POLICY #12.4
COVID-19
NON-CONGREGATE
EMERGENCY SHELTERING
FACILITY
HANDBOOK/GUIDE

Board of Public Works and Safety review and approval. This _____day of _____, 2020

_____Mayor Greg York

_____Dave Barker, Director of Public Works and Safety

_____Joel Harvey, City Attorney

_____ATTEST: Brenda Grider, Clerk Treasurer

Established by Ordinance #3853

Purpose: To protect public health and slow the spread of COVID-19. This site provides a safe place for those who are sick with or exposed to COVID-19 to safely self-isolate. These are individuals who cannot practice self-isolation from others in their home, or those who live with someone vulnerable to COVID-19 established by Ordinance #3853. Referral only through collaboration between public health and clinicians.

Level of care: Low-acuity and are able to provide themselves with self-care. These sites will have limited medical staff availability for monitoring and medical emergencies.

Steps for Admission to Facility for Isolation and Quarantine

1. Individual can be referred to a non-congregate site through a medical provider who will contact local emergency manager. No self-referrals.
   - If no medical provider or local emergency manager is available, proceed to step 2 and contact 765-521-6860 Office or 765-465-0120 Cell

2. Medical Provider or local designated contact will contact the (EMS) Emergency Medical Services Chief and/or designee;
   - 24/7 call line **765-465-0120** for Medical Provider or Emergency Manger use only (not for public use)

3. Medical Clearance[1] by Medical Provider; completes Referral Form
   - If medical provider does not have access to referral form, let EMS Chief/designee know.

4. Transportation: Patient should self-transport. If patient cannot self-transport, let EMS Chief/ designee know. EMS Chief/designee will need to know how many need transportation.
   If patient is unable to self-transport because they are not feeling well, they should let medical provider know and should not go to non-congregate site.
   - If patient is being transported, they should give referral form to driver.

5. Patient must wear face masks during transport and until in room.

6. Check-in hours for non-congregate site are from 10 am – 6 pm[2]

7. Medical personnel to greet resident at arrival to perform initial basic evaluation
   - Receives Referral form or medical clearance
   - Completes Intake form
   - Patient Consent form signed – here on my own will and aware no medical care provided on premises.

8. Client Packet to be given to resident upon arrival.

9. Collaborate with family and volunteers to help be on call 24/7 for any needs (i.e., patient asking for snacks, picking up medication from pharmacy, medical questions, etc.).
   - Have Medical Staff advice of who to reach out to if needed for any medical questions.

10. Arrange algorithm for when it's safe to discharge patients from facility (based on symptoms, test results, exposure, etc.). (p. 5) Contact EMS Chief or designee if discharge support is needed at **765-521-6860.**

11. Have medical providers call patients directly to check in with symptoms, provide testing results, arrange discharge.

12. Facility Tracking system will be shared with requesting government agencies as well as submission for possible grant reimbursements.

_____

[1] Mild illness: lack of supplemental 02 requirement, no significant underlying medical problems and able to care for themselves

[2] Exceptions permitted for emergencies seeking shelter.

Isolation/Quarantine
due to COVID-19
Intake and Discharge Criteria

Intake Criteria:

Individuals may qualify for temporary accommodations if:

o They have tested positive for COVID-19 but are not experiencing symptoms

OR

o They have been in contact with someone who tested positive or was hospitalized for COVID-19
AND

(Meet the following 4 criteria)

1. Population 1   State, County and Local First Responders, Health Care Workers and
   - governmental Employees that have been exposed to and /or tested positive for COVID-19 as a result of close personal contact with an individual exhibiting demonstrable symptoms of, or testing positive for, COVID-19.

   Population 2   Unhoused individuals who have; (i) demonstrable symptoms of, or have
   - tested positive for, COVID-19; AND (ii) been recommended for quarantine or isolation by a qualified medical professional.

2. They are unable to self-isolate at home due to:
   - Living in a congregate setting
   - Crowded conditions
   - Household members at high risk (eg, chronically ill, immunosuppressed)

3. They are able to take care of their own daily needs and medical care*

4. They are at least 18 years of age or are an emancipated minor OR are accompanied by a parent or legal guardian.

   *This point is important, because the temporary Isolation/Quarantine (I/Q) facility does not have sufficient numbers of trained staff to provide for medical/nursing needs. Therefore, the facility is **unable** to:*
   - *Support individuals with moderate to severe COVID-19 illness*
   - *Provide prescription medications*
   - *Manage exacerbations of preexisting conditions (eg, COPD, heart failure, diabetes)*
   - *Administer intravenous hydration or tube feeds*
   - *Perform laboratory testing*
   - *Perform wound care*

Discharge Criteria[1]:

1. Non-test-based strategy.

    o At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and**
    o improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
    o At least 7 days have passed *since symptoms first appeared*

2. Test-based strategy.
    o Resolution of fever without the use of fever-reducing medications **and**
    o Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
    o Negative results of repeat COVID-19 test

When a Testing-Based Strategy is Preferred

A test-based strategy is preferred for discontinuation of transmission-based precautions for patients who are being transferred back to a congregate setting (24 hour shifts)

If testing is not readily available, facilities should use the non-test-based strategy for discontinuation of Transmission-Based Precautions or extend the period of isolation beyond the non-test-based-strategy duration, on a case by case basis in consultation with local and state public health authorities.

Recall that:
- I/Q is voluntary. Therefore, individuals are free to leave to tend to personal or family emergencies.
- The shelter reserves the right to evict individuals who are behaving in a manner that threatens the health and safety of others.

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[1] https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

Medical Referral Form for Non-Congregate Site
(to be filled-out by medical provider)

DATE:_____   TIME: _____

PATIENT NAME:_____   DOB: _____

REFERRING TO: _____

Room #:_____ (completed by EMS Chief/designee)

REFERRING PROVIDER: _____

PURPOSE OF REFERRAL: __Facility room for individual needing Isolation or Quarantine_____

Referral Guidance

       Patient needs to be:

1.   Independent with their activities of daily living
2.   Not requiring acute medical care
3.   Not under the influence of alcohol or substances
4.   Unlikely to withdraw from alcohol or other substance

Employer Name:_____

Patient Signature:_____Contact #:_____

Thank you for your care and collaboration during this difficult time for our community!

INTAKE DOCUMENTS

Staff: Admissions/Registration Checklist

☐   Wear PPE appropriate for situation.

☐   On arrival, ensure appropriate facial covering for resident.

☐   Perform triage and admission evaluation in a secure location with appropriate privacy.
- o Not suitable for admission:
  - Require a higher level of care than the shelter can provide.
  - Medical condition for which the facility cannot provide services, where failure to provide the service may result in severe illness or patient's death.
- o Special attention will be paid to any individuals appearing ill, who report a need to be seen by a healthcare provider.

☐   Complete the necessary consent and privacy practice documentation (General Consent, Privacy Notification)

☐   Document evaluation and disposition:
- o If well, individuals may proceed to assignment to a room in an appropriate area.
- o If mild illness is identified, individuals may be counseled on comfort measures - medical staff may be consulted if in doubt.
- o If moderate-severe illness is identified or suspected, refer to an alternate care site.

☐   Provide Contact List

☐   Orient regarding:
- o Purpose of stay
- o Routine evaluations
- o Contact information in case of needs, medical evaluation
- o Residents should be informed about what they can do to reduce the chance that they will become infected, the common signs and symptoms of illness, and how to monitor themselves for illness.

☐   Residents should be told how to report an illness to health authorities and receive further instructions about medical care.

☐   Active monitoring: visit or make telephone contact as appropriate (twice daily) to check and record residents' health status, including compliance with isolation/quarantine.

COVID19 Isolation/Quarantine Intake Form

To be filled-out by facility staff once patient has arrived at non-congregate site

Date: **Time:**	**Client name:**	**Emergency contact:**
Location:	**DOB:** **Age:**	**Relationship:**
Meets qualifying criteria for I&Q: No Yes	**Male/Female/Transgender**	**Emergency contact phone#:**
□ Known exposure	**Phone number:**	
OR	**Address:**	**Primary care provider:**
□ Positive COVID19 test		**Clinic/facility:**
AND	**Tribal affiliation:**	
□ Unable to self-isolate at home	**Preferred language:**	**Pets**
AND	**Religious affiliation:**	□ None
□ Does not need assistance with Activities of Daily Living	Language Access Needs:	□ Arrangements already made for care
□ Does not require medical care	**Smoker:** No Yes	□ Need arrangements for care
	Allergies:	
Symptomatic? No Yes	**Medical conditions:**	**Medications:**
Date of Sx onset:		
□Fever □Cough □Shortness of Breath		
□Vomiting □Diarrhea		
Other (specify):		
	Comments:	**Medical devices** (e.g., glucometer, BP monitor):
COVID testing performed: No Yes		
Date: Location:	Disability/ADA Needs:	
Result: Negative Positive Unknown		

		Intake checklist:
Travel: No Yes		
Location:		□ Intake form completed/signed
Dates:		□ Consent forms signed
		□ Info packet received
COVID testing recommended: No Yes		□ Patient brought home medications
		□ Patient brought necessary monitoring
Interviewer:		Equipment (eg, glucose monitor w/ strips)
Signature:	**Client Signature:**	
Date:	Date:	

COVID-19 PATIENT TRACKING FORM FOR USE BY LOCAL EMERGENCY MANAGER

Name	DOB	Date of entry	DC or Transfer to:	Receiving contact info (if applicable)	Chief Initials
Address		Referral agency	DC or Transfer date:		Client initials
Name	DOB	Date of entry	DC or Transfer to:	Receiving contact info (if applicable)	Chief Initials
Address		Referral agency	DC or Transfer date:		Client initials
Name	DOB	Date of entry	DC or Transfer to:	Receiving contact info (if applicable)	Chief Initials
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Name	DOB	Date of entry	DC or Transfer to:	Receiving contact info (if applicable)	Chief Initials
Address		Referral agency	DC or Transfer date:		Client initials

HIPAA ACKNOWLEDGEMENT/CONSENT FORM

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment);
- Obtaining payment from third party payers (e.g. my insurance company);
- The day-to-day healthcare operations of your practice.

I have also been informed of and given the right to review and secure a copy of your Notice of Privacy Pratices, which contains a more complete description of the uses and disclosures of my protected health information and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment and health care operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Print Patient Name _____

Signature _____

Signature Date _____

Relationship to Patient (if patient unable to sign) _____

NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION
[*45 CFR 164.520*]

Background

The HIPAA Privacy Rule gives individuals a fundamental new right to be informed of the privacy practices of their health plans and of most of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Health plans and covered health care providers are required to develop and distribute a notice that provides a clear explanation of these rights and practices. The notice is intended to focus individuals on privacy issues and concerns, and to prompt them to have discussions with their health plans and health care providers and exercise their rights.

How the Rule Works

General Rule. The Privacy Rule provides that an individual has a right to adequate notice of how a covered entity may use and disclose protected health information about the individual, as well as his or her rights and the covered entity's obligations with respect to that information. Most covered entities must develop and provide individuals with this notice of their privacy practices.

The Privacy Rule does not require the following covered entities to develop a notice:

- Health care clearinghouses, if the only protected health information they create or receive is as a business associate of another covered entity. See 45 CFR 164.500(b)(1).

- A correctional institution that is a covered entity (e.g., that has a covered health care provider component).

- A group health plan that provides benefits only through one or more contracts of insurance with health insurance issuers or HMOs, and that does not create or receive protected health information other than summary health information or enrollment or disenrollment information.

See 45 CFR 164.520(a).

Content of the Notice. Covered entities are required to provide a notice in *plain language* that describes:

- How the covered entity may use and disclose protected health information about an individual.

- The individual's rights with respect to the information and how the individual may exercise these rights, including how the individual may complain to the covered entity.

- The covered entity's legal duties with respect to the information, including a statement that the covered entity is required by law to maintain the privacy of protected health information.

- Whom individuals can contact for further information about the covered entity's privacy policies.

The notice must include an effective date. See 45 CFR 164.520(b) for the specific requirements for developing the content of the notice.

A covered entity is required to promptly revise and distribute its notice whenever it makes material changes to any of its privacy practices. See 45 CFR 164.520(b)(3), 164.520(c)(1)(i)(C) for health plans, and 164.520(c)(2)(iv) for covered health care providers with direct treatment relationships with individuals.

Providing the Notice.

- A covered entity must make its notice available to any person who asks for it.

- A covered entity must prominently post and make available its notice on any web site it maintains that provides information about its customer services or benefits.

- *Health Plans* must also:

  ▸ Provide the notice to individuals then covered by the plan no later than April 14, 2003 (April 14, 2004, for small health plans) and to new enrollees at the time of enrollment.
  ▸ Provide a revised notice to individuals then covered by the plan within 60 days of a material revision.
  ▸ Notify individuals then covered by the plan of the availability of and how to obtain the notice at least once every three years.

- *Covered Direct Treatment Providers* must also:

> ▸ Provide the notice to the individual no later than the date of first service delivery (after the April 14, 2003 compliance date of the Privacy Rule) and, except in an emergency treatment situation, make a good faith effort to obtain the individual's written acknowledgment of receipt of the notice. If an acknowledgment cannot be obtained, the provider must document his or her efforts to obtain the acknowledgment and the reason why it was not obtained.

> ▸ When first service delivery to an individual is provided over the Internet, through e-mail, or otherwise electronically, the provider must send an electronic notice automatically and contemporaneously in response to the individual's first request for service. The provider must make a good faith effort to obtain a return receipt or other transmission from the individual in response to receiving the notice.

> ▸ In an emergency treatment situation, provide the notice as soon as it is reasonably practicable to do so after the emergency situation has ended. In these situations, providers are not required to make a good faith effort to obtain a written acknowledgment from individuals.

> ▸ Make the latest notice (i.e., the one that reflects any changes in privacy policies) available at the provider's office or facility for individuals to request to take with them, and post it in a clear and prominent location at the facility.

- A covered entity may e-mail the notice to an individual if the individual agrees to receive an electronic notice.

See 45 CFR 164.520(c) for the specific requirements for providing the notice.

Organizational Options.

- Any covered entity, including a hybrid entity or an affiliated covered entity, may choose to develop more than one notice, such as when an entity performs different types of covered functions (i.e., the functions that make it a health plan, a health care provider, or a health care clearinghouse) and there are variations in its privacy practices among these covered functions. Covered entities are encouraged to provide individuals with the most specific notice possible.

- Covered entities that participate in an organized health care arrangement may choose to produce a single, joint notice if certain requirements are met. For example, the joint notice must describe the covered entities and the service

delivery sites to which it applies. If any one of the participating covered entities provides the joint notice to an individual, the notice distribution requirement with respect to that individual is met for all of the covered entities. See 45 CFR 164.520(d).

Frequently Asked Questions

To see Privacy Rule FAQs, click the desired link below:

FAQs on Notice of Privacy Practices

FAQs on ALL Privacy Rule Topics

(You can also go to http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std_alp.php, then select "Privacy of Health Information/HIPAA" from the Category drop down list and click the Search button.)

CLIENT

PACKET

General Information for Individuals Requiring Isolation/Quarantine due to COVID-19

- This facility room is temporarily provided for the purpose of isolation/quarantine.
- To prevent spread and infection to others, please stay in room throughout your stay.
- If must leave room, wear mask at all times.
- Self-isolation/quarantine is optional and voluntary.
- You may qualify for temporary accommodations if:
    - You have been in contact with someone who tested positive or was hospitalized for COVID-19 and are awaiting a COVID-19 test.
        - OR
    - You have tested positive for COVID-19 but are experiencing mild symptoms or none at all
        - AND
    - You are unable to self-isolate at home
        - AND
    - You are able to take care of your own daily needs and medical care.

Those individuals who choose to accept these temporary accommodations for the purpose of self-isolation/quarantine should make the following preparations:
- Notify your emergency contact of your plans.
- Secure your household or personal belongings.
- Arrange for care of any pets or other dependent animals, as pets may not be allowed, depending on the facility.
- Bring the following items with you to the facility:
    - ID
    - Cell phone and charger if available
    - All home medications, medical devices, or other necessary items

Individuals who choose to stay at the facility should expect to vacate the facility under any of the following circumstances
- They have fulfilled the recommended duration of self-isolation/quarantine
- They become ill and need to be transferred to a hospital or other facility where medical care is available
- They are deemed unsafe to staff or other guests
- They choose to leave for personal reasons. In this case, they acknowledge that they may be contagious and may be able to infect other people

CHECKLIST FOR INDIVIDUALS GOING TO FACILITY:

IDENTIFICATION / PAPERWORK-
- o Photo ID
- o Insurance and/or Medicare cards
- o Prescribed Medications and over-the-counter medications that you are currently taking
- o A copy of advance health care directives, such as durable power of attorney (sometimes known as medical power of attorney) for health care and living will
- o A personal health record that includes information such as allergies, health conditions, immunization record and reports of recent tests or physical exams
- o A list of telephone numbers of family and friends to be contacted as needed

To avoid misplacing any of the important paperwork and information—keep it all together in one folder.

CLOTHING/FOOTWEAR -
- o Comfortable Clothing (include sleepwear)
- o Shoes/Sneakers/Slippers

HYGIENE/TOILETRIES-
- o Toothbrush, toothpaste, dental floss
- o Deodorant
- o Soap, shampoo, conditioner
- o Feminine hygiene
- o Makeup, makeup remover
- o Shaving supplies
- o Skin products
- o Brush, comb, hair products
- o Nail supplies/tweezers
- o Glasses, contact lenses, supplies
- o Containers for contacts/dentures

OTHER-
- o Cellular phone + charger
- o Laptop/iPad/E-Reader + charger(s)
- o Books/Magazines/Cards
- o Pen/Paper
- o Snacks/Drinks

Resident Information

Situation: **Phone Number:**

You believe you may have a fever.	Facility Medical Staff
You develop cough or other mild symptoms	Facility Medical Staff
You develop concerning symptoms (difficulty breathing, fainting, chest pain, vomiting or severe diarrhea)	Call 911
There is a maintenance problem (for example, leaky faucet, burned out lightbulb, etc.)	Facility Medical Staff
You need linens or basic toiletries	Facility Staff
You have general questions about isolation/quarantine	EMS Chief/Designee

Facility Isolation for Suspected and Confirmed COVID 19 Individuals who have only mild symptoms and can care for themselves who are unable to self-isolate at

The Indiana Department of Health, using U.S. Centers for Disease Control and Prevention (CDC) guidelines, has determined that you should practice self-isolation and self-monitoring in order to protect yourself and your community from COVID-19 (novel coronavirus). For more details, please refer to CDC's Interim Guidance for Preventing the Spread of Coronavirus Disease 2019 (COVID-19) in Homes and Residential Communities (www.cdc.gov/ coronavirus/2019-ncov/hcp/guidance-prevent-spread.html).

Self-Isolation

Stay in your room. As much as possible, you should stay in a specific room and away from other people.

Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer containing 60% to 95% alcohol. Avoid touching your face with unwashed hands.

Wear a facemask if you need to be around other people and cover your mouth and nose with a tissue when you cough or sneeze.

Self-Monitoring

Watch for worsening symptoms, shortness of breath, or difficulty breathing.

If you need medical care, contact Facility Medical Staff. If you need emergency medical attention during this time, call 911 and let them know you are being tested or are positive for COVID-19.

Test-Results

If **positive** result, someone from Henry County Health Department will contact you as soon as the result is known.
Due to increased testing within the state, results may take anywhere from 1-4 days.

If you have any questions, please contact your health care provider or call the *Coronavirus Hotline* at 1-855-600-3453

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:

Cough, shortness of breath or difficulty breathing

Fever or chills

Muscle or body aches

Vomiting or diarrhea

New loss of taste or smell

Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion

- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.

cdc.gov/coronavirus

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COVID-19: Quarantine vs. Isolation

QUARANTINE keeps someone who was in close contact with someone who has COVID-19 away from others.

If you had close contact with a person who has COVID-19

- Stay home until 14 days after your last contact.

- Check your temperature twice a day and watch for symptoms of COVID-19.

- If possible, stay away from people who are at higher-risk for getting very sick from COVID-19.

ISOLATION keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.

If you are sick and think or know you have COVID-19

- Stay home until after
  - At least 10 days since symptoms first appeared **and**
  - At least 24 hours with no fever without fever-reducing medication **and**
  - Symptoms have improved

If you tested positive for COVID-19 but do not have symptoms

- Stay home until after
  - 10 days have passed since your positive test

If you live with others, stay in a specific "sick room" or area and away from other people or animals, including pets. Use a separate bathroom, if available.

How to Protect Yourself and Others

Know how it spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
  - » Between people who are in close contact with one another (within about 6 feet).
  - » Through respiratory droplets produced when an infected person coughs, sneezes or talks.
  - » These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
  - » COVID-19 may be spread by people who are not showing symptoms.

Everyone should

Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.** Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact

- **Limit contact with others as much as possible.**
- **Avoid close contact** with people who are sick.
- **Put distance between yourself and other people.**
  - » Remember that some people without symptoms may be able to spread virus.
  - » This is especially important for **people who are at higher risk of getting very sick.** www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html

cdc.gov/coronavirus

Cover your mouth and nose with a mask when around others

- **You could spread COVID-19 to others** even if you do not feel sick.
- **Everyone should wear a mask in public settings** and when around people not living in their household, especially when social distancing is difficult to maintain.
    - » Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- **The mask is meant to protect other people** in case you are infected.
- Do **NOT** use a facemask meant for a healthcare worker.
- Continue to **keep about 6 feet between yourself and others.** The mask is not a substitute for social distancing.

Cover coughs and sneezes

- **Always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect

- **Clean AND disinfect frequently touched surfaces** daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.
- **Then, use a household disinfectant**. You can see a list of EPA-registered household disinfectants here.
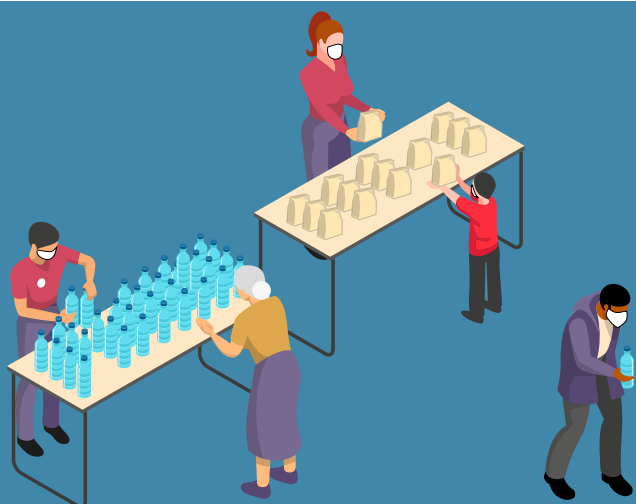
cdc.gov/coronavirus

How You can Protect Others from COVID-19 in Shelters: During Meals

Wear a mask* as much as possible when not eating

*Masks should not be placed on children under age 2, anyone who has trouble breathing or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
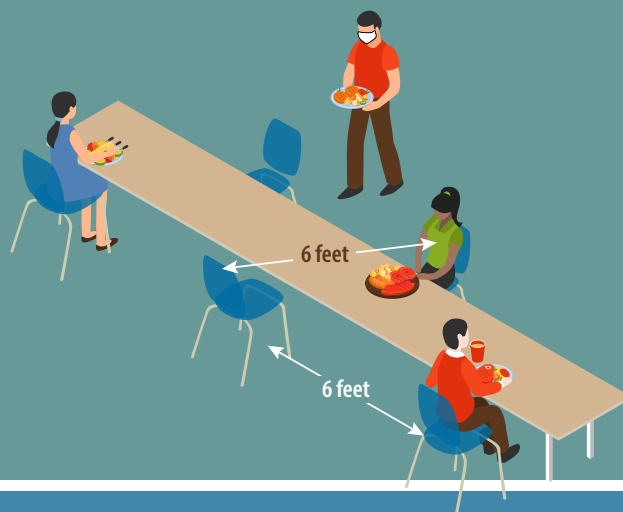
6 feet

6 feet

Stay at least **6 feet away from others** in meal service areas

Use **take-away** options for food when possible

CDC

cdc.gov/coronavirus

Prevent the spread of COVID-19 if you are sick

Accessible version: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

Stay home except to get medical care.

- **Stay home.** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.

- **Take care of yourself.** Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.

- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.

- **Avoid public transportation,** ride-sharing, or taxis.

Separate yourself from other people and pets in your home.

- **As much as possible, stay in a specific room** and away from other people and pets in your home. Also, you should use a separate bathroom, if available. If you need to be around other people or animals in or outside of the home, wear a mask.

  - See **COVID-19 and Animals if you have questions about pets:** https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID19animals.
  - Additional guidance is available for those **living in close quarters.** (https://www.cdc.gov/coronavirus/2019-hj ncov/daily-life-coping/living-in-close-quarters.html) and **shared housing** (https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html).

Monitor your symptoms.

- **Symptoms of COVID-19 include fever, cough, and shortness of breath but other symptoms may be present as well.**

- **Follow care instructions from your healthcare provider and local health department.** Your local health authorities will give instructions on checking your symptoms and reporting information.

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately:**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Bluish lips or face
- Inability to wake or stay awake

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Call ahead before visiting your doctor.

- **Call ahead.** Many medical visits for routine care are being postponed or done by phone or telemedicine.

- **If you have a medical appointment that cannot be postponed, call your doctor's office,** and tell them you have or may have COVID-19.

If you are sick, wear a mask over your nose and mouth.

- **You should wear a mask over your nose and mouth** if you must be around other people or animals, including pets (even at home).

- You don't need to wear the mask if you are alone. If you can't put on a mask (because of trouble breathing for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.

- Masks should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the mask without help.

Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a mask using a scarf or bandana.

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Cover your coughs and sneezes.

- **Cover your mouth and nose** with a tissue when you cough or sneeze.

- **Throw used tissues** in a lined trash can.

- **Immediately wash your hands** with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often.

- **Wash your hands often** with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.

- **Use hand sanitizer** if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.

- **Soap and water are the best option**, especially if your hands are visibly dirty.

- **Avoid touching** your eyes, nose, and mouth with unwashed hands.

Avoid sharing personal household items.

- **Do not share** dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.

- **Wash these items thoroughly after using them** with soap and water or put them in the dishwasher.

Clean all "high-touch" surfaces everyday.

- **Clean and disinfect** high-touch surfaces in your "sick room" and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.

- **If a caregiver or other person needs to clean and disinfect** a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**

- **Use household cleaners and disinfectants.** Clean the area or item with soap and water or another detergent if it is dirty. Then use a household disinfectant.

  - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.

  - Most EPA-registered household disinfectants should be effective.

When You Can be Around Others After You Had or Likely Had COVID-19

When you can be around others (end home isolation) depends on different factors for different situations.
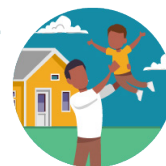
- **I think or know I had COVID-19, and I had symptoms**

  - You can be with others after
    - 24 hours with no fever

      AND

    - Symptoms improved

      AND

    - 10 days since symptoms first appeared
  - Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others when you have no fever, symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.

- **I tested positive for COVID-19 but had no symptoms**

  - If you continue to have no symptoms, you can be with others after:
    - 10 days have passed since test
  - Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.

  - If you develop symptoms after testing positive, follow the guidance above for "I think or know I had COVID, and I had symptoms."

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Wear a Mask to Protect You and Your Friends

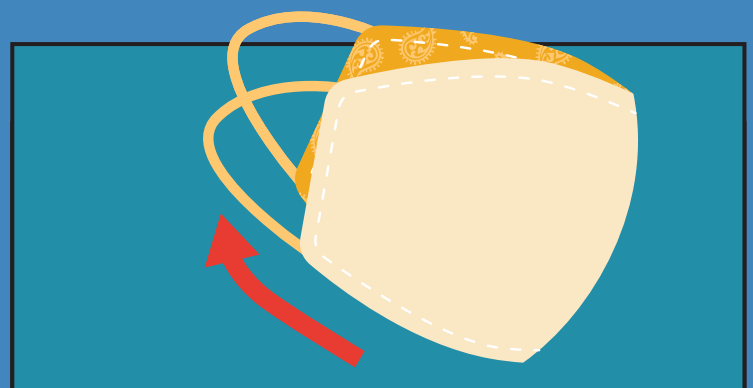## PUT ON

WASH YOUR HANDS
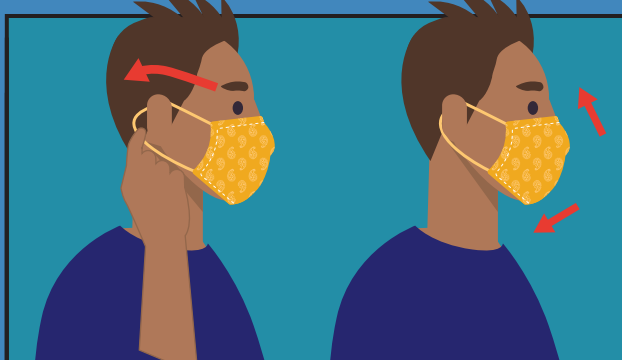
PLACE OVER NOSE AND MOUTH

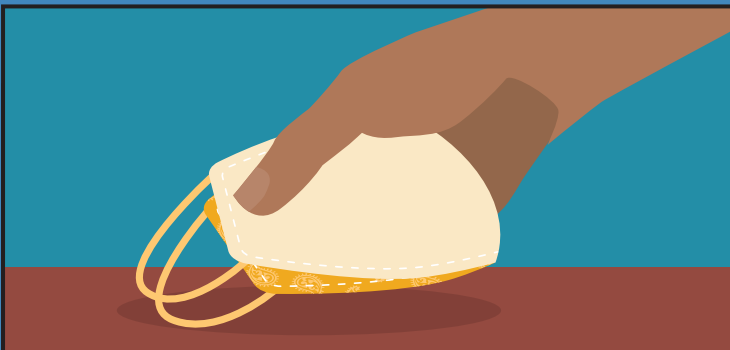MAKE SURE YOU CAN BREATHE EASILY

TAKE OFF

TAKE OFF YOUR MASK

FOLD OUTSIDE CORNERS TOGETHER

PUT ASIDE FOR WASHING

WASH YOUR HANDS

WASH YOUR HANDS OFTEN, WEAR A MASK, AND STAY 6 FEET FROM OTHERS.

cdc.gov/coronavirus

CS 320298-F 10/15/2020

10 things you can do to manage your COVID-19 symptoms at home

Accessible Version: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

If you have possible or confirmed COVID-19:

1. **Stay home** from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.

2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.

3. **Get rest and stay hydrated.**

4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.

5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.

6. **Cover your cough and sneezes** with a tissue or use the inside of your elbow.

7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a mask.

9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.
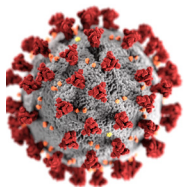
10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

cdc.gov/coronavirus

CS 315822-A 07/01/2020

What you should know about COVID-19 to protect yourself and others

Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.

Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.

Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a mask that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.

Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.

Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.

cdc.gov/coronavirus

How to Safely Wear and Take Off a Mask

Accessible: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html

WEAR YOUR FACE MASK CORRECTLY

- Wash your hands before putting on your mask
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2

USE THE MASK TO HELP PROTECT OTHERS

- Wear a mask to help protect others in case you're infected but don't have symptoms
- Keep the mask on your face the entire time you're in public
- Don't put the mask around your neck or up on your forehead
- Don't touch the mask, and, if you do, clean your hands

MASK BARRIER

FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available

PHARMACY

TAKE OFF YOUR MASK CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine
- Wash your hands with soap and water

Personal masks are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

For instructions on making a cloth face covering, see:

cdc.gov/coronavirus

WASH YOUR HANDS

1 **Wet**

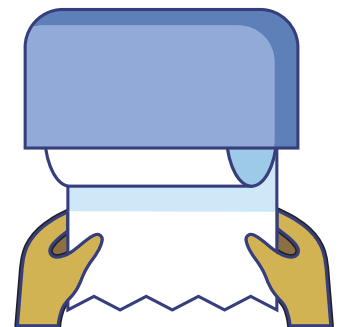**2** **Get Soap**

3 **Scrub for at least 20 seconds**

4 **Rinse**

5 **Dry**

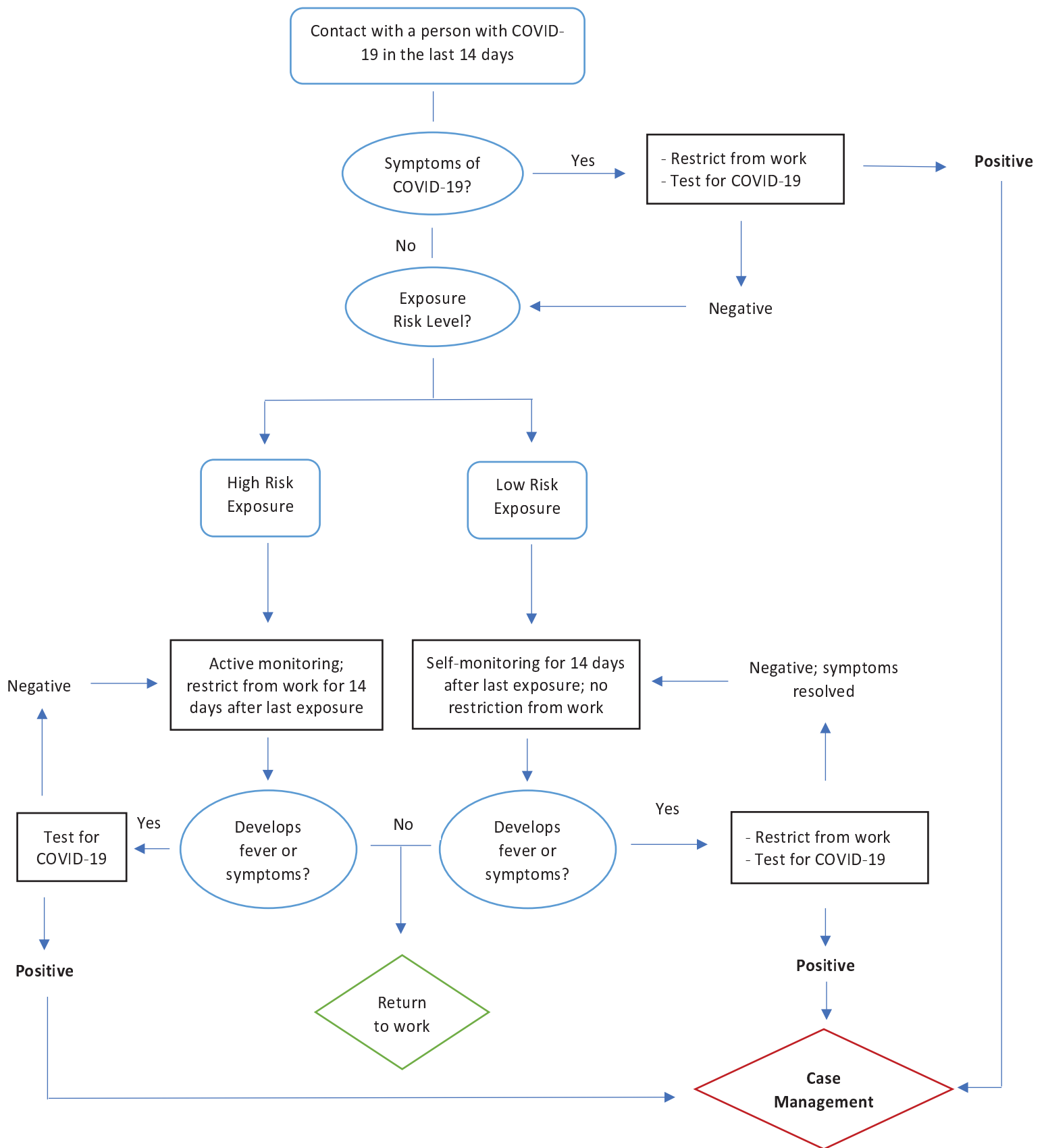# STAFF

RISK ASSESSMENT

CLEANING SCHEDULE

Figure: Flowchart for management of HCWs with exposure to a person with COVID-19

Risk assessment for facility workers potentially exposed to COVID-19

Instructions: This risk assessment tool is meant to determine the level of potential risk of staff exposure, as a way to assess the need to participate in an isolation period. Keep this information confidential and do not share it. If you are a domestic violence shelter, do not document the name of the shelter worker if there are confidentiality concerns.

Shelter worker name: _____

Interview conducted by: _____

Date of interview: _____

1. Have you had any contact or were you present in the room with a person diagnosed with confirmed COVID-19 infection? ☐ Yes ☐ No

    Describe contact: _____

2. Date of most recent exposure: _____

3. Did you wear the following personal protective equipment (PPE)?

    Eye protection ☐ Yes ☐ No

          Goggles/glasses   ☐ Yes ☐ No

          Face shield   ☐ Yes ☐ No

    Respiratory protection ☐ Yes ☐ No

          N95 respirator   ☐ Yes ☐ No

          Surgical face mask ☐ Yes ☐ No

          Cloth face covering ☐ Yes ☐ No

4. At any point, did you remove your PPE? ☐ Yes ☐ No

    Describe: _____

5. Were you within 6 feet from the person for 15 minutes or longer? ☐ Yes ☐ No

6. Did you have direct contact with the person's secretions? Extensive body contact or strenuous physical interaction with a COVID-19 positive person may generate higher concentration of respiratory secretions or aerosols; no time minimum established. ☐ Yes ☐ No

7. Was the person diagnosed with COVID-19 wearing a face mask? ☐ Yes ☐ No

8. At any point, was the person's face mask removed? ☐ Yes ☐ No

    Describe: _____

Facility Cleaning Schedule

A guide to establish routines around how often to clean and disinfect commonly used items and areas within your facility. You may print the templates, which have spaces where you may add items specific to your setting.

The 3-step method is: 1. Wash. 2. Rinse. 3. Sanitize or Disinfect.

1. Wash: use soap and water to remove dirt and debris.

2. Rinse: use clean water to rinse the item until free of soap or debris.

3. Sanitize or disinfect

    ▪ Sanitizing solution reduces germs from surfaces, but does not get rid of them completely. Sanitizers reduce the amount of germs on surfaces to levels that are considered safe. The sanitizing three-step method is used most often for food surfaces, kitchens, and classrooms.

    ▪ Disinfecting solution destroys or inactivates germs and prevents them from growing. The U.S. Environmental Protection Agency (EPA) regulates disinfectants. The disinfecting three-step method is used most often for body fluids and bathrooms/diapering areas.

Use the empty charts below to help you your cleaning. Use empty spaces to add your own tasks.

Commonly Touched Areas

Task	Before & after use	Every 2 hours	Every 4 hours	Daily	Weekly	Comments
Door knobs						
Phones						
Touch pads						
Computer keyboards/mice						
Elevator buttons						

Lunchrooms and Kitchens

Task	Before & after use	Every 2 hours	Every 4 hours	Daily	Weekly	Comments
Serving counter surfaces						Sneeze guard
Table tops and chairs						
Client use microwaves						Handle and buttons need frequent cleaning.
Water fountain or dispenser						
Refrigerator, freezer, and oven handles						

Lobbies

Task	Before & after use	Every 2 hours	Every 4 hours	Daily	Weekly	Comments
Chair arms/seating						
Check in desk						
TV buttons/remote						
Phones						
Client computers						
Toys for children						

Bathrooms

Task	Before & after use	Every 2 hours	Every 4 hours	Daily	Weekly	Comments
Door handles of bathroom, stalls, cabinets with supplies.						
Sink counter tops						
Sink handles						
Toilet						
Handrails						

Showers

Task	Before & after use	Every 2 hours	Every 4 hours	Daily	Weekly	Comments
Shower handle						
Shower floor/walls						
Handrails						

Sleeping Spaces

Task	Before & after use	Every 2 hours	Every 4 hours	Daily	Weekly	Comments
Bedding						
Bed frame and mattress						
Pillows						

END

OF

DOCUMENT