

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 talks, 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, tiredness, runny or stuffy nose, sore throat, chills, body aches, diarrhea, vomiting, and loss of the sense of smell or taste. Like seasonal flu, COVID-19 infection 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- Prohibit visitors from the shelter until COVID-19-related restrictions have been revoked.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.
 - Do not touch your face while wearing gloves.

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

- 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, should wear surgical or cloth face masks (see directions below). For those unable to tolerate masks or those who want an additional layer of protection, reusable [face shields](#) are an option to consider.
 - Shelter residents should wear surgical or cloth masks when in public areas.
 - Provide plastic-lined wastebaskets in your facility for used tissues and paper masks. Cloth masks can be laundered with regular laundry and reused.
 - 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/pesticideregistration/list-n-disinfectants-use-against-sars-cov-2>

How to Use a Mask

- Use cloth face coverings or surgical masks, not 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 for those not able to tolerate wearing 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 have COVID-like illness (CLI) but may not be confirmed to have COVID-19 by laboratory testing. **Clients with CLI 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
- Blue color to lips
- 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
- 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 or other symptoms of possible COVID-19 (fatigue, muscle pain, sore throat, chills, or new loss of smell or taste):

- 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 surgical mask to be placed over the nose and mouth. If surgical masks are not available or there is low supply, client should continue to use a cloth mask.
- 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 a separate room is 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.
- 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.
- Consider 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 or suspected COVID-19 cases already at a shelter should remain in isolation for a minimum of 10 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.**

- Individuals who are homeless and in need of housing may return to a shelter after hospitalization or isolation elsewhere for COVID-19 a minimum of 14 days after onset of symptoms as long as they have been afebrile and respiratory symptoms have improved for at least 3 days. Based on our current understanding of the development of immunity to similar viruses, we would expect these individuals to have at least some degree of protection against repeat infection with COVID-19. However, they should be encouraged to use cloth masks routinely after that time per the above recommendations for universal masking. **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.
- Staff members who have been diagnosed with confirmed COVID-19 infection and those who have had symptoms of possible COVID-19 infection but have not been tested may return to work a minimum of 10 days after onset of symptoms and 3 days after resolution of fever (off antipyretics) with improvement in respiratory symptoms. Negative tests are not required for staff members prior to return to work. However, they should continue to mask routinely after that time per the above recommendations for universal masking.
- All other staff not caring for sick residents should use surgical or 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.

- Consider staggering mealtimes to allow greater spacing of residents at tables. Avoid having residents sit opposite or within 6 feet of each other at tables if possible.
- 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. See [Guidance for Congregate Settings for Residents Who Use Drugs](#).
- 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.