

COVID-19 Prevention, Screening, and Infection Control in Illinois Homeless Shelters



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Introductions

Elissa Bassler, CEO, IL Public Health Institute

Todd Fuller, Statewide Housing and Employment First Coordinator, IL Dept of Human Services

Angela Campo, BA, Supportive Housing, IL Dept of Human Services

Gabriela Moroney, AM, Policy Advisor/Project Manager, IL Dept of Human Services

Steven Rothschild, MD, Professor and Chair, Dept of Family Medicine, Rush University Medical Center

Olamide Jarrett, MD, MPH, Section of Infectious Diseases, UI Health

Evelyn Figueroa, MD, UIC Professor of Clinical Family Medicine, Lead Physician of the PGM Emergency COVID Response Team, Executive Director of the Pilsen Social Health Initiative

Jesica Herrick, MD, MS, Asst. Professor of Clinical Medicine, UI Health

Stockton Mayer, DO, Division of Infectious Diseases at UI Health



COVID-19

During the COVID-19 emergency, local health departments are an important resource. Please follow protocols and guidance provided by your local health department

A statewide directory of local public health departments can be found at:

<http://www.idph.state.il.us/LHDMap/HealthRegions.aspx>



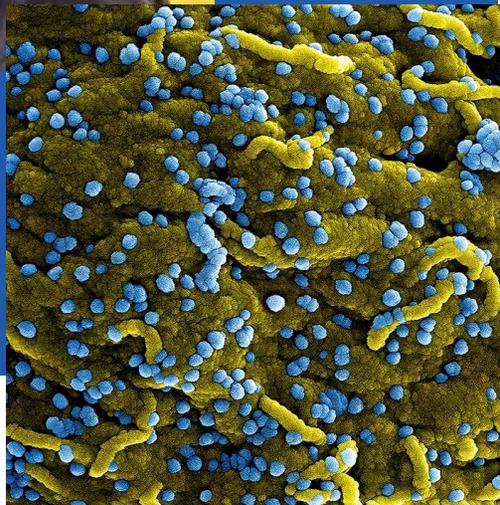
**Please note that this is not an exhaustive list; Local Health Departments will be able to provide more details regarding their specific capacities.*

Local Health Departments

***Examples of issues that your local public health department may be able to assist with include:**

- Assistance procuring sanitizing supplies and personal protective equipment (PPE)
- Advising on clinical protocols and pathways for individuals who may be COVID-19 positive
- Locating and securing alternate housing options for persons who test positive for COVID-19 who do not require hospitalization but need isolation (including those exiting from hospitals); these options will be wheelchair accessible as needed
- Arranging transportation to alternate housing sites or medical appointments; transportation will be wheelchair accessible as needed
- Coordination of follow-up medical care for individuals recovering from COVID-19 or management of chronic illnesses
- Mental health, substance use disorder, suicide prevention, and domestic violence resources/referrals that are beyond the reach of your organization
- Information on local food pantries

COVID-19



Background

COVID-19 (Coronavirus Disease 2019) is a new respiratory illness that can spread from person to person.

Some people are at higher risk for severe illness from COVID-19, including:

- People over 60 years of age
- Individuals experiencing homelessness can be at high risk at a younger age, particularly those with other underlying health conditions
- People, regardless of age, with underlying health conditions

Common signs and symptoms: fever, cough, and difficulty breathing

Some individuals are “asymptomatic” meaning they lack common COVID-19 symptoms but can still spread the virus.

People experiencing homelessness are at higher risk

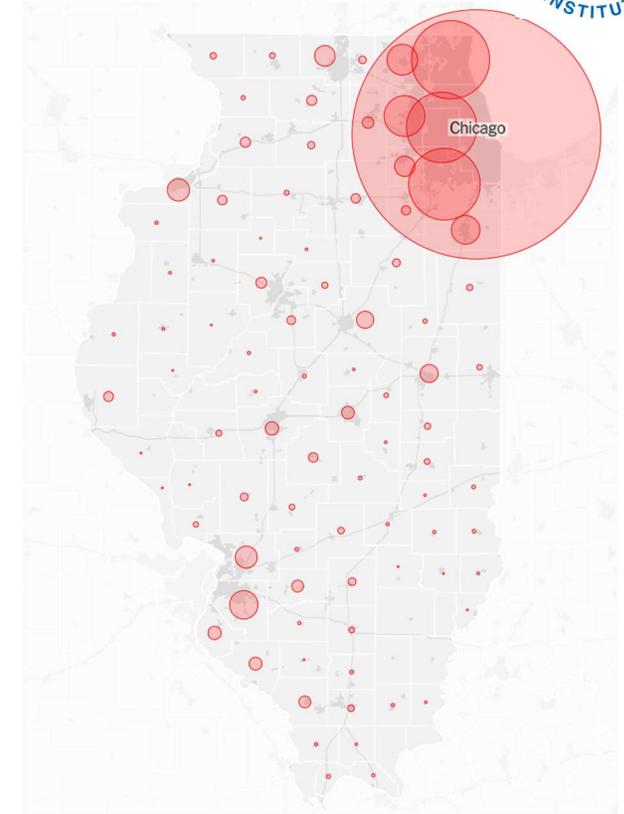


COVID-19 Homeless Response Networks

A few communities have created partnership networks to mitigate the impact of COVID-19 on the homeless and housing insecure population. One example is the *West Side Homeless COVID Response Group* in Chicago that could provide some ideas or a model for your area.

Who is participating in this work?

- Hospitals and Health Systems
- Federally Qualified Health Centers
- Shelter Operators
- Respite Care Providers
- Non-profit and advocacy organizations
- Academic institutions, research institutions, medical schools, graduate schools, students, etc.
- City agencies, municipal governments, support services etc.



Confirmed COVID-19 cases by county.
Updated April 16, 2020. Source: NY Times



West Side Homeless COVID Response Group

Prevention-Focused Goals:

- Reduce risk of spread of COVID-19 among homeless residents and agency/shelter staff
- Provide supplemental support for staff and other agencies serving the homeless and vulnerably housed
- Sustain basic medical services for the homeless population during COVID-19 outbreak

Containment-Focused Goals:

- Isolate persons with flu-like illness, or symptoms of COVID-19, especially those at highest mortality risk
- Obtain cultures quickly when outbreaks occur
- Isolate those with confirmed COVID-19 and support their recovery – and also address complex psychosocial and medical needs
- Support agencies that care for vulnerable populations as they come under increasing stress
- Create a clearinghouse for information and mutual support and problem-solving

Protocols for Shelter Staff Implementation

- Screening
- Testing
- Monitoring
- Isolation and Quarantine



Screening

Shelter clients should be screened daily for COVID-19 symptoms

If the shelter has an established partnership with a medical provider group, the medical providers can share the symptom screen already in use by that medical group

If the client has any symptoms, follow your shelter's infection control plan

If a plan is not in place, contact local health department to finalize an individualized plan for your site



Screening Components

- Symptom Screen
- Temperature Check
- Risk Factors

Screening Process

YES/NO Screening Questions:

1. Do you have a **NEW cough, or a cough that is WORSE than your baseline?**
2. Do you have **shortness of breath, that is changed from baseline?**
3. Do you have **muscles aches?**
4. Do you have a **sore throat?**
5. Do you feel **more fatigued than usual?**
6. Any **new headaches?**
7. Have you had any known contact with someone that has tested positive for COVID-19?

Temperature:

1. All temperature will be taken in °Fahrenheit
2. **Any temperature > 100°Fahrenheit is considered a fever**

Items highlighted in red constitute a positive screening

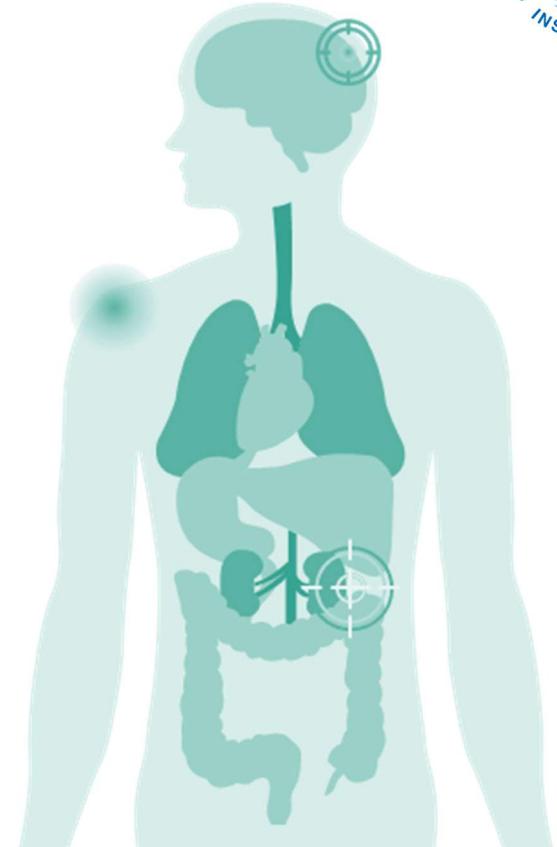


Risk Factors:

- Are you over **60/65** (depends on location ask your local health department)
- Do you have an underlying health condition such as heart disease, COPD, diabetes, chronic renal disease, liver disease, or cancer?
 - If yes, what condition?

Identify and monitor clients who could be at high risk for complications

- People, **regardless of age** but particularly those aged over 60, with underlying medical conditions, particularly if not well controlled, including:
- Chronic lung disease or moderate to severe asthma
- Immunocompromised, including cancer treatment, smoking, bone marrow, or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- Severe obesity
- Poorly controlled diabetes
- Chronic Kidney Disease undergoing dialysis
- Liver disease

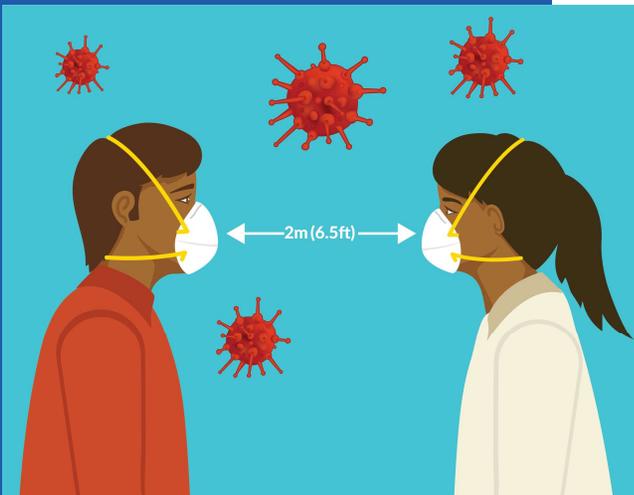


Quarantine VS Isolation

Quarantine

Separates and restricts the movement of people who were exposed to COVID-19 to see if they become sick.

- Individuals who are quarantined can be separated with others of the same status **if social distancing is implemented**



Isolation

Separates **sick people with COVID-19** from people who are not sick.

- Must have separate room and separate bathroom



Quarantine and Isolation

In the following cases:

- Client is tested and is COVID-19 positive (**report testing result to local health department**)
- Client is asymptomatic but has been exposed* to an individual who is confirmed COVID-19+
- Client has significant risk factors as identified in screening

Implement the following procedures:

- **Option A:** If possible, create quarantine/isolation spaces within the facility
- **Option B:** If not possible to isolate or quarantine, call your local health department for guidance
 - Testing, isolation/quarantine, alternative housing

In the following case:

- Client has a **positive symptom screen** per screening process

Implement the following procedures:

- **Option A:** If you have a contracted medical provider; seek guidance on testing from them; or
- **Option B:** Call local health department for guidance on testing

*Exposure:

- a) Close contact with an individual is defined as—being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case – or –
- b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

Infection Control

- Everyday Preventive Actions
- Education
- Social Distancing
- Environmental Disinfection
- Personal Protective Equipment



GREET SAFELY WITHOUT TOUCHING

COVID-19 PREVENTION



DO NOT TRANSFER GERMS WHILE GREETING PEOPLE
AVOID PHYSICAL CONTACT

Provide instructions to your workers about actions to prevent disease spread. Meet with staff to discuss plans to help clients implement personal preventive measures.



Everyday Preventive Actions

Avoid close contact with people who are sick unless you are wearing appropriate PPE, especially if you are at higher risk for serious illness.

Clean your hands as often as possible, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing

- Use soap and water to wash hands for at least 20 seconds, especially when hands are visibly dirty;
- If soap and water are not available, use a hand sanitizer that contains at least 60% ethanol.

Do not touch your eyes, nose and mouth with unwashed hands.

Try alternatives to shaking hands, like a wave.

Cover your coughs and sneezes with a tissue or into your elbow. If you use a tissue, throw it in the trash and perform hand hygiene (wash your hands or use hand sanitizer). Gloves are not an alternative.

COVID-19

Infection Control Education

Educate your clients about COVID-19 and how to reduce their risk

- Place signs that encourage cough and sneeze etiquette and hand hygiene at the entrance to your facility and in other areas where they are likely to be seen such as gathering areas, dining areas, bathrooms, etc.
- Provide educational materials about COVID-19 for non-English speakers, as needed.
- Check out CDC's resources page – many of the handouts and posters are available in multiple languages.
- There is an excellent printable handout about COVID-19 for homeless shelter clients, designed by Dr. Darcie Moeller at Cook County Health, also available in multiple languages.



Don't touch your face.



If you need to touch your face, wash your hands first.

Wash your hands often.



Count to 20 slowly while you make soapsuds.

Or use hand sanitizer.

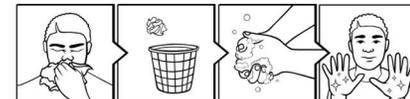
Keep rubbing your hands together until dry.



When you cough...

cover your nose and mouth!

Use a tissue.

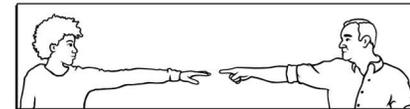


Or use your elbow.



Whenever you can,

stay at least **6 feet** away from others.



Enjoy some alone time!

Source: Cook County Health

Implement Social Distancing

Recommendations for shelter operations:

- **Identify isolation space within your facility.**
- **Limit visitors to the facility.**
- **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. check-in staff).

Sleeping Areas:

In congregate sleeping areas, ensure that beds/mats are at least 6 feet apart and request that all clients sleep head-to-toe.

Mealtimes:

- Have staff hand supplies or food to clients, rather than clients reaching into common supplies.
- If feasible, stagger meals to reduce crowding.

Bathrooms:

- If feasible, stagger bathroom schedule to reduce the number of people using the facilities at the same time.
- Encourage staff and clients to disinfect bathroom surfaces after use.
- If feasible, have one designated bathroom for ill persons.

Common Spaces:

- Create a schedule for using common spaces and disinfect between uses.
- Cancel group activities.
- Increase distance between persons. If possible, keep them a minimum of 6 feet apart.
- Transport fewer people per trip so passengers don't sit too close together.

Environmental Disinfection

Enhanced environmental disinfection is recommended at least three times per day or once per shift.

When possible, the use of spray products from the [U.S. EPA's list of disinfectants for use against COVID-19](#) guide is recommended.



Common touchpoints include:

Door knobs and door handles, door push bars, light switches and cover plates, telephones, reception desks and reception area furniture, elevator call buttons and cover plates, refrigerator door handles, TV remote controls, microwave buttons, breakroom tables and countertops, filing cabinet handles, stair and ramp hand railings, vending machine buttons, paper towel dispensers, soap dispensers, toilet seat and urinal flush handles, restroom door partition door handles, workstation and office desk tops, drawer pulls, keyboards and mice, and office equipment.

Healthcare facilities will require cleaning of additional surfaces, including but not limited to wheelchair handles, IV poles, bed rails, nightstands, and nurse call buttons.

Personal Protective Equipment

Personal Protective Equipment (PPE) is an important component of infection control.

The next section will provide information on the proper use of PPE.



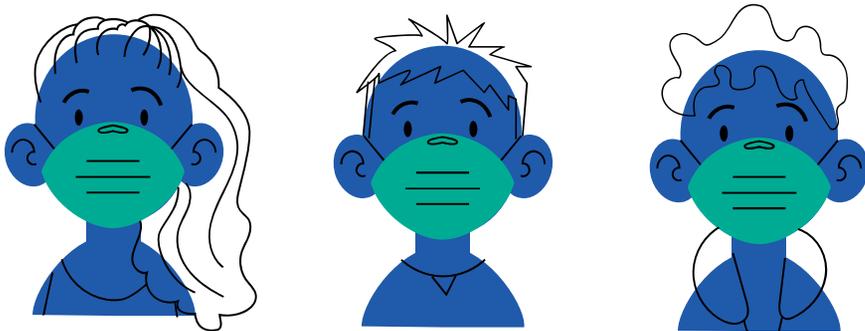
Proper Use of Personal Protective Equipment

- Universal Masking Recommendations
- Proper Use and Cleaning of Masks
- Proper Use of Gloves



Universal Masking

It is recommended that congregate living facilities serving vulnerable populations implement a universal masking policy that requires all staff to wear a mask when working and all clients to wear cloth masks.

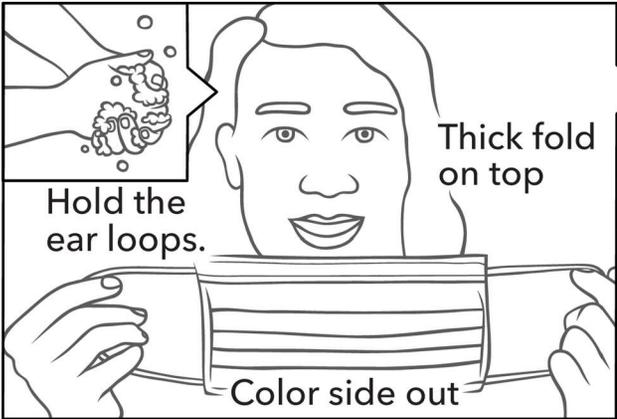


- Masks can prevent infection when caring for sick individuals and reduce the chance of spread from an infected person to another person.
- **Inappropriate use of masks can make you more likely to get infected.**
- Hand hygiene should be performed before putting on a mask, and after touching, adjusting, or removing a mask.
- Facemasks should be removed and discarded if soiled, damaged, or hard to breathe through.
- Cloth masks should be washed at least once a day. Typically when the wearer is finished with it for the day.

Proper Mask Use

How should I put my mask on?

Cook County Health



Put the loops around your ears.



Pull the bottom around your chin.



Bend the top to fit your nose.



Have you worn this mask before?

Wash your hands again after you put the mask on!

Masks can prevent infection and reduce the chance of spread from an infected person to another person. Inappropriate use of masks can make you more likely to get infected.

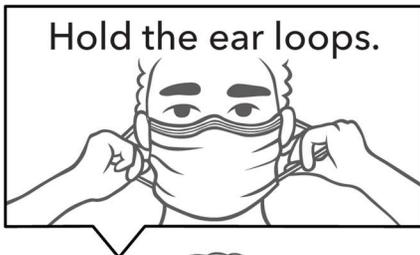


COVID-19

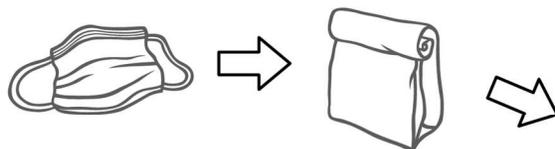
Proper Mask Use

How should I take my mask off?

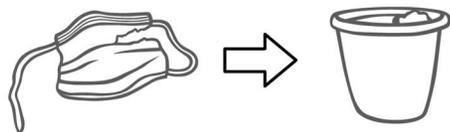
Hold the ear loops.



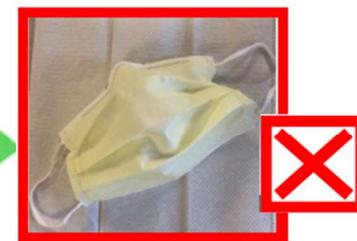
If you're going to reuse it, put it in a clean paper or plastic bag.



If you can see it is dirty or damaged, throw it away.



✓ Store masks facing down when not in use



✓ Store ties away from the inside of masks when not in use



Don't touch your face.



COOK COUNTY
HEALTH

Proper Glove Use



Globus

DON'T touch environmental surfaces – eg: door handles, a keyboard, a computer mouse, cell phone – with contaminated gloves

DON'T touch your face or adjust PPE with contaminated gloves

DON'T remove one glove, and then pull the other glove off by the fingertips

DON'T reuse disposable gloves once they have been removed

DO safely remove excess liquid beforehand

DO change gloves when heavily soiled or if torn

DO dispose of used gloves appropriately

DO wash hands after removing gloves

Additional Measures to Prevent and Reduce Transmission of COVID-19

Establish a relationship with local government support services, especially your local health department

Read and familiarize yourself with CDC guidance for homeless service providers.

Partner with a healthcare provider to get additional support and expertise.

Encourage employees and volunteers to stay home if they feel unwell prior to coming to work. Send them home if they become unwell.



People experiencing homelessness may have or be at increased risk of adverse mental health outcomes, particularly during outbreaks of infectious diseases.

Utilize resources such as:

- Local chapters of the National Alliance on Mental Illness (NAMI) for support.
- IDHS Help is Here: Talk to Someone page: <http://www.dhs.state.il.us/page.aspx?item=123539>
- IDHS warm line: 866-359-7953. Wellness Support Specialists
- CDC Information https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html



Question & Answer

Presenter Contact Information

IL Department of Human Services

Gabriela Moroney Gabriela.Moroney@illinois.gov

Angela Campo Angela.Campo@illinois.gov

Todd Fuller Todd.Fuller@Illinois.gov

IL Public Health Institute

Elissa Bassler elissa.bassler@iphionline.org

Jess Lynch jessica.lynch@iphionline.org

Rush University Medical Center

Steven Rothschild Steven_Rothschild@rush.edu

UI Health

Jesica Herrick chreste5@uic.edu

Olamide Jarrett ojarrett@uic.edu

Stockton Mayer smayer75@UIC.EDU

The Pilsen Social Health Initiative

Evelyn Figueroa efigue@uic.edu

