



# SNH COC COVID-19 Toolkit

*Last Update: March 24, 2020*

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## INTRODUCTION

With the emergence of the Coronavirus Disease 2019 (COVID-19), the Southern Nevada Homelessness Continuum of Care thought it necessary to provide this toolkit along with guidance to local shelter and care providers. This document contains interim guidelines for Southern Nevada’s homeless service providers in response to COVID-19, intending to assist organizations with a plan to respond to this emerging public health threat.

These recommendations are compiled from a variety of sources—including the Center for Disease Control (CDC), Southern Nevada Health District (SNHD), and guidance from the US Department of Housing and Urban Development (HUD)—and presented in an attempt to reduce the risk to clients, staff, volunteers and stakeholders that may be participating in organizational activities and functions. SNHD will update guidance as needed and as additional information becomes available. Since information about COVID-19 has been changing every day, it is encouraged that organizations regularly check for updates from [SNHD](#). Updates will be made to Help Hope Home at: <http://helphopehome.org/covid-19-response/> as often as possible.

## PREPAREDNESS AND PREVENTION

Efforts to prevent and manage the spread of COVID-19 in our community and across our shelters are listed below:

- **Provide COVID-19 prevention supplies for staff, volunteers, and those you serve.** Take inventory to make sure you have the supplies on hand that are listed later in this document - an eight-week supply is recommended.
- **Emphasize staying home when sick, respiratory etiquette, and hand hygiene by all at your organization.**
  - Place posters that encourage [staying home when sick](#), [coughing and sneezing 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 offices and common areas.
  - Instruct employees and clients to frequently wash their hands with soap and water for at least 20 seconds. If that is not possible, advise them to use an alcohol-based hand sanitizer that contains at least 60-95% alcohol, and for them to be sure to rub it into 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 pathogen claims, maintained by the American Chemistry Council Center for Biocide Chemistries (CBC), is available at the website below:  
<https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>

Always follow the manufacturer's instructions for all cleaning and disinfecting 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 there is a 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 doesn't go bad and can be used in the future. It is recommended that food be served on disposable products, so plan also to have sufficient paper plates, flatware, and drink-ware.

- **Ensure an ample inventory of traditional first aid supplies** including pain relievers and other symptom relievers.

A checklist of recommended supplies to assist with preventing and managing the spread of COVID-19 can be found toward the end of this document.

## PREVENTION FOR SHELTER ENVIRONMENTS

**At check-in**, provide any client with respiratory symptoms (cough, fever) with a surgical mask. Per HUD guidelines, shelter providers should consult with their local health department before turning away individuals with respiratory symptoms.

The following protocols are advised to increase prevention in within shelter environments:

- **Clients checking in with mild respiratory symptoms consistent with COVID-19 infection** should be confined to individual rooms, if possible, and instructed to avoid common areas.
- **Follow CDC recommendations for preventing further spread in your facility.**
  - If individual rooms for sick clients are not available, consider using a large, well-ventilated room for people with mild respiratory symptoms.
  - In areas where clients with respiratory illnesses are staying, keep beds at least 3 feet apart and use temporary barriers between beds, such as curtains, and request that all clients sleep head-to-toe.
  - If possible, designate a separate bathroom for sick clients with COVID-19 symptoms.
  - Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to ill persons to as-needed cleaning (e.g., of soiled items and surfaces) to avoid unnecessary contact with the ill persons.
- **Decisions about whether clients with mild illness due to suspected or confirmed COVID-19** should remain in the shelter or be directed to alternative housing sites should be made in coordination with local health authorities.
- **If you identify any client with severe symptoms**, notify your public health department and arrange for the client to receive immediate medical care.

Shelter providers should establish protocols for addressing such situations with the appropriate health departments as soon as possible. If an individual requires medical attention, providers should direct them to a healthcare provider.

## SHELTERING FOR INDIVIDUALS AT RISK INCLUDING HOTEL/MOTEL

Collaboration is critical among involved systems—including the homelessness services system, local government and emergency services, public health systems, and health care facilities—to ensure that people experiencing homelessness have access to safe and adequate shelter, housing, and medical care if they become ill with COVID-19. The CoC is working to identify hotel/motel rooms and other spaces around Southern Nevada to support homeless individuals or families who, in priority order:

- **Test positive for COVID-19 and do not require hospitalization but need isolation (including those exiting from hospitals);**
- **Have been exposed, or potentially exposed to COVID-19 and do not require hospitalization;**
- **Need social distancing as a precautionary measure, particularly for high-risk groups such as people over 65 or with certain underlying health conditions (respiratory, compromised immunities, chronic disease);**
- **Are not among the foregoing categories but are categorized as a homeless population whose living situation makes them unable to adhere to social distancing guidance.**

## CLIENT IMPACT

**Plan for the impact of people not having access to medications.** Access to medication can be interrupted during a pandemic. Since many people experiencing homelessness live with chronic diseases or mental illnesses 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 their space to accommodate as many people as they can on a nightly basis. This could work against efforts to decrease spread of the illness. 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 ensuring that sleeping arrangements are organized in a head-to-foot configuration.

**Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for hand washing.** 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, and 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 becomes ill or passes 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.

## WORKFORCE IMPACT

### Actively encourage sick employees to stay home, using the following guidelines:

- Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of a fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms of illness for at least 24 hours. This should be 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 contracted 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 face masks 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. Supervisors should encourage employees to telework if they are able to do so 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 and/or 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, temporarily suspend some of your operations if needed, or plan for longer shifts of employees that remain).
- Prepare staff to handle different jobs than they're used to performing in the event that key staff members are absent. Flexibility will be key.

## COMMUNICATIONS

**Stay informed about the local COVID-19 situation.** Get up-to-date information about local COVID-19 activity from public health officials (Southern Nevada Health District- SNHD) on the website below:

<https://www.southernnevadahealthdistrict.org/coronavirus>

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

**Create a communication plan** for distributing timely and accurate information. Identify everyone in your chain of communication (e.g., staff, volunteers, key community partners and stakeholders, 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 system, website, or social media to help disseminate information to those inside and outside of your organization.

- It is important to understand that Social Media can be a key to communicating information during the current time. If you are not following Help Hope Home on Facebook, please take a moment to locate and like our page as we are regularly updating posts with information as it becomes available.

**Identify and address potential language, cultural, and disability barriers** associated with communicating COVID-19 information to workers, volunteers, and those you serve.

**As circumstances change,** the CoC suggests shelter providers maintain communication with Help Hope Home and the Southern Nevada CoC to ensure the community is aware of changes to hours and operation during this time. Please send an email to [HelpHopeHome@ClarkCountyNV.gov](mailto:HelpHopeHome@ClarkCountyNV.gov) with the subject line COVID-19 Shelter Update: *Shelter/Agency Name*.

## TRANSPORTATION

In general, transport and movement of the patient outside of their room should be limited to medically essential purposes. If being transported outside of the room, such as to radiology, healthcare personnel (HCP) in the receiving area should be notified in advance of transporting the patient. For transport, the patient should wear a facemask to contain secretions and be covered with a clean sheet.

If transport personnel must prepare the patient for transport (e.g., transfer them to the wheelchair or gurney), transport personnel should wear [all recommended PPE](#) (gloves, a gown, respiratory protection that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator or facemask—if a respirator is not available—and eye protection [i.e., goggles or disposable face shield that covers the front and sides of the face]). This recommendation is needed because these interactions typically involve close, often face-to-face, contact with the patient in an enclosed space (e.g., patient room). Once the patient has been transferred to the wheelchair or gurney (and prior to exiting the room), transporters should remove their gown, gloves, and eye protection and perform hand hygiene.

If the patient is wearing a facemask, no recommendation for PPE is made typically for HCP transporting patients with a respiratory infection from the patient's room to the destination. However, given current limitations in knowledge regarding COVID-19 and following the currently cautious approach for [risk stratification and monitoring of healthcare personnel caring for patients with COVID-19](#), use of a facemask by the transporter is recommended for anything more than brief encounters with COVID-19 patients. Additional PPE should not be required unless there is an anticipated need to provide medical assistance during transport (e.g., helping the patient replace a dislodged facemask).

After arrival at their destination, receiving personnel (e.g., in radiology) and the transporter (if assisting with transfer) should perform hand hygiene and wear [all recommended PPE](#). If still wearing their original respirator or facemask, the transporter should take care to avoid self-contamination when donning the remainder of the recommended PPE. This cautious approach will be refined and updated as more information becomes available and as response needs change in the United States.

Interim guidance for EMS personnel transporting patients with confirmed or suspected COVID-19 is [available here](#). EMS personnel should wear all recommended PPE because they are providing direct medical care and in close contact with the patient for longer periods of time.

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>

## SUPPLIES CHECKLIST

Based on recommendations from the CDC and Southern Nevada Health District the following supplies should be available to staff, volunteers and clients to assist with prevention and reducing the spread of COVID-19 in shelter facilities. Please take inventory and ensure supplies are kept on hand and that at least a 2-month supply is available at your facility.

- Hand Soap
- Hand Sanitizer that contains at least 60% Alcohol
- Tissue
- Toilet Paper
- Extra Trash Basket/Trash Bags
- Disposable Face Masks (N-95)
- Rubber Gloves of various sizes
- Cleaning Supplies
- Infrared Thermometer

# CORONAVIRUS (COVID-19) SCREENING TOOL

## INSTRUCTIONS

Use this document to screen entering clients. This information is not required to be entered in HMIS.

### DATE

/		/
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### CLIENT NAME

### HMIS CLIENT ID

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## SYMPTOMS

Does the client have the following signs and symptoms? Check all that apply. If client is not symptomatic, continue to  *Screener Name*.

<input type="checkbox"/> Fever
<input type="checkbox"/> Cough
<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Shortness of Breath

## SYMPTOM ONSET

If the client is symptomatic, answer the *Symptom Onset* questions below. If client is not symptomatic, continue to *Screener Name*.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unkn own	Has the client had close contact with a person who is under investigation for COVID-19 while that person was ill?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unkn own	Has the client had close contact with a laboratory-confirmed COVID-19 patient while that case was ill?

## SCREENER NAME

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## SCREENER SIGNATURE

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### DATE

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## NOTES