NATIONAL HEALTH CARE for the HOMELESS COUNCIL

COVID-19 AND THE HCH COMMUNITY:

Status Updates, Available Guidance, Local Preparations, and Outstanding Issues

March 20, 2020

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

THE CURRENT TIME

- Sudden, nationwide focus on one issue
- Epidemic landing squarely at the intersection of health, homelessness, and housing
- HCH community uniquely trained to meet current challenges
- Finding opportunities amid crisis
- Sustaining solidarity in our community, acknowledging limitations of this platform

NEW ISSUE BRIEF: COVID-19 & THE HCH COMMUNITY

- Why homeless populations are a high-risk group
- Immediate policy actions needed
- Use this brief in your advocacy to secure needed resources & policy changes

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

COVID-19 & the HCH Community:
Needed Policy Responses for a High-Risk Group

Issue Brief | March 2020

As the COVID-19 virus pandemic continues to grow throughout the world and in the United States, state and local public response systems are implementing a number of public health strategies to prevent further exposures and slow the spread of the virus. Infections among people experiencing homelessness will present specific challenges for those individuals, local response structures, and for Health Care for the Homeless (HCH) programs and other homeless service providers.

This issue brief describes why people experiencing homelessness are an especially high-risk population and the immediate public policy responses that are needed to better prevent a more serious outbreak of COVID-19 among a very vulnerable group.

Why Homeless Populations are a High-Risk Group

Poor health is a leading cause of homelessness, and the experience of homelessness creates new health conditions, exacerbates existing ones, and makes getting treatment more difficult. On any given day in the United States, about 550,000 people are experiencing homelessness; many are in poor health and have disabling conditions, making them especially susceptible to the COVID-19 virus. However, it is the combination of the following characteristics that make this population an especially high-risk group:

1. **Poor health:** High rates of *chronic medical conditions* (diabetes, lung disease, cardiovascular disease); *behavioral health conditions* (depression, anxiety, schizophrenia, substance use disorders); *infectious illnesses* (HIV, TB, hepatitis); *acute illnesses* (e.g., pneumonia, respiratory illnesses); and *exposure to elements* (dehydration, sunstroke, hypothermia, and violence).
2. **Congregate settings:** Shelters, public transportation, soup kitchens, health clinics and many other service venues where this population receives care are large, crowded congregate settings.
3. **An aging population:** Many people experiencing homelessness are older, have limited mobility, and have even higher rates of poor health. Of the 1 million patients served by HCH programs in 2018, 40% were age 50 and above.
4. **Limited ability to follow public health advice:** The prevailing public health advice to wash hands, stay at home, and maintain physical distance from others is often not possible for people who are homeless. Crowded shelters and outdoor/encampment conditions seldom have adequate hygiene facilities and offer little protection from public health outbreaks.

WHEN YOU ARE HOMELESS, HOW DO YOU:

- **Stay at home?**
- **Wash your hands?**
- **Distance yourself from others?**
- **Disinfect your living space?**

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

OTHER RESOURCES

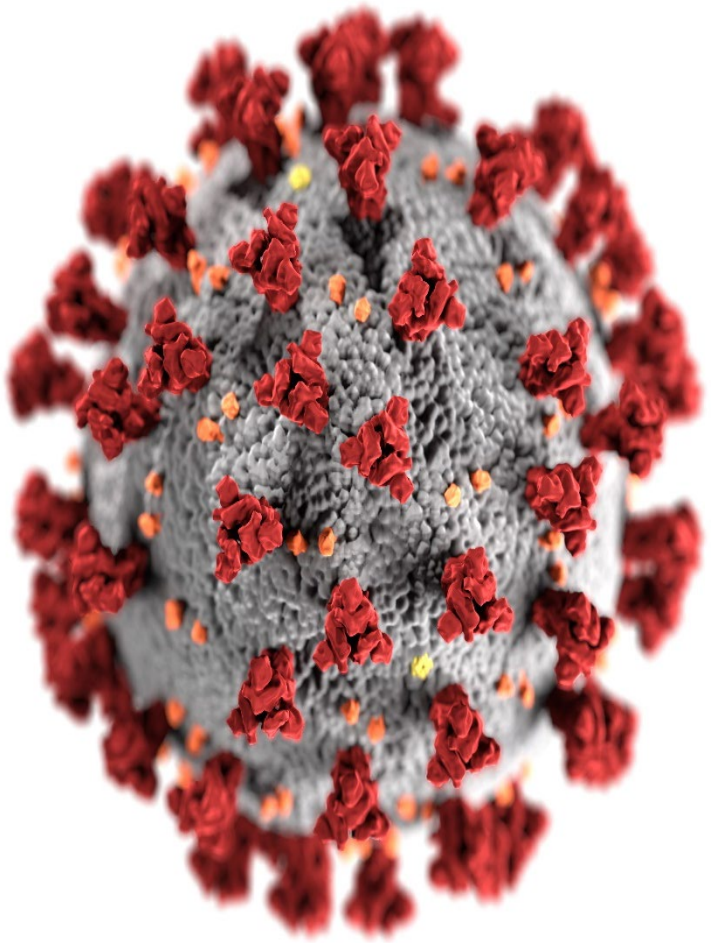
- Dedicated COVID-19 webpage:
  - → www.nhchc.org/coronavirus
  - → HUD, CDC, & HRSA materials, local policies & guidance, consumer-specific materials
- **Request:** Please send us your local guidance and protocols!
  - → Send to Michael Durham, TA Manager, at mdurham@nhchc.org
- Weekly editions of *Solidarity* *(Wednesdays)*
- Upcoming issue of *Mobilizer* *(March 26)*

TODAY'S PRESENTERS

- **Marlisa Grogan**, Senior Program Specialist, Office of Special Needs Assistance Programs, Department of Housing and Urban Development (HUD)
- **Sapna Bamrah Morris**, MD, MBA, FIDSA, CAPT, U.S. Public Health Service, Centers for Disease Control & Prevention (CDC)
- **Tom Andrews**, President/CEO, Saint Joseph's Health System, Atlanta, GA
- **Cathryn Marchman,** Executive Director, Partners for Home, Atlanta, GA
- **Jessie Gaeta**, MD, Chief Medical Officer, Boston HCH Program, Boston, MA

COVID-19: What We Know, What We Suspect, and What We Fear

Sapna Bamrah Morris MD, MBA, FIDSA
CAPT, U.S. Public Health Service
COVID-19 Clinical Team
Lead, Medical Team
Division of Tuberculosis Elimination



March 10, 2020

For more information: **www.cdc.gov/COVID19**

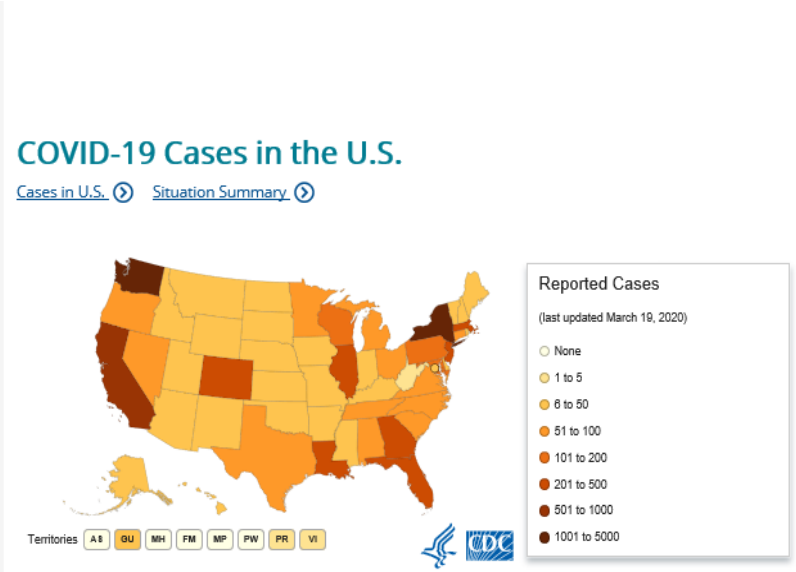
COVID-2019: Emergence

- Identified in Wuhan, China in December 2019
- Early on, many patients were reported to have a link to a large seafood and live animal market
- Later patients did not have exposure to animal markets
  - Indicates person-to-person spread
- Travel-related exportation of cases reported
  - First US case: January 21, 2020

COVID 19: Current Situation [March 19, 2020]

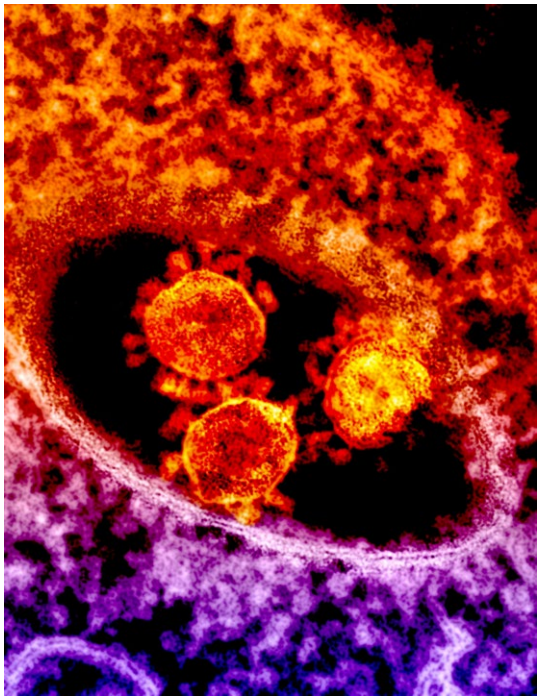
- All 50 states have reported cases of COVID-19 to CDC.
- U.S. COVID-19 cases include:
  - Imported cases in travelers
  - Cases among close contacts of a known case
  - Community-acquired cases where the source of the infection is unknown.
- Three U.S. states are experiencing sustained community spread.
  - WA, CA, NY

- **10,442 cases; 150 deaths**



Coronavirus (CoV) Background

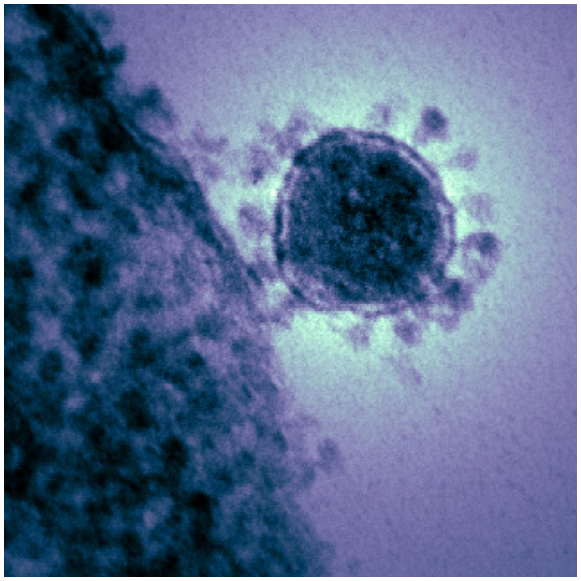
- Large family of viruses that cause infect many animals
  - Belongs to *Coronaviridae* family
- First isolated in the 1960s
- Named for the crown-like spikes on surface
  - 4 subgroupings (alpha, beta, gamma, delta)
- Some can spread between among animals and people (zoonotic)



Seven Human Coronaviruses (HCoVs)

- **Common HCoVs:**
  - HCoV-229E (alpha)
  - HCoV-OC43 (alpha)
  - HCoV-NL63 (beta)
  - HCoV-HKU1 (beta)
- **Other HCoVs:**
  - SARS-CoV (beta)
  - MERS-CoV (beta)
  - COVID-19* (beta)

*Coronavirus Disease - 2019



Produced by the National Institute of Allergy and Infectious Diseases (NIAID), this highly magnified, digitally colorized transmission electron microscopic (TEM) image, reveals ultrastructural details exhibited by a single, spherical shaped, **Middle East respiratory syndrome coronavirus (MERS-CoV)** virion.

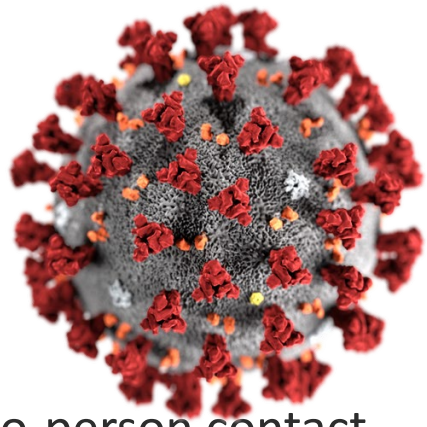
Common HCoVs: How They Spread

- Most commonly spread from an infected person to others through:
  - Respiratory droplets by coughing or sneezing
  - Close personal contact, such as touching or shaking hands
  - Touching an object or surface that has the virus on it
- Commonly occurs in fall and winter, but can occur year-round
- Young children are most likely to get infected
- Most people will get infected at least once in their lifetime

SARS & MERS: History

- Viral respiratory illnesses first recognized
  - 2002 (SARS) in China
  - 2012 (MERS) in Saudi Arabia
- Scope of outbreaks
  - SARS: 8,000+ probable cases and 774 deaths (2002–03)
    - No known human cases since 2004
  - MERS: 2,400+ lab-confirmed cases and 850+ deaths (as of 10/3/19)
    - 2 U.S. cases in 2014 among healthcare professionals

COVID-19: How It Spreads



- Investigations are ongoing to better understand routes of transmission
- Largely based on what is known from other coronaviruses
  - Presumed to occur primarily through close person-to-person contact
    - May occur when respiratory droplets are produced when an infected person coughs or sneezes
  - Possibly by touching a surface or object that has the virus on it and then touching the mouth, nose, or eyes

COVID-19: Symptoms & Complications

Symptoms may include

- Fever
- Cough
- Shortness of breath

Wide range of illness severity has been reported

- Mild to severe illness
- Can result in death

Estimated incubation period

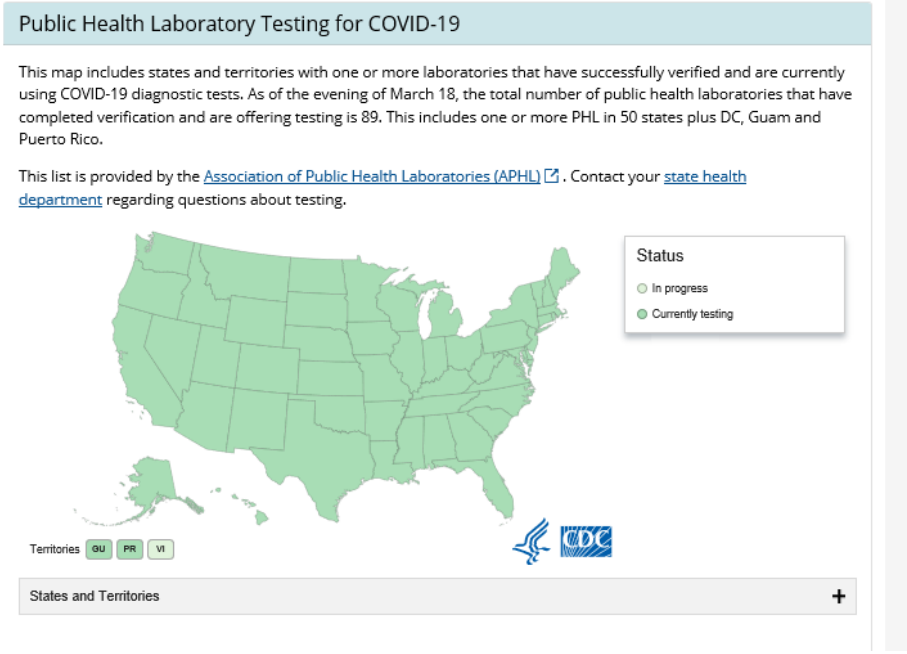
- 2 to 14 days

Complications may include

- Pneumonia
- Respiratory failure
- Multisystem organ failure

COVID 19: Testing

- Testing is being done at public health labs in all 50 states, Guam and Puerto Rico
- Supplies are running low
- Private labs are up and running with their own limitations
- Hospitalized patients, and those with underlying conditions, and those >age 65 are prioritized



COVID-19: Prevention & Treatment

Everyday preventive actions for respiratory illnesses

- Wash your hands often with soap and water for at least 20 seconds
  - Use an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not readily available
- Avoid touching your eyes, nose, and mouth with unwashed hands
- Avoid close contact with people who are sick
- Stay home when you are sick
- Cover your cough or sneeze with a tissue, then throw it away
- Clean and disinfect frequently touched objects and surfaces

Treatment

- No specific antiviral treatment licensed for COVID-19
- Supportive care to
  - Relieve symptoms
  - Manage pneumonia and respiratory failure

Resources

CDC: https://www.cdc.gov/coronavirus/2019-ncov/index.html

Cleaning and Dis-infecting

- Latest COVID-19 information available at: https://www.cdc.gov/coronavirus/2019-ncov

Interim Guidance on Homeless Shelters:

- https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html

Coronavirus Disease 2019 (COVID-19) and People Experiencing Homelessness

COVID-19: Healthcare for the Homeless

- Preparation over panic!
- Stay informed about the local COVID-19 situation
  - Know where to turn for reliable, up-to-date information in your local community.
- Develop, or review, your facility's emergency plan
  - COVID-19 outbreak in your community may lead to staff absenteeism
  - Prepare alternative staffing plans to ensure as many of your facility's staff are available as possible.
- Establish relationships with key healthcare and public health partners in your community

Guidance for all PEH Service Providers

- **State and local health departments, shelters, and healthcare facilities need to have a clear discussion about where PEH with confirmed, pending, or resolving (discharged) COVID-19 can safely stay.**
- **Could be:**
  - Separate units if the city, county, state has capacity
  - Specific shelters that have the best ability to isolate in place
  - This might need to be taken on by shelters even if they don't feel like they have the ability to isolate in place, if there are absolutely no other options

COVID 19: Protecting Your Staff

- Conduct an inventory of available PPE
  - Consider conducting an inventory of available PPE supplies. Explore strategies to optimize PPE supplies.
  - CDC has guidance on optimizing; crisis alternate strategies
- Ensure proper use of personal protection equipment (PPE)
  - Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 should wear the appropriate personal protective equipment.
- Screen patients upon entry to the facility

COVID 19: Plan for Service Providers

- **Remain at home, and notify appropriate staff if you are ill**
- Know who, when, and how to seek evaluation
- Healthcare workers are being given priority for testing after contact
  - Monitor for symptoms daily
- Continual updates to alleviate anxiety, concerns about exposure

COVID-19: Clinic Staffing

- Make sure you have staffing plans to keep facility open
- Dedicate staff to screen, evaluate, test patients if doing on-site
- Staffing plans to keep facility open
- Minimize elective procedures and utilize telehealth
- Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

- *"Facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program."*

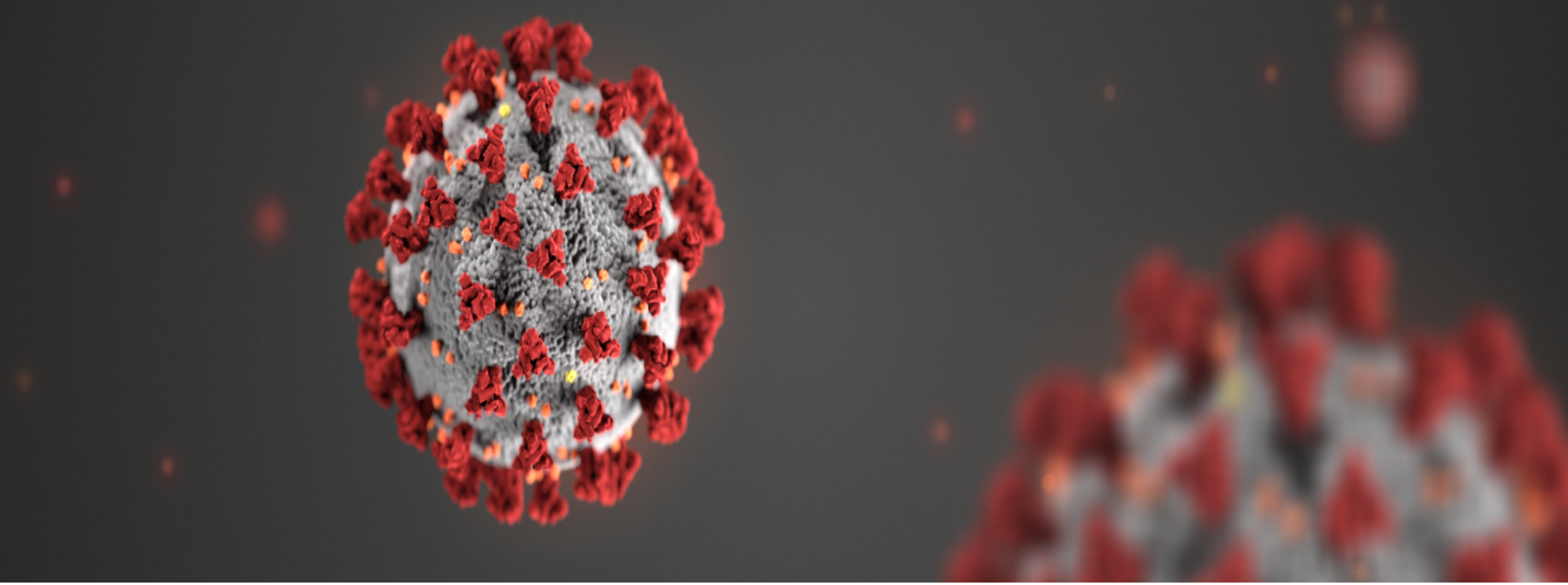
Shelter transmission

- **There is a high likelihood that people with COVID-19 with mild or no symptoms will enter the shelter system.**
  - Shelters should not exclude anyone with symptoms unless that is in the pre-designed plan in coordination with the health dept
  - Shelters may need to engage in screening for respiratory symptoms regardless of whether it is COVID-19 and provide masks
  - Shelters should plan for where people with respiratory symptoms (regardless of COVID-19 status) can sleep within the shelter
    - Similar to administrative controls recommended for tuberculosis prevention
  - Shelters should work with partners to increase the capacity for infection control
    - Hand washing stations or adequate supply of hand sanitizer
    - Appropriate environmental disinfection

COVID 19: Shelter and Mobile Clinics

- **Maintain distance when talking with clients**
- **Appropriate PPE use**
- **Designate one clinical room to patients with symptoms**
- **Education materials for patients and shelter clients**
  - Common symptoms, hand hygiene, cough etiquette
  - Social Distancing
  - Risk factors

https://www.cdc.gov/coronavirus/2019ncov/communication/factsheets.html



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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Office of Special Needs Assistance Programs

Department of Housing and Urban Development (HUD)

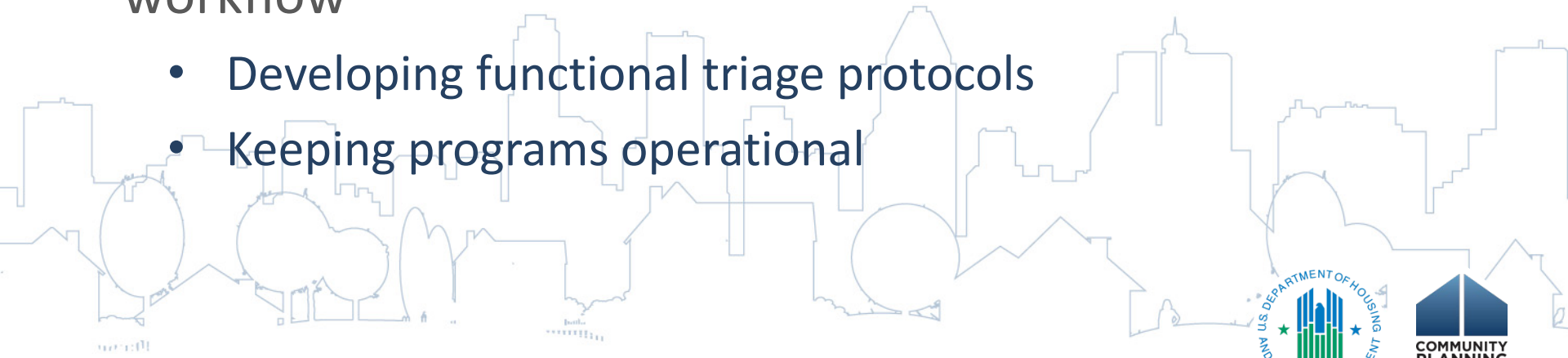
NATIONAL HEALTH CARE *for the* HOMELESS COUNCIL

U.S. Department of Housing and Urban Development
Office of Special Needs Assistance Programs

March 20, 2020

Essential Role of HCH Providers

- Bridge between homeless assistance providers and public health
  - Training shelter and outreach staff
  - Coordinated provision of services
- Invaluable resource for emergency shelter & outreach workflow
  - Developing functional triage protocols
  - Keeping programs operational



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

COMMUNITY PLANNING AND DEVELOPMENT

Resources for CoCs and Homeless Assistance Providers on the HUD Exchange

Infectious Disease Prevention & Response page on HUD Exchange

- Infectious Disease Toolkit for CoCs
- Specific Considerations for Public Health Authorities to Limit Infection Risk Among People Experiencing Homelessness
- Questions to Assist CoCs and Public Health Authorities to Limit the Spread of Infectious Disease in Homeless Programs
- Submit a question on the HUD Exchange Ask-A-Question (AAQ) Portal

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
COMMUNITY PLANNING DEVELOPMENT

Key Resources for Infectious Disease Response

- Infectious Disease Toolkit for CoCs
  - Provides a framework for partnerships, communication flow, and how different roles impact one another
  - Shows how homeless assistance providers rely on community healthcare providers in preparedness, mitigation and response phases
- Specific Considerations for Public Health Authorities to Limit Infection Risk Among People Experiencing Homelessness
- Questions to Assist CoCs and Public Health Authorities to Limit the Spread of Infectious Disease in Homeless Programs

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
COMMUNITY PLANNING DEVELOPMENT

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Saint Joseph's Health System

Atlanta, GA

Jessie Gaeta, MD

Chief Medical Officer

Boston HCH Program

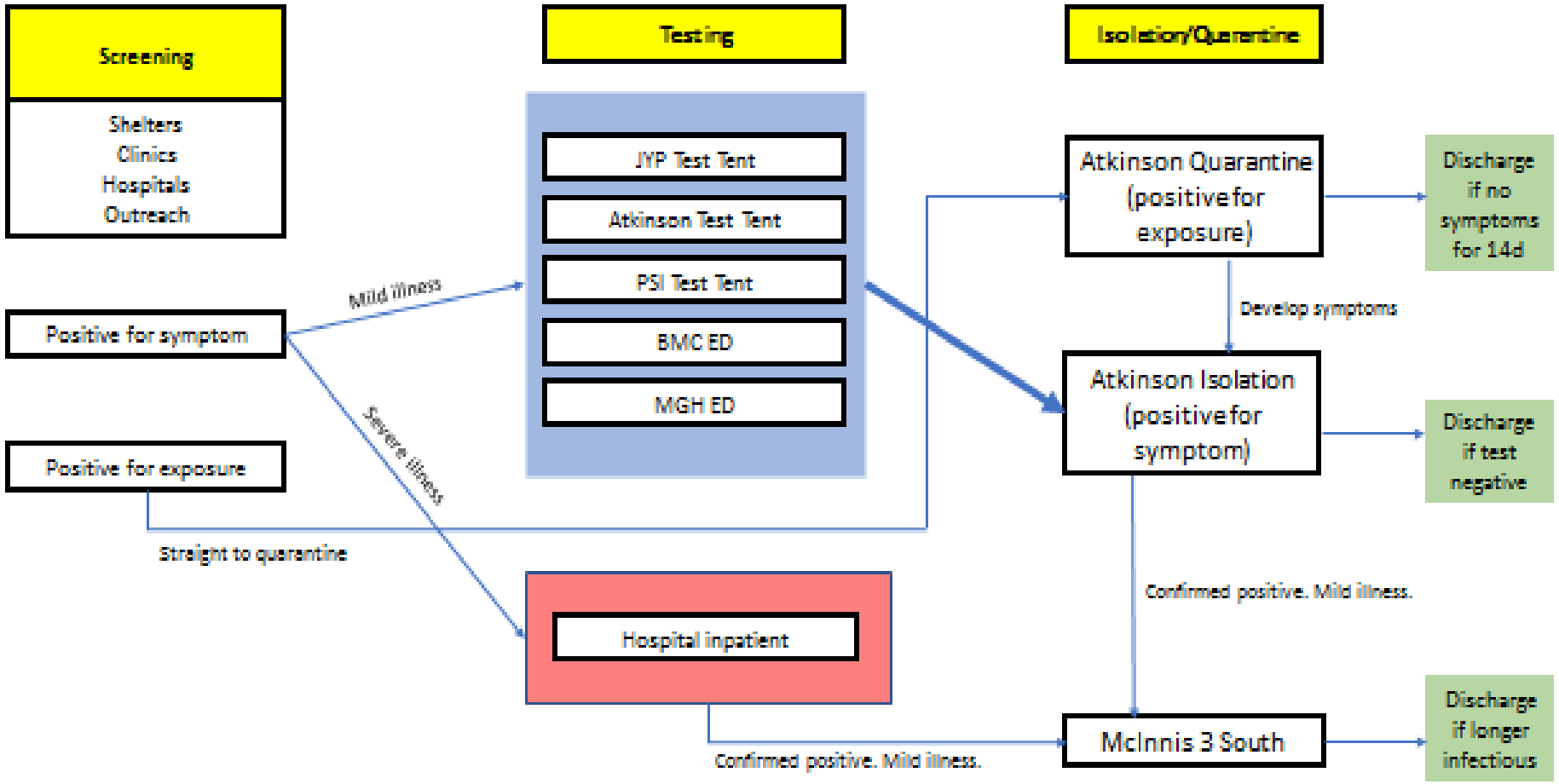
Boston, MA

NATIONAL HEALTH CARE *for the* HOMELESS COUNCIL

Response to COVID-19

BOSTON HEALTH CARE *for the* HOMELESS PROGRAM

- Shrinkage of existing services to make room for new COVID care
- Standing up a response across homeless service providers:
  - → Screening
    - Developed screening tool to be used at entry to shelters, and in our clinical settings
  - → Testing
    - Outdoor testing tents/booths in 3 shelter locations
  - → Isolation/Quarantine for 3 subpopulations
    1. Confirmed cases (medical respite)
    2. Symptom positive but no diagnosis yet (Tent A, also seeking hotel rooms)
    3. Exposure positive but asymptomatic (Tent B, also seeking additional spaces)


Screening
Shelters
Clinics
Hospitals
Outreach
Testing
JYP Test Tent
Atkinson Test Tent
PSI Test Tent
BMC ED
MGH ED
Isolation/Quarantine
Atkinson Quarantine (positive for exposure)
Discharge if no symptoms for 14d
Develop symptoms
Atkinson Isolation (positive for symptom)
Discharge if test negative
Positive for symptom
Mild illness
Severe illness
Positive for exposure
Straight to quarantine
Hospital inpatient
Confirmed positive. Mild illness.
McInnis 3 South
Discharge if longer infectious
Confirmed positive. Mild illness.

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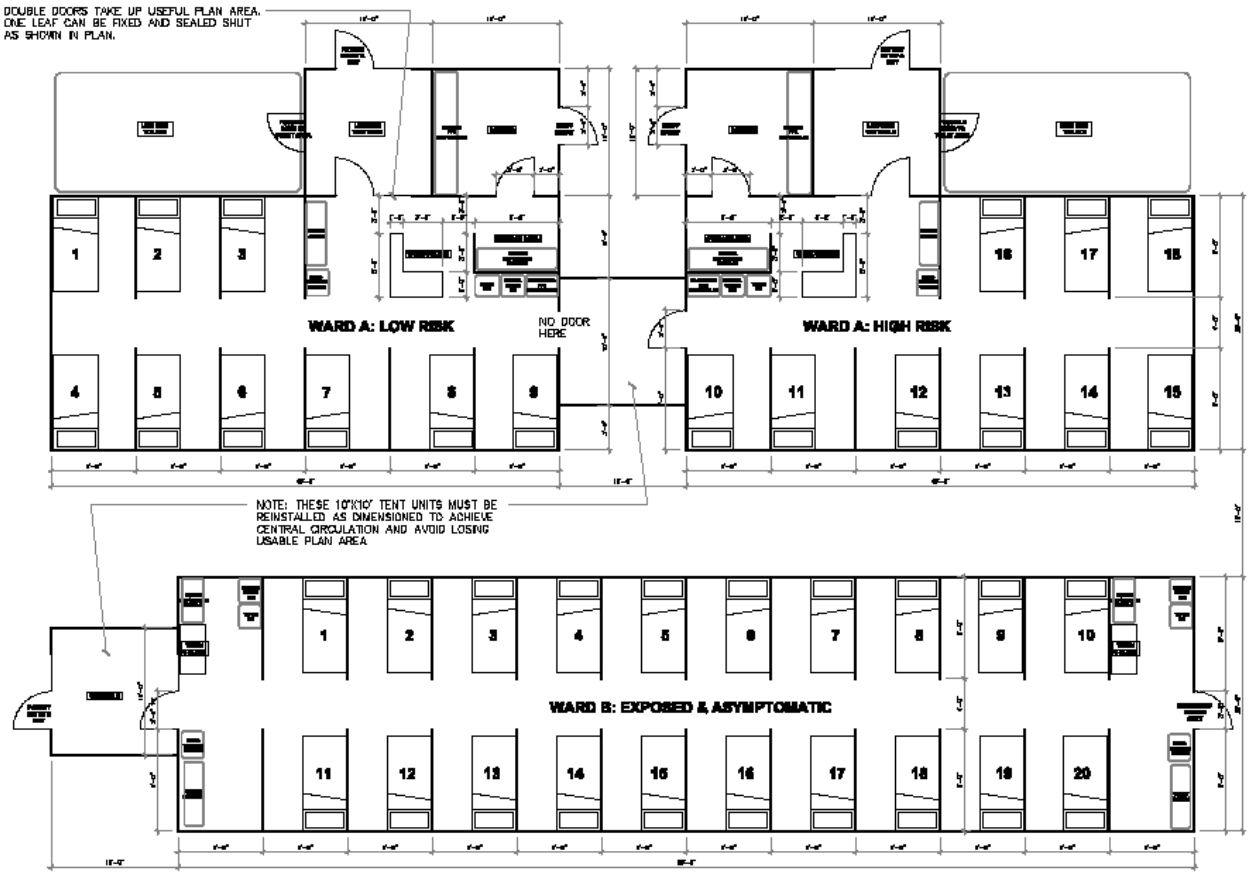

NOTES

ALL REMAINING DOORS TO BE INSTALLED TO BE 36" WIDE AND LOCATED AS DIMENSIONED

ALL JOINTS BETWEEN EXTERIOR VINYL TENT PANELS AT THE ROOF AND AT WALL TO BE TAPED TO ELIMINATE AIR LEAKAGE.

SIMILARLY JOINTS BETWEEN VINYL TENT PANELS AND FLOORING SYSTEM, DOOR JAMBS, AND TENT POLES TO BE TAPED TO ELIMINATE LEAKAGE.

1 OVERALL PLAN

MASS Design Group
334 Boylston St, Suite 400
Boston MA 02116
Contact: Chris Scovel
617.513.5784
cscovel@mass-group.org

Project
Boston Health Care for the Homeless Program
Atkinson Street Tent Facility
March 17, 2020

NATIONAL HEALTH CARE *for the* HOMELESS COUNCIL

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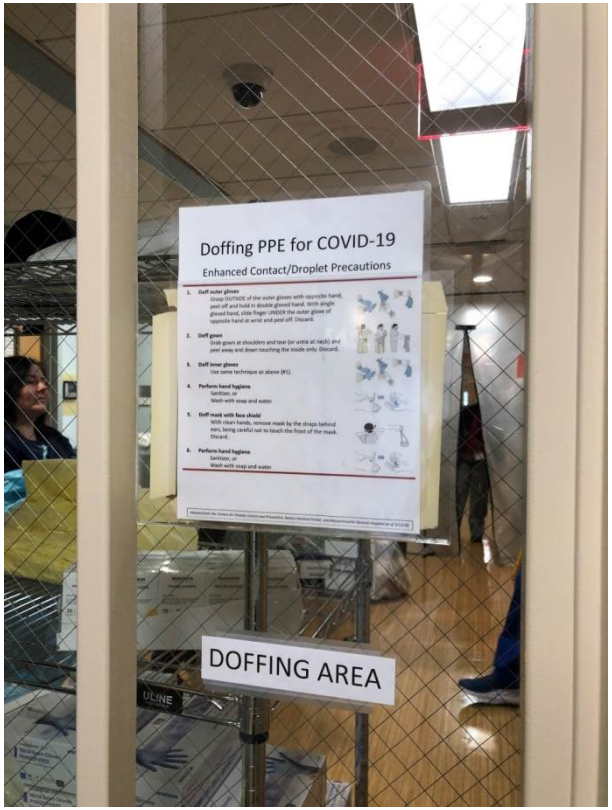
Response to COVID-19

BOSTON HEALTH CARE *for the* HOMELESS PROGRAM

- **Management of Personal Protective Equipment (PPE) shortage**

  - → **Prioritizing highest risk clinical encounters**
  - → **Identifying priority groups/activities/settings, and ranking by risk**
  - → **Re-using PPE as needed**
  - → **Advocating for increased supply and donations and handmade items**
  - → **Communicating with staff and prioritizing transparency**
  - → **Training staff**



PPE Prioritization Strategy

Last Updated: 3/19/20

The following prioritization is based on our current, limited supply of personal protective equipment (PPE). This strategy will evolve as PPE supplies either increase or decrease. In the context of current, widespread limited PPE supply, the CDC has created guidance for optimizing the supply of PPE and respiratory protection, which includes prioritizing respiratory protection by activity type, as we've done below.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-strategy/index.html

	Priority Group #1:	Priority Group #2:	Priority Group #3:		Priority Group #4:
	COVID+ ward at BMH	Testing Tents	Isolation/Quarantine Tents		Positive symptom screens at any other BHCHP setting
			Tent A: Symptom + No Diagnosis	Tent B: Exposure + Asymptomatic	
	Wear this PPE for duration of shift:		Wear this PPE for duration of shift:		
MASK	*Staff: surgical mask* *Patient: no mask*	*Tester only: N95 respirator* *Patient: surgical mask*	*Staff: surgical mask* *Patient: no mask*	*Staff: surgical mask* *Patient: no mask*	*Staff: no mask* *Patient: surgical mask for patients who screen positive for symptoms*
FACE SHIELD		*disinfect between patients*			
GOWN					
GLOVES	*double* *change between patients*	*change between patients*	*double* *change between patients*	*gloves if direct contact*	

**Code Blue: Person on airway only, use face shield plus either N95 respirator (if fit tested) or surgical mask (if not fit tested)*

**Transportation staff: Should wear surgical masks between screening/testing/isolation sites*

**When cleaning bathrooms, staff should wear surgical masks.*

Q&A

If you haven't already, please send us questions using the chat box on your screen

- Regular online discussions about COVID-19 beginning **Friday, March 27** (time TBA!)
- Focus on issues specific to the HCH community
- More information is forthcoming