

COVID-19 Isolation Plan and Best Practices for DHS Shelters

Purpose: This document provides the suggested guidance for minimizing COVID-19 transmission due to COVID-19 among New Yorkers experiencing homelessness, and guidance for how to manage individual cases and outbreaks of COVID-19 and COVID-like illness in facilities housing homeless New Yorkers. The details below are best practices, which in implementation should take into account differences among shelters.

Definitions:

COVID-19 positive, confirmed case: positive laboratory test

COVID-like illness (CLI): new onset of either fever (>100.4F or subjective fever, feeling feverish), or cough, or shortness of breath, or sore throat

PUI: “person under investigation” who has CLI and whose test for COVID-19 is pending

Exposed: had close contact, <6 ft and for >10 minutes, with COVID-19 positive or individual with CLI

Isolation: separation of ill persons from others until the ill person is no longer considered infectious

Quarantine: separation of exposed persons from others to reduce the risk of transmission of the virus from known exposed persons to other susceptible individuals in the community

Moderate/Severe illness: Illness due to suspected or confirmed COVID-19 that requires medical evaluation and possibly hospitalization

Mild illness: Illness due to suspected or confirmed COVID-19 that does not require medical evaluation. Most individuals with COVID-19 will have mild illness.

Infectious person: Person who has CLI or COVID-19 and can transmit the virus to others

End of infectious period: 14 days since symptoms onset AND fever-free for 72 hours without fever-reducing medications AND resolving respiratory symptoms, whichever is longer.

Physical distancing: Avoiding group activities, staying as far away from other people as possible, ideally more than 6 feet at all times.

Recommendations

Screening and Testing

- Sign at entrance to shelter instructing clients and staff to inform greeting staff (security or front desk staff) whether they feel ill and/or have symptoms of CLI
- Clients with symptoms should be given a face mask or face covering, and isolated in designated screening area, ideally in a separate room away from other staff or clients.
- Follow protocol issued by DHS about calling 911 or H+H hotline (see attached)

Surveillance and Reporting

- Request that clients notify shelter staff immediately if they develop CLI. Ask staff to be alert for clients who appear ill or who have fever or respiratory symptoms and to report them to shelter director who will report follow screening shelter protocol issued by DHS.
- If DHS or OMD/DHS learn of a person with COVID or COVID-like illness, the relevant provider will be notified and action recommended.

Isolation Triage

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 home-based isolation and quarantine guidance when necessary.

Single adults or families without access to private bathrooms

For single adults or families who share a bathroom with other families, congregate living environments create a risk for increased community transmission. DHS will determine placement for individuals in these settings to be moved to isolation sites based on patient type and will follow below protocol.

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

Transferring to DHS isolation facility

- Transportation to an isolation facility may take time to coordinate.
 - Client should remain in a closed room/office with a cot (if available) and advise to stay in until pick up
 - If possible, reserve a bathroom for use by just these clients; clean between uses and provide cleaning supplies to clients to clean after themselves.
 - Arrange to have a meal delivered to the client if pick up takes some time
- Client should wear a face mask during transferring.
- If the client is in shelter when a determination to transfer to DHS isolation facility is made, the client should pack their own belongings and any medications to take with them. If not, a DHS staff person can assist by carefully bagging client's belongings. The staff member should then practice meticulous hand hygiene after handling any of the person's belongings.
- The client should be transported by private vehicle to the facility and vehicle should be cleaned afterward.

Isolation Best Practices

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

- Call 911 if client's illness worsens
- Isolate until the greater of:
 - 14 days following onset of illness
 - 72 hours after being consistently without fever without use of antipyretics (anti-fever medications such as Motrin or Tylenol) and with resolving respiratory symptoms.
- Shelters cannot enforce quarantine or isolation.
 - Clients cannot access their prior shelter until clear from isolation. Shelters, other than isolation shelters, cannot enforce quarantine or isolation
 - Clients in isolation should be strongly encouraged to remain in the isolation area until they are declared to be no longer infectious, and should be given information about how long that may be based on advice from a doctor.
- Isolated clients should be provided with or access facilitated for:
 - Meals/Food
 - Personal care items
 - Medicine
 - Provide access to their medications during isolation
 - Access to opioid treatment during isolation including Methadone

Exposure

- Exposure to COVID-19 is assumed for anyone in New York City at this time. Exposed clients are not recommended to quarantine.
 - All clients should practice social distancing as much as possible and self-monitor for symptoms.
 - All clients are encouraged self-monitor for symptoms and staff should continue to follow screening protocol issued by DHS
 - Self-monitoring guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions>

Other Best Practices

- Shelters are recommended to adopt social distancing measures in all shelters
- Beds rearranged head-to-toe or toe-to-toe and 3 ft apart; or if possible 6 ft apart
- Meals must be staggered to reduce crowding/stagger kitchen time
- Stagger bathroom times and create a schedule
- Encourage frequent handwashing
- Clean and sanitize frequently touched surfaces several times per shift, especially: doorknobs, elevator buttons, phones, banisters, tabletops, handrails
- Clients (both in isolation and not) should be treated with respect and be actively informed about the measures being put in place and why, and the importance of their role in this effort.