

COVID-19 Guidance for Behavioral Health and Homeless Service Providers

Background

Coronavirus disease 2019 (COVID-19) is a respiratory disease caused by a newly identified coronavirus (SARS-CoV-2) that was first detected in Wuhan City, China. The virus is now detected throughout the world, and is causing community level spread in Philadelphia. COVID-19 is spread to people who are susceptible through direct contact with respiratory droplets that are expelled into the air when an infected person coughs or sneezes. The symptoms of COVID-19 are fever, cough, and shortness of breath. In addition, illness may be accompanied by other symptoms including headache, tiredness, runny or stuffy nose, chills, body aches, diarrhea, and vomiting. Like seasonal flu, COVID-19 infection in humans can vary in severity from mild to severe. Check the [CDC website](#) for the most up-to-date information on COVID-19. The virus is thought to spread mainly from person-to-person, usually between people who are in close contact with one another (within about 6 feet).

General Prevention Tips

Because COVID-19 is spreading in the community, take steps now to prevent introduction within your shelter community.

- Provide education to both staff and clients on how to best prevent the spread of illness and how to protect themselves. Encourage social distancing: shut common rooms, space chairs and bedding 6 feet apart, and post signs and educate clients about the importance of physical separation from others and hand washing. Find general FAQs here: [COVID-19 FAQ](#)
- Encourage ill staff and volunteers to stay home (or be sent home if they develop symptoms while at the facility) to prevent transmitting the infection to others.
- Post signs at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette. Downloadable signs can be found here: [PDPH Signs](#)
- Prohibit visitors from the shelter until COVID-19-related restrictions have been revoked.
- 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

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Call (800) 722-7112 to speak to a health care professional on the Greater Philadelphia Coronavirus Helpline

- Do not touch your face while wearing gloves
 - Change gloves if gloves become damaged, visibly soiled
 - Carefully remove gloves to prevent contaminating your hands
 - Clean your hands immediately after removing gloves
 - Consider posting signs related to glove use, such as this one from CDC: [Proper Glove Use](#)
- Staff conducting day-to-day operations, such as serving meals or distributing medications to clients, may wear cloth face masks (see directions below). For those unable to tolerate cloth masks or those who want an additional layer of protection, reusable [face shields](#) are an option to consider.
 - If available, cloth masks can also be offered to shelter residents for use in public areas.
 - Provide plastic-lined wastebaskets in your facility for used tissues and masks.
 - Keep a supply of gloves for staff to use when picking up used tissues or emptying wastebaskets.
 - Clean and sanitize frequently touched surfaces several times per shift. Pay attention to doorknobs, banisters, tabletops, and handrails, pens, phones, bathroom fixtures, keyboards etc.
 - Most disinfectants are effective against the coronavirus that causes COVID-19. Information about effective products against viruses and bacteria can be found at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

How to Use a Mask

- Use cloth face coverings, not surgical masks or N95 respirators.
- Make sure your mask fits well around the mouth and nose without any gaps at the sides.
- Use 2-3 layers of close-fitting fabric.
- Choose a mask that is comfortable enough for you to keep it on whenever you are in public places. Make sure you can breathe easily while wearing it.
- **Consider the outside of the mask to be dirty:** avoid touching the mask while in use and wash hands or use hand sanitizer before and after removing or adjusting the mask.
- Put masks in the laundry whenever wet or soiled and at the end of each day.
 - Fabric face masks can be washed with ordinary detergent and do not have to be separated from other laundry.
- Cloth face coverings should **not** be placed on young children under age 2, anyone who has trouble breathing, or is unable to remove the mask without assistance.
- Face shields can be worn with cloth masks for those who want additional protection or instead of cloth masks uncomfortable breathing in a mask.

Outbreak Definition

A single resident or staff member in a congregate setting confirmed with COVID-19 by PCR is an outbreak.

Reporting an Outbreak

All suspected and confirmed outbreaks should be promptly reported to the Philadelphia Department of Public Health (PDPH) by calling 215-685-6742 during business hours or 215-686-4514 during evenings, weekends and holidays and asking for the Division of Disease Control on-call staff.

Case Identification

Many people with COVID-19 will have mild illness and do not need to be hospitalized. Consider the following criteria for evaluating symptomatic clients who may not be confirmed to have COVID-19 by laboratory testing. **Clients with respiratory symptoms should wear surgical masks to protect those around them.**

If you identify a client with severe symptoms of COVID-19 infection, take the client to receive medical care immediately or call 911. **Severe symptoms include:**

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

Mild symptoms, as below, do not typically require medical attention:

- Runny nose or nasal stuffiness
- Mild headache
- Body aches
- Mild GI upset (more often seen in children) or poor appetite.

Please keep in mind that these are basic guidelines. Use your judgment. If your client is over age 50 or has underlying medical problems like diabetes, heart disease or lung disease, or weakened/suppressed immune symptoms, they may be more vulnerable to COVID-19 and its complications.

Resident Considerations

If a client at a shelter develops fever, cough, or shortness of breath:

- Contact the Philadelphia Department of Public Health (PDPH), Division of Disease Control at 216-685-6742 (business hours) or 215-686-4514 (after hours) to arrange for COVID-19 testing and to assess if housing is available (shelters only).
- Give client a mask to be placed over the nose and mouth. If masks are not available or there is low supply, consider use of non-medical grade face masks: PPE Conservation
- If possible, sick clients should be confined to individual rooms with separate bathroom and eating facilities and should avoid common areas.
- Isolation is not always possible in certain situations, if not available, space individuals at least 6 feet away from other clients. Consider using a large, well ventilated room specifically for sick persons.
- Help reduce spread by arranging beds at least 6 feet apart (if possible). Create temporary physical barriers between beds using sheets or curtains. Arrange beds so that individuals lie head to toe relative to each other.
- If available, cloth masks may be offered to other shelter residents for use in public areas.
- Give sick clients access to fluids, tissues, plastic bags for the proper disposal of used tissues, and a means to wash their hands or alcohol-based hand sanitizers.
- If a person's health status worsens call their Primary Care Provider for medical advice. If it is a medical emergency, call 911. Alert emergency services that the individual may have or is currently infected with COVID-19.
- Give particular consideration to those clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and check on them regularly.
- Maintain surveillance of residents and staff by monitoring for COVID-19 symptoms and doing temperature checks twice per day if possible. The Philadelphia Department of Public Health will provide a template line list for you to use.
- Contacts of COVID-19 confirmed cases should be quarantined for 14 days to observe for development of symptomatic disease.
- Confirmed COVID-19 cases should remain in isolation for a minimum of 7 days after onset of symptoms and 3 days after resolution of fever (off antipyretics) with improvement in respiratory symptoms. Clients do not need to have a negative test for COVID-19 for isolation to be discontinued.

Staff Considerations

- Staff providing healthcare to confirmed and possible COVID-19 cases in the shelter setting should wear surgical masks and gloves as well as gowns, if available. Please follow recommendations for extended surgical mask use. If masks are not soiled or torn and have been handled and stored properly, they can be re-used for up to 7 days. Where surgical masks are not available, consider use of non-medical grade face masks or face shields.
- 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.
- All other staff not caring for sick residents should use cloth masks as above.

Other Considerations

- If an outbreak is recognized in a residential facility, there should be an effort to limit new admissions to the facility or transfers between facilities until at least fourteen days has elapsed with no new cases and after the onset of symptoms in the most recent case. Persons should not be turned away from the facility; however, every precaution should be made to separate sick individuals from healthy ones. If new residents are accepted, they should be screened upon registration and intake for symptoms of COVID-19.
- Linens (such as bed sheets and towels) should be washed in hot water using laundry soap and tumbled dry on a hot setting.
- Consider using disposable cups, plates, and eating utensils for ill individuals. If your facility uses non-disposable utensils and cups, they should be washed with soap and hot water or in a dishwasher
- Staff and volunteers should wash their hands with soap and water or use hand sanitizer immediately after handling dirty laundry.
- Agencies should develop strategies for handling violent, aggressive, or non-cooperative clients who are ill and are required to remain in isolation. Ill individuals in isolation may also have other mental health issues that require intervention.
- During an outbreak, policies related to access to smoking, drugs, or alcohol may need to be changed, particularly for individuals in isolation.
- Individuals in isolation may need to refill prescriptions or need access to daily medications such as methadone. Consider what assistance clients and guardians may need to obtain and take prescription or over-the-counter medications.