

Provider COVID-19 FAQs

COVID-19 Symptoms and Isolation

1. Where can COVID-19 testing occur?

Testing should only occur if requested by a medical provider. See the attached flowcharts, titled 'COVID-19 Shelter Guidance', 'COVID-19_DHS_Isolation and Discharge Process' and 'COVID-19 Street Outreach Guidance' for further guidance.

2. If a client has symptoms, what do I do?

Screen all clients as they enter shelter, by asking: "Do you have fever, or cough, or shortness of breath or sore throat?" (See the 'Screening and Testing' recommendations within the *attached* 'COVID-19 Isolation Plan and Best Practices for DHS Shelters' document).

If any client has any of these symptoms, give the individual a surgical mask, isolate them by placing them in a room or office alone with the door closed, and follow the latest *attached flowcharts* titled 'COVID-19 Shelter Guidance' and 'COVID-19 Street Guidance'.

Symptomatic clients should be isolated as per below:

Isolation Triage for COVID-19 or COVID-like illness

Families with access to private bathrooms

Many clients in families with children and adult family shelters are placed in private units that include a private bathroom. Therefore, families in these units are able to follow shelter-based isolation and quarantine guidance, see flows attached.

Single adults or families without access to private bathrooms

Congregate living environments create a risk for increased community transmission, therefore single adults or families who share a bathroom with others should be referred to DHS to determine if these individuals can be moved to isolation sites. In such cases, contact the **SIU Hospital referral line at 212-361-5590**. Additionally, email: **AdultsCOVID19@dhs.nyc.gov**.

COVID-19 positive or pending COVID-19 test results

- Clients with mild illness: transferred to DHS isolation or designated facility
- Clients with moderate/severe illness: Client will be sent to the hospital

COVID-19 positive with hospitalization

- Clients hospitalized but now stable: transferred to DHS isolation or designated facility
 - Discharge and placement will be coordinated between hospital and DHS, and will depend on whether the client is still infectious.

Isolation Best Practices

All clients requiring isolation should be placed in either a designated DHS isolation facility or individual unit in their existing shelter.

- Call 911 if client's illness worsens
- Isolate until **the greater of**:
 - 7 days following onset of illness
 - 3 days after being consistently without fever without use of antipyretics (anti-fever medications such as Motrin or Tylenol) and with resolving respiratory symptoms.

3. Should family members of someone who has tested positive for COVID-19 be isolated as well?

If the family member is without symptoms and they reside in the same apartment unit, then they should remain in that unit, attempt to social distance as much as possible, and only leave the unit for necessities

4. Is there dedicated capacity for vulnerable population who aren't yet sick?

No, as per current DOHMH guidance, only symptomatic clients should be isolated. However, persons at high risk for complications from COVID19 could be segregated on one floor, practice social distancing, wash hands frequently, stay inside, and stay at least 6ft away from others to the extent practical. They should closely monitor their health and be isolated if they present COVID-like symptoms.

5. What is the SIU priority level of a positive COVID client?

Clients that have tested positive will be indicated as a Priority 1. Clients with symptoms should be called in as a Priority 3 and will be upgraded to Priority 1 if the client then tests positive.

6. Who should be informed if a client is found to be COVID positive?

Inform the Shelter Director, who should inform their Program Administrator immediately.

Per current DOHMH guidance, contact with a COVID-19 confirmed person does not require quarantine or isolation. Only symptomatic clients should isolate. Providers should ask the affected client about close contacts, and inform dorm mates to monitor their health. Shelter operators should ensure that the area in which the client slept and occupied undergoes a deep clean.

7. Can we get plain language guidance on how the virus is spread and what staff can do?

See the attached 'COVID-19 Isolation Plan and Best Practices for DHS Shelters'.

Shelter Operations

1. Is visitor access restricted; do visitor policies change?

Visitors are not allowed at isolation sites or in individual units. For all other visitors, restrict visitors' access for only reasons of emergency. Encourage social distancing including six feet of separation.

Screen all visitors by asking if they have fever, or cough, or shortness of breath or sore throat. If they do, they cannot come in. Staff with these symptoms cannot come to work.

2. What should happen to clients who have been exposed to a client who was found positive for COVID-19?

Exposure to COVID-19 is assumed for anyone in New York City at this time. Exposed clients are *not* recommended to quarantine *unless* they are presenting with symptoms.

- a. Staff should continue to follow the protocols in the flowcharts attached - ‘COVID-19 Shelter Guidance’, ‘COVID-19_DHS_Isolation and Discharge Process’ and ‘COVID-19 Street Outreach Guidance’, when assessing and responding to clients for symptoms.
- b. All clients should self-monitor and practice social distancing as much as possible and self-monitor for symptoms. See CDC self-monitoring guidelines:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions>.

3. Is DSS working with other City agencies to align their guidance? Can we share DHS’s guidance with other agencies/organizations?

DSS and DHS guidelines are created with federal, state, and local authorities’ guidance, as well as coordinated with H&H and other NYC health systems. At this time guidance is intended for DHS shelter providers and clients only.

4. Are there isolation shelters and how do we use them?

DHS has isolation capacity, and will be using these facilities only for symptomatic clients who are in congregate settings (i.e. shared dorm, bathroom, or kitchen). See the attached guidance that advises which clients would be appropriate for the isolation sites. In such instances, contact the **SIU Hospital referral line at 212-361-5590**, and email: **AdultsCOVID19@dhs.nyc.gov**.

5. How should shelters respond to clients who refuse care or refuse to remain isolation?

In these instances, please contact your Program Administrator.

6. Can we allow clients to access their dorms during the day to avoid congregation in the cafeteria and other congregate settings?

Dorms will now be open during the day, with the exception of staggered cleaning times. Please assign meal-hours to ensure that no more than 50 people are seated/gathered at the same time, and allow for 6 feet of distance between clients.

7. How should shelters handle meals for clients in isolation? Are there any changes to the DHS Food Policy?

Meals and food should be delivered for clients in isolation. Provider should make every attempt to provide meals to families in isolation. In the event meals cannot be provided by a provider, the provider should be directed to the nearest shelter that has meals. It is the provider’s responsibility to contact their Program Administrator to find the nearest shelter and pick up the meals.

8. Can providers get additional staffing assistance to cover core functions, including security?

For questions about staffing and fulfilling core responsibilities, please contact your Program Administrator.

9. How can we ensure clients who are quarantined have sufficient medication, including methadone?

For medication for pre-existing conditions, for those clients who are on Medicaid, see the Department of Health Medicaid Pharmacy Guidance:

Medicaid covers a 90-day supply for most prescription and over the counter (OTC) maintenance medications. Where practicable, practitioners and pharmacists should utilize 90-day supplies of long-term maintenance medications for individuals in quarantine or those that have been identified by the CDC as being at a higher risk for developing serious illness from COVID-19.

For Methadone and MAT: See OASAS guidance: <https://oasas.ny.gov/covid-19-faqs-opioid-treatment-programs>

- OTPs can give up to 28 days of methadone
- OTPs will be responsible for ensuring patients in isolation receive their medications, even if OTP staff must deliver it
- Shelter cannot store for clients, only to methadone providers/OTPs can (some of which are hospital based)
- OTPs will be doing phone counseling and billing for it

For further assistance, contact your Program Administrator.

10. Will DHS stop transfers and intake into shelters with positive or suspected cases at this time?

Refer to the *flowcharts* titled ‘COVID-19 Shelter Guidance’, ‘COVID-19_DHS_Isolation and Discharge Process’ and ‘COVID-19 Street Outreach Guidance’ for guidance on when and how clients will be transferred, returned from hospital, or isolated within shelters. Clients who are determined by a medical practitioner to be no longer infectious at the point of hospital discharge can return to shelter. Note that DHS is only undertaking health and safety transfers at this time.

11. Can DHS help providers access critical supplies?

DHS supplies are limited. We cannot commit to providing supplies. However, we can try to help you find suppliers for key items. Send your Program Administrator a list of what you need, quantities, and where you have tried on the private market. Please note that some items – e.g. hand sanitizer and surgical masks– are in limited supply across the region.

12. Are there any changes to invoice, budget, or overtime policies?

The City has implemented a process to prioritize invoice reviews and permit advances for under leveraged providers on a city-wide basis. This process has been shared with the entire sector. The City will suspend or relax certain performance and milestone targets, which vary by program, and will pay for authorized standard and emergency expenditures when milestones cannot be met due to this emergency. Fixed costs, including salaries and rent, will be reimbursed even if program participation declines. If individual providers have specific emergency needs, they can seek authorization from their agency for these needs.

See the attached ‘Letter to Providers’, issued by the Mayor’s Office of Contracts, and the ‘COVID Finance FAQ’, for more information.