves
 - Do not touch your face while wearing gloves
 - Change gloves if gloves become damaged or visibly soiled

Prevent. Promote. Protect.

- Carefully remove gloves to prevent contaminating your hands

Identify an Isolation Area in Your Shelter

We recognize that isolating sick residents may be a challenge in most shelters. However, if an outbreak occurs in the City of Hartford, our hospital system and medical providers may be overwhelmed and may not accept or see individuals with mild symptoms, as most cases of COVID-19 present. To that end, we recommend that shelters take the following steps:

- Identify a location in your shelter that can be used to isolate individuals who may be sick.
- In shelters where there are private rooms, designate a room or rooms where individuals or families who are presenting two of the COVID-19 symptoms can be isolated in while testing can be arranged.
- If they can be safely isolated, the individuals should be confined to that room and staff can provide them meals in their room until they can be tested or show no signs of symptoms. Staff should follow the Centers for Disease Control guidance for caregivers in non-healthcare settings if this option is used. See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions>

Determining if a Client Needs to be Isolated

In order to identify whether a person may need to be isolated, we recommend the following procedures:

- Conduct a screening at the entrance of the facility using the attached screening guide.
- If an individual presents with fever AND cough OR fever, cough, and KNOWN contact with a sick person, this person should be provided a mask (if available) and placed into the isolation area. If they are experiencing shortness of breath or are in respiratory distress, 911 should be called immediately.
- The same process applies if an individual becomes sick while in the shelter.
- If you are isolating an individual or call for transport to the hospital, please notify DHHS (Tung Nguyen tnguyen@hartford.gov).

If a Client CANNOT be Isolated Due to Lack of Space or a Designated Isolation Area

- If an individual is sick (experiencing symptoms or symptoms and known contact with a sick person) arrives at the shelter or becomes sick within the shelter, and cannot be isolated due to lack of space they should be provided a mask and kept as separated as possible from other residents. At minimum, they should not be allowed to enter the dormitory area.
- If the individual is in distress, they should call 911 so transport can be provided to the hospital.
- If the individual is not in distress, shelter staff should call either Tung (860-622-8187) or myself (860-539-8031).
- Tung and I will then determine what facility the individual will be sent to until such time he or she can be tested.
- Transportation for the individual will be provided by M7 Taxi. Once Tung or Liany approve the movement of the resident from the shelter to our isolation or quarantine facility, M7 Taxi should be called at 203-444-4444. Account number XXX must be provided.
- The individual should be provided a mask or face covering by the shelter and sit as far as possible in the vehicle transporting him or her to the quarantine or isolation facility.
- If the individual will have trouble doing this because they are experiencing a crisis, then please call an ambulance or the mobile crisis at 860-297-0999. M7 will not transport anyone to the facility if it cannot be done safely.
- The facility will be staffed two Recreation staff member and at times, an EMT and/or CNA, as we are able to. DHHS staff will conduct regular visits to the facility to coordinate the testing of the sick individual and provide comfort items to the individual.
- Once testing for the sick individual is arranged and COVID-19 is ruled out, the individual will be returned to the shelter.
- If the individual is COVID-19 positive, they will stay at the isolation facility until they meet the CDC guidance for return back to the shelter.

The ability to move an individual to a quarantine or isolation facility will only be provided to those still residing in congregate care settings. Moving individuals out of the hotels will be done on a case-by-case basis.

Evacuating a Homeless Shelter

- Evacuation of a shelter will only happen in extenuating circumstances.
- If an individual with a confirmed case of COVID-19 is found to have entered a shelter in the City of Hartford, those who were in the closest proximity (less than 6 feet for more than 15 minutes) will be asked to quarantine in place, if practical. If this isn't practical, we will move individuals into our quarantine facility.
- If the number of individuals who came into contact with the individual who tested positive is greater than the number of spaces available at the quarantine location, the shelter may be asked to move to a shelter in place model where residents quarantine in the shelter. DHHS will then move those that are symptomatic out to an isolation facility and order a cleaning of the facility.
- If an evacuation is ordered, it is the expectation that shelter staff will continue to staff the alternate location unless they are presenting symptoms. Only those individuals not presenting symptoms will be quarantined. Anyone experiencing symptoms will be sent to another facility until testing can be arranged.
- After the quarantine time period is up, everyone will be moved back to the shelter.

Shelter Residents in Hotels

Individuals who test positive or are exhibiting symptoms should stay in their respective hotels and isolate or quarantine in their room or a room designated by shelter staff. If this is not possible, shelter staff should contact me and we will make arrangements to transport the individual to the isolation facility using M7 and following the steps for those individuals residing in shelter facilities. However, every attempt should be made to have the individual stay at the hotel as it would be the most appropriate location as they would be in a private room. Our isolation and quarantine spaces are not private rooms.

If individuals are not cooperative with isolation or quarantine in the hotel, DHHS will work with you to achieve compliance. We will not issue quarantine orders if an individual is awaiting test results and will only issue an isolation order if we have exhausted all other powers of persuasion.

Access to Testing No Matter Location

The City of Hartford has worked with both hospital systems to increase access to testing for individuals in our community that are homeless.

To ensure that no one testing site is overwhelmed, we have divided the shelters into two groups. Group A will call the Hartford Health Care COVID-19 hotline and Group B will call the Trinity Healthcare of New England COVID-19 hotline.

Group A

Open Hearth
YMCA
Marshall House
Milner Warming Center

Group B

McKinney
South Park Inn
East Hartford Family Shelter
Enfield Warming Center

Group A (Hartford Health Care) will call 860-972-8100.

Group B (Trinity Healthcare of New England) will call 888-786-2790 and press 3 to speak directly to someone who can assist.

Both groups should state that the individual calling is homeless and is symptomatic. The resident does not need to have a provider as both can provide orders for testing if the resident does not have a regular source of care. Additionally, Hartford Health Care requires an order from one of their doctors so it is better to connect with their Hotline directly rather than getting an order from a personal physician.

If testing is ordered and an appointment is made through the vehicle testing site, you can arrange transportation through the City. To access transportation, you should send an email to Liany.Arroyo@hartford.gov with a CC to Carmen Chaparro at CHAPC001@hartford.gov with the following information:

- Name of Resident
- Name of Individual Making Appointment
- Shelter They Reside In (If from hotel, shelter through which they are being case managed from)

- Date of Appointment
- Location of Testing

After you send the email, please call M7 at 203-444-4444. This is the only number that can be used for COVID-related transportation calls. To make your appointment, you will provide the following account number: XXXT and the account password is 'XXXXX.' This is the account for wait and return testing trip. You do not need a response from me to make the call but do need to send the information to me before you make the call. M7 will also ask the name of the individual making the call, the organization they are calling from, and who is being transported.

All residents of shelters or the hotels being transported will need to have a mask and gloves on. My office will provide a starter supply to each shelter for ONLY this purpose. If you run out, we will make every attempt to provide more to you.



COVID-19 RESPONSE PLAN

Revised 5/14/2020

PHASE I, PRECAUTIONS

- 1) Restrict visitors to the building to those individuals necessary for maintaining the safety and health of the population. For example, client's nurses will be permitted as well as contractors necessary to continue the safe operation of the building. Other visitors and volunteers will not be permitted.
- 2) Permitted visitors will have their temperature taken with a touchless thermometer. Individuals having temperatures above normal will not be permitted.
- 3) All individuals entering the building will be screened using the screening tool titled, " Basic Coronavirus Care" (BCC) as distributed by Lina Arroyo, Director of the Hartford Department of Health and Human Services.
- 4) Staff will use the BCC to determine the appropriateness of their reporting to work. If they are at the "sick & stable" stage, or more critical, they will immediately inform their supervisor and remain home.
- 5) A copy of the BCC will be at the reception desk for assigned staff to reference.
- 6) Consistent with advice from Hartford HealthCare medical staff, staff who have tested positive for COVID-19 will be permitted to return to work fourteen days after they tested positive. Their reentry to the program is also subject to BCC clearance.
- 7) The questionnaire issued by CTDOC regarding signs of respiratory illness will be posted at the entrance of the building stating that one should not enter the building if they answer yes to the questions.
- 8) Informational signs regarding COVID-19 from the CDC are posted throughout the building.
- 9) All surfaces subject to continued and repeated touching (e.g. door knobs, light switches) will be disinfected on a rotating basis, throughout each day, consistent with recommendations from the CDC publication titled "Environmental Cleaning and Disinfection Recommendations".
- 10) All hard surfaces not subject to continued touching will be disinfected at least daily consistent with recommendations from the CDC publication titled "Environmental Cleaning and Disinfection Recommendations".
- 11) Vehicles used to transport clients will be disinfected after each transport.
- 12) All residents that have indication of respiratory illness will be evaluated by medical professionals.

- 13) A room, removed from the general population, has been prepared in the event that isolation is necessary. Currently that room is the Chapel.
- 14) A supervisor should be informed immediately if a resident is at the "sick & stable" or more critical stage of the BCC. The resident should also be immediately moved to the isolation room.
- 15) New admissions to the DOC program will follow the TOH COVID-19 Intake Procedure.
- 16) Admission to The Extended Program, except transfers from the DOC program, will cease.
- 17) Admission to the Shelter and Rehousing Program will be limited to those who have been in quarantine at the City of Hartford's isolation site for a minimum of fourteen days, are asymptomatic, and have tested negative for COVID-19.
- 18) Masks will be supplied to all individuals in the facility.
- 19) Staff are required to wear masks when in contact with clients or colleagues.
- 20) Clients are required to wear masks when in the common areas of the facility.
- 21) Antibacterial soap dispensers are provided at all sinks and will be monitored to insure adequate supply at least twice daily.
- 22) Hand sanitizer will be provided in dispensers strategically located throughout the facility.
- 23) All residents will be supplied with a pocket size bottle of hand sanitizer and the bottle will be refilled upon request.
- 24) Residents are only permitted to leave the property for verified employment and verified medical issues. Exceptions to this require COO approval.
- 25) Upon return to the building all residents are subject to the screening tool and their temperature will be taken.
- 26) No meetings of over five individuals will take place.
- 27) Meals time will be "staggered" to reduce the number of residents in the cafeteria at any one time.
- 28) Testing will be provided on site, on a biweekly basis, for all staff and residents.
- 29) As developments emerge staff will be informed.

PHASE II, PREVENT SPREAD OF RESPIRATORY PATHOGENS

All residents that are experiencing respiratory symptoms will be immediately isolated and scheduled for testing for COVID-19. They will remain in isolation pending the test results.

- 1) Isolate the client in the designated prepared isolation room.
- 2) Restrict the client to using only the bathroom specified, labeled (with signage) and reserved for clients in isolation.
- 3) Notify supervisor.
- 4) Immediately sanitize their living area and areas they frequented.
- 5) Only persons essential to the client's health and safety are allowed to enter the room.

- 6) When they leave the isolation room for necessary reasons (e.g. bathroom) they must wear a mask and gloves.
- 7) Enforce the use of proper hand and respiratory hygiene of staff who enter the isolation room as well as wearing the appropriate Personal Protection Equipment.
- 8) Use exclusively disposable dishes and eating utensils for client.
- 9) Provide alcohol-based hand rub in and immediately outside the isolation room.

PHASE III, MANAGEMENT OF SYMTOMATIC OR CONFIRMED CASES

See TOH Procedures for Residents Symptomatic or Confirmed For COVID-19



PROCEDURES FOR RESIDENTS SYMPTOMATIC OR CONFIRMED FOR COVID-19

Shelter & Rehousing Symptomatic:

- If the individual is in distress, they should call 911 so transport can be provided to the hospital.
- If the individual is not in distress they should immediately be quarantined.
- Staff should call either Tung (860-622-8187) or Liany (860-539-8031) of the City of Hartford, Health Department.
- Tung or Liany will determine what facility the individual will be sent to until such time he can be tested.
- Transportation for the individual will be provided by M7 Taxi. Once Tung or Liany approve the movement of the resident from the shelter to the isolation or quarantine facility, M7 Taxi should be called at 203-444-4444. Account number 947 must be provided. The password for transportation is peanuts.
- The individual should be provided a mask for transportation.
- Notify COO

Shelter & Rehousing Positive Test Result:

- The individual should be immediately isolated.
- Call either Tung (860-622-8187) or Liany (860-539-8031) of the City of Hartford, Health Department.
- Tung or Liany will determine what facility the individual will be sent to.
- Transportation for the individual will be provided by M7 Taxi. Once Tung or Liany approve the movement of the resident from the shelter to the isolation or quarantine facility, M7 Taxi should be called at 203-444-4444. Account number 947 must be provided
- The individual should be provided a mask for transportation.
- Notify COO

AUTHORIZATION TO DISCLOSE/OBTAIN HEALTH INFORMATION

Subject to the statements printed on the back, I, the undersigned patient or legal representative, hereby authorize the use and disclosure of health information including, if applicable, information relating to the diagnosis or treatment of mental illness, drug and/or alcohol abuse and HIV related information.

Patient Name: _____ Date of Birth: _____

FILL OUT BELOW TO DISCLOSE/OBTAIN

I authorize: Hartford Hospital to disclose /obtain health information to: _____
Facility Name

Address _____ Hartford CT 06105
Street Town State Zip code

Tele#:8 _____ Fax#: _____

Method of Disclosure/obtain:

Mail Verbal Pick-up Review Electronic MyChart Plus Fax _____

The dates of service and the type(s) of information to be used or disclosed are as follows:

Mental Health Record Substance Abuse Records HIV-Related Information

Date(s) of Treatment or Date Range: _____

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Abstract of Record | <input type="checkbox"/> Billing Records | <input type="checkbox"/> Consultations | <input type="checkbox"/> Discharge/Transfer Summary | <input type="checkbox"/> ED Record |
| <input type="checkbox"/> Entire Record | <input type="checkbox"/> History & Physical | <input type="checkbox"/> Laboratory Reports | | <input type="checkbox"/> MyChart Plus Enrollment |
| <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Progress Reports | <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Psych/Neuro Testing |
| <input type="checkbox"/> Radiology Films | <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Treatment Plan | <input checked="" type="checkbox"/> Other <u>COVID-19 Test Results</u> | |

The purpose of this disclosure or use is for the following reason: (Optional)

Medical Legal Disability Insurance At the request of the patient Other _____

- This authorization will expire (date) 05/13/21. If date is not completed, this authorization will expire one year from the date of signature below. I understand that I may revoke this authorization at any time by notifying Patient Relations in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization.
- I understand that under applicable law, the information disclosed under this authorization may be subject to further disclosure by the recipient and thus, may no longer be protected by federal privacy regulations.
- I understand that my treatment or continued treatment is in no way conditioned on whether or not I sign this authorization and that I may refuse to sign it.
- I understand that I may inspect or copy the information to be used or disclosed
- Legal guardian must sign this authorization if the patient is a minor.
- Minors receiving drug abuse, mental health, venereal disease treatment may sign their own authorization.

Authorization can be sent to:

- Backus Health Information Management, 326 Washington Street, Norwich, CT 06360 - Fax# 860.892.2723
- Charlotte Hungerford Health Information Management, 540 Litchfield Street, Torrington, CT 06790 – Fax# 860.496.6633
- Hartford Healthcare at Home, 181 Patricia M. Genova Dr., HIM Dept. 3rd Fl, Newington, CT 06111 – Fax# 860-380-1730
- HH/IOL Health Information Management, 80 Seymour St, Bliss 104, Hartford, CT 06102 – Fax# 860.545.6764 or 545.6446
- HOCC Health Information Management, 100 Grand Street, New Britain, CT 06050 - Fax# 860.224.5920
- MidState Health Information Management, 435 Lewis Avenue, Meriden, CT 06451 - Fax# 203.694.7605
- Natchaug Health Information Management, 189 Storrs Road, Mansfield Center, CT 06250 - Fax# 860.456.1381
- Rushford Health Information Management, 1250 Silver Street, Middletown, CT 06457 – Fax# 860.346.9038
- St. Vincent Health Information Management, 2800 Main Street Bridgeport, CT 06606 – Fax# 203-581-6556
- Windham Health Information Management, 112 Mansfield Avenue, Willimantic, CT 06226 - Fax# 860.456.6885
- HHCMG _____

Signature of Patient or Legal Representative

Date

Time

Relationship to patient: Self Parent Guardian Conservator Power of Attorney
 Administrator / Executor of Estate Documented Next of Kin

If signed by the legal Representative, attach appropriate documentation to verify authority

104507

104507

MR#: _____

Date Completed: _____

Pages Copied: _____

Initials: _____

HIV RELATED INFORMATION

In the event that information release constitutes confidential HIV related information protected under Connecticut Law: this information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

PSYCHIATRIC INFORMATION

If the event that information released constitutes confidential psychiatric information protected under Connecticut Law: This information has been disclosed to you from records whose confidentiality is protected by state law. State law Prohibits you from making any further disclosure of it or of using it for any purpose other than that indicated above without The specific written consent by the person to whom it pertains, or as otherwise permitted by said law.

DRUG AND ALCOHOL ABUSE RECORDS

In the event that information released is protected by the HHS Confidentiality of Alcohol and Drug Abuse Patient Records Regulations:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly Permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general Authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict Any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.