About Neighborhood Health

Neighborhood Health is a non-profit network of 12 neighborhood health centers in and around Nashville and Lebanon. We have proudly served the people of Middle Tennessee for more than 44 years without regard to their insurance status or ability to pay. Today, we provide medical, prenatal, dental and behavioral health care to over 31,000 people of all ages, 58% of whom have no health insurance. This includes over 5,000 individuals who are experiencing homelessness. Because of the trust we have earned with patients, Neighborhood Health has become the largest safety net provider of primary care in Middle Tennessee – and the largest provider to African Americans (and, more generally, persons of color).

Call (615) 227-3000 to make an appointment – or to speak with our on-call medical provider. We serve patients in our clinics, by phone, and by video chat.
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Introduction

Working with Metro Homeless Impact Division and other partner organizations, Neighborhood Health drafted this “Pandemic Handbook” to summarize existing information and recommendations for outreach workers. This Handbook specifically targets outreach workers who visit encampments of individuals who are experiencing homelessness. This Handbook is only meant for use during the current COVID-19 pandemic.

Three key concerns underlie the content in this Handbook:

1. **It is vitally important to keep the number of outreach workers who visit individual encampments over the course of a month as low as possible.** Wherever possible, outreach workers should avoid entering encampments. Also, the more outreach workers who visit any particular site, the higher the likelihood that asymptomatic carriers of COVID-19 introduce the coronavirus to an encampment. By limiting the number of outreach workers who visit a specific encampment, we reduce the chances that an asymptomatic outreach worker would unwittingly infect those living at that site.

2. **Outreach workers who visit encampments during this pandemic must take all recommended precautions to avoid infecting the people living there.** Otherwise, asymptomatic outreach workers may unwittingly infect those to whom they are delivering supplies and providing supports. By taking all recommended precautions, outreach workers also reduce their own risk of exposure and infection.

3. **We are all in this together.** Neighborhood Health stands alongside all outreach workers. We will provide high quality medical care to any outreach worker or any other individual who may need it, regardless of their insurance status or ability to pay. Anyone may call us at (615) 227-3000 to get care.

Disclaimers

Neighborhood Health prepared this Handbook in April 2020 for use during the current COVID-19 pandemic. Please note:

- Recommendations regarding all aspects of the pandemic response frequently change, and readers should check for updated information from public health authorities and other experts.
- Nothing in this Handbook supersedes any information or recommendations provided by federal, state, or local public health authorities.
- The content of this Handbook does not reflect pre-pandemic standard operating procedures, nor would this apply outside of the current pandemic.
- Nothing in this Handbook constitutes medical or legal advice or formal guidance and should not be relied upon as such.

We encourage readers to contact the Metro Public Health Department or other infection control experts for further guidance.

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1 We are grateful to the Metro Homeless Impact Division, Open Table Nashville, Salvation Army, Park Center, Mental Health Cooperative, and Dr. Sheryl Fleisch for their review of and constructive feedback on earlier drafts of this document. The views in this document and any errors should be attributed to the authors, not the reviewers.
Evaluating Your Risk as an Outreach Worker

1. Am I at higher risk for severe illness from COVID-19?

Some people are at higher risk of severe illness if they get COVID-19. The CDC reports these people includes individuals who:

- Are older (either age 60 older -- or age 65 or older); or
- Have chronic health conditions, including people with:
  - Diabetes;
  - Chronic lung disease of moderate to severe asthma;
  - Serious heart conditions;
  - Compromised immune systems, including those who have lupus or HIV or take steroids;
  - Severe obesity (body mass index of 40 or higher);
  - Chronic kidney disease and on dialysis; and
  - Liver disease.

2. Should I visit encampments if I am at higher risk of severe illness – or a caregiver for someone at higher risk?

If you fall into one of these groups, you should talk with your supervisor and your medical providers before you visit any encampment. More generally, the CDC advises you to stay home if possible.

If you are a caregiver for an individual in one of these groups, you should also talk with his or her medical provider before you visit any encampment.

3. I have difficulty breathing while wearing a mask. Can I still go to encampments?

If you have difficulty breathing while wearing a mask, you arguably should not go to an encampment. Talk with your medical provider and your supervisor as to what may be appropriate.

Using PPE as an Outreach Worker

4. Do I still need to observe social distancing if I wear PPE?

Yes. PPE helps to protect people in encampments and you. However, you must observe social distancing, too, in order to minimize risk of infecting those in encampments (and your co-workers).

5. Can outreach workers ride in cars together – or share PPE?

No. Outreach workers must always observe social distancing, even with each other. Thus, they may never ride together in a car. Also, outreach workers must always use their own PPE. Never share any PPE under any circumstances.
6. **In addition to PPE, what other specific items should I wear?**

   Wear long sleeves, long pants and closed toed shoes. If possible, wear rubber boots or rubber over-boots. These create a barrier between skin and any contaminants including viruses.

   For persons with longer hair, hair should be braided or pulled up into a bun.

7. **What should I avoid wearing?**

   Do **not** wear the following into encampments:
   
   - Rings, bracelets, earrings
   - Excess clothing layers
   - Headphones
   - Anything not strictly necessary to transport necessary supplies

8. **What should I know about my phone?**

   Use your speakerphone whenever and wherever possible. Avoid bringing your phone close to your face.

9. **What PPE should I wear?**

   Consistently wear at least the following personal protective equipment (PPE):
   
   - Surgical mask or appropriate homemade mask
   - Face shield covering the surgical mask (or, if not available, other protective eyewear)
   - Disposable gloves (specifically, medical-grade, non-latex gloves)

   **Note:** Do **not** touch the outside of your mask, especially with gloved hands. This helps protect you. See FAQ #11 below.

   The above list is a minimum – and it may be appropriate for some outreach workers to wear gowns and N95 respirators. Ask your supervisor if you have questions.

10. **When should I wash my hands or use hand sanitizer?**

    Wash your hands or use hand sanitizer (>60% alcohol) before and after wearing gloves.

11. **How do I put on and take off my PPE?**

    Closely read the CDC’s [guidance](#) on the sequence for putting on and taking off PPE. To summarize:
    
    - **Put on** mask, then face shield, and finally gloves.
    - **Remove** gloves, then face shield, and finally mask.

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2 The CDC offers [guidance](#) and a [video](#) on homemade masks.
See Attachment 1 (the CDC’s guidance on the sequence for putting on and taking off PPE) for more detailed information. Also, the National Health Care for the Homeless Council (NHCHC) has also published helpful guidance on PPE.

12. How should I transport my stored PPE?

Transport all items, including but not limited to stored PPE, in the trunk of your car if possible.

13. How long can I use/re-use my PPE?

PPE is generally designed for single use. Public health authorities differ slightly in their specific guidance about use, extended use, and re-use of PPE during this COVID-19 pandemic.³ Attachment 2 summarizes some reasonable guidance to consider.

14. How should I store my PPE?

Store PPE items you intend to re-use in a clean sealable paper bag. However:

- Do not re-use items such as gloves or any soiled or damaged PPE items; and
- Clean all PPE before storing.

See Attachment 2 for more detailed information.

15. When should I discard my PPE?

Discard any soiled or damaged PPE and used gloves (or place in designated plastic “hazard” bag, which you later discard). Also:

- Discard gloves after touching any individual or his or her belongings.
- Discard gloves after you touch your face or your mask.

See Attachment 2 for more detailed information.

Reducing Risks You Bring COVID-19 into Encampments

16. What should my daily “self-monitoring routine” include?

First, take your temperature at least every morning with an oral thermometer. Take your temperature:

- 30 minutes after eating, drinking, or exercise; and
- At least 6 hours after taking aspirin, ibuprofen (Advil/Motrin), or acetaminophen (Tylenol) – or any medicine that contains a fever reducer.

³ The CDC provides some general guidance, and the Tennessee Department of Health offers slightly more specific recommendations for certain types of PPE.
Second, ask yourself each day whether you or anyone in your household has:

- Fever (a temperature with an oral thermometer at 100.4 or higher)
- Flu-like symptoms (tiredness or body aches)
- Shortness of breath
- Cough
- Loss of sense of taste or smell
- Diarrhea
- Vomiting

Third, record your temperature symptoms in a log such as the CDC’s Check and Record Everyday (CARE) template.

17. When should I avoid going to encampments?

Do not go to an encampment if you lack PPE.

Do not go to an encampment if you or anyone in your household has a fever or other symptoms – or if you feel sick in any way. Also, consult with your supervisor before returning to work.

Also, do not go to an encampment if you have an exposure risk in the last 14 days – even if you have no symptoms. This would include any of the following:

- Travel outside of the U.S.
- Travel to any area with a high number of COVID-19 cases
- Travel on an airplane or coach-style bus (e.g., Greyhound)
- Visit inside a nursing home
- Visit inside an ER or hospital
- Prolonged close contact with someone who has symptoms of COVID-19 or a positive COVID-19 lab test.

In addition, we recommend against visiting an encampment if you have been in any congregate setting (including shelters) and you have not consistently worn a mask, consistently used gloves with any individual or his or her belongings, consistently observed social distancing, and consistently practiced good hand hygiene.

18. When (if ever) should I “cover” for another outreach worker and go to new encampments?

Generally, you should not “cover” for another outreach worker and visit new encampments. Consult with your supervisor and Metro Social Services before going to any new encampment.

The more outreach workers who visit any particular site, the higher the likelihood that asymptomatic carriers of COVID-19 introduce the coronavirus to an encampment. By limiting the number of outreach workers who visit a specific encampment, we reduce the chances that an asymptomatic outreach worker would unwittingly infect those living at that site.
19. Can I as an outreach worker get tested for COVID-19 as a precaution?

To the extent the COVID-19 assessment centers do not test outreach workers, Neighborhood Health may be able to help. Please follow up directly with Brian Haile by emailing bhaile@neighborhoodhealthtn.org.

20. What should I do when entering an encampment to reduce the risk I bring COVID-19 into the encampment?

Each time you enter an encampment, use this sequence:

- Put on clean boots or over-boots.
- Put on all PPE in the correct sequence, including surgical mask.
- Place your smartphone in a new sealable, plastic bag and use it while in the bag during the time you are in an encampment.
- Remain at least 10 feet away from everyone, including any co-workers.

If you want people in the encampment to recognize your face before you enter their space, put your mask on (over your mouth and nose) before you get within 10 feet of any other individual – and change your gloves. Never “lower” your mask: Either take it off or leave it on.

21. What should I do when leaving an encampment to reduce the risk I bring COVID-19 into the encampment?

Each time you leave an encampment, use this sequence:

- Discard the plastic bag covering your phone in the same way you would discard gloves.
- Remove debris and dirt from boots with a soft bristled brush.
- Put boots in a separate plastic “hazard” bag.
- Remove your PPE in the correct sequence.
- Clean and store the PPE you can re-use (using clean gloves as appropriate).
- Use hand sanitizer or wash your hands.

Do not visit another encampment until you have a clean pair of boots and adequate PPE. If possible, change clothes before going to another encampment.

See FAQ #49 below about what to do when you go home.

Approaching Encampments

22. Should I enter an encampment if it is not strictly necessary?

No. Deliver supplies and leave them at a drop-off point wherever possible. Avoid entering encampments in order to protect those living there from any germs you may be carrying.
23. Should I wear a mask when approaching an encampment?

**Yes.** This protects people in the encampment and any co-workers.

If you want people in the encampment recognize your face before you enter their space, put your mask on (over your mouth and nose) **before** you get within 10 feet of any other individual – and change your gloves. **Never** “lower” your mask: Either take it off or leave it on. See FAQ #20 above.

24. How do I explain what I am doing and why?

Follow your normal process to identify yourself as you enter an encampment. While at least 10 feet away, put on your mask – and explain loudly you are doing this to protect the people in the encampment. Also, explain loudly, you are going to say at least 10 feet away if at all possible (again, to protect people in encampments). See FAQ #20 above.

25. What additional security precautions (if any) should I take?

Experienced outreach workers outside of Neighborhood Health recommend the following:

- Always carry a charged cellphone.
- Go with a co-worker (though drive separately and maintain social distancing).
- If you must visit an encampment alone, always let a coworker or supervisor know when you are entering a camp and when you leave.
- Trust your intuition. If something doesn’t feel right, it's okay to leave.

**Recognizing the Symptoms of COVID-19 – and Knowing What to Do**

26. What are the symptoms I should ask about when visiting encampments?

Individuals with any of the following may have COVID-19:

- Fever (including feeling feverish or having chills or sweats)
- Flu-like symptoms (tiredness or body aches)
- Shortness of breath
- Cough
- Loss of sense of taste or smell
- Diarrhea
- Vomiting

27. What should I do if someone has symptoms?

Neighborhood Health will provide care to anyone, regardless of his or her insurance status or ability to pay. Persons experiencing homelessness can get free care – and, in many instances, free medications. With this in mind:
• Offer to connect the individual with Neighborhood Health. If the individual accepts, have the individual call (615) 227-3000 to connect the individual with a medical provider by phone.

• If the individual does not have a phone (or minutes), offer to allow the individual to use a disposable cell phone. If you encounter any difficulties, contact Brian Haile at (615) 944-4404 (cell). (This is a personal cell number, so please do not give out this number to anyone but outreach workers.)

Collect the disposable cell phone and use disinfectant wipes to wipe it down thoroughly. Place the disinfectant wipes in designated, sealable plastic “hazard” bag, which you later discard. Change your gloves before touching anyone or anything else – and discard your gloves in the same designated, sealable plastic “hazard” bag.

• If the individual refuses medical care, leave them a Neighborhood Health card – and tell them they can call anytime, 24/7. If Neighborhood Health is closed, the individual can connect with the “on call” medical provider. Also, advise the individual to call 911 if they are in any distress.

• Encourage the individual to:
  o Wear a mask
  o Drink plenty of water, clear soup, decaffeinated tea, or juice.
  o Wash their hands frequently (or use hand sanitizer).
  o Cough into their elbow area or cover their mouth with tissues or paper towels when they cough or sneeze (even in their tent).
  o Dispose of all used tissues, disposable masks, etc. in a sealable plastic “hazard” bag, which they can later put in a trash can.

• Provide a blanket and hand sanitizer if available.

See FAQs #32, 38 and 42 below.

Also, do not hesitate to call 911 if you are concerned. See FAQ #29 below.

28. When (if ever) should I offer to take a person’s temperature?

If you have an oral thermometer (with disposable plastic cover) or no-touch thermometer, you may offer it to an individual who has symptoms. Offer the thermometer and lay it down near the individual while moving away to maintain social distancing.

The individual should take his or her own temperature. Make note of the temperature – and whether it was taken with an oral thermometer or no-touch thermometer (since the readings will be interpreted differently).

Collect the thermometer and use disinfectant wipes to wipe it down. (For oral thermometers, also put the thermometer in a separate, sealable plastic bag to disinfect more thoroughly later). Place the disinfectant wipes in designated sealable plastic
“hazard” bag, which you later discard. Change your gloves before touching anyone or anything else – and discard your gloves in the same designated plastic “hazard” bag.

29. When should I call 911?

Call 911 if an individual tells you they need to go to the ER or hospital. Do not question their need; call 911.

Also, call 911 if an individual:

- Has chest pains
- Has persistent pressure in the chest
- Has extreme trouble breathing (can’t talk without gasping for air)
- Has new confusion and/or cannot be woken
- Has blue-colored lips or face
- Has severe, constant dizziness of lightheadedness
- Has seizures

Stay on the phone with 911 until emergency personnel arrive. Follow their instructions.

30. How can I help get a person to the ER or hospital?

Call 911. Do not move or transport anyone unless instructed to do so by 911 operator.

Helping Persons Access Care

31. Where (and how) can a person get health care right now for COVID-19 as well as other conditions?

Offer to connect the individual with Neighborhood Health at (615) 227-3000 using the steps described in FAQ #27 above and #32 below.

Call 911 if you are concerned. See FAQ #29 above.

32. What do I tell an individual who wants to get tested for COVID-19?

Offer to connect the individual with Neighborhood Health at (615) 227-3000 using the steps described in FAQ #27 above. Neighborhood Health will explain the individual’s options to him or her.

Call 911 if you are concerned. See FAQ #29 above.

33. What to do if a person needs medication to bring down their fever?

If you carry over-the-counter acetaminophen (Tylenol), you may choose to offer this to individuals in encampments. (Different organizations may have different policies in this

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4 The Metro Public Health Department had given somewhat different (and informal) advice to service providers early in the pandemic, but the CDC has since offered and reaffirmed these recommendations.
5 Anecdotal reports suggest ibuprofen (Advil/Motrin) could worsen symptoms of COVID-19, but the picture is unclear. See FDA advisory.
34. What to do if a person needs medication (or a refill) for a chronic condition?

Offer to connect the individual with Neighborhood Health at (615) 227-3000 using the steps described in FAQ #27 above. We will work with you to get prescriptions delivered to any individual in an encampment.

35. What to do if a person complains of a bad toothache or dental-related pain?

Neighborhood Health will provide emergency dental care to anyone, regardless of his or her insurance status or ability to pay.

Offer to connect the individual with Neighborhood Health. However, the individual must call (615) 227-3000 to schedule an appointment. We can work with you to organize transportation for the patient.

36. When (if ever) should I transport a person to a clinic or health care provider?

Do **not** move or transport anyone unless instructed to do so by 911 operator – or unless you have pre-arranged an appointment (e.g., for emergency dental services) and clarified your intention to transport with Neighborhood Health.

As a general matter, Neighborhood Health may be able to serve the individual in an encampment via telehealth and deliver medications to him or her. Please contact Neighborhood Health to discuss specific questions or concerns. If you encounter any difficulties, contact Brian Haile at (615) 944-4404 (cell). (This is a personal cell number, so please do not give out this number to anyone but outreach workers.)

37. What (if any) masks should I give to persons living in encampments – and what should I tell them about wearing masks?

Encourage all individuals in encampments to:

- **Wear masks** – and wash any homemade masks regularly.\(^6\)
- **Never** touch the front of the mask.
- **Do not touch** your mask or your face. If you accidentally touch your mask or your face, immediately wash your hands or use hand sanitizer.
- **Store** masks in a sealable paper bag if possible.
- **Dispose of** all used tissues, disposable masks, etc. in a sealable plastic “hazard” bag, which they can later put in a trash can.
- **Never** touch another person’s mask or pick one up.

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\(^6\) We acknowledge the lack of a national consensus at this time as to whether the benefits of wearing masks among individuals living in encampments outweighs the risks of contamination if the masks are not appropriately cleaned, stored, and discarded – and individuals may have limited ability to practice good hand hygiene. We will continue to review the evidence and follow this discussion, but we recommend following the CDC’s recommendations to wear masks even if an individual lives in an encampment.
If an individual is symptomatic, offer several disposable masks if available. Stress to the individual that:

- **Never** touch the front of the mask.
- Wash hands or use hand sanitizer anytime they touch their mask.
- They **must** put the disposable mask in a plastic bag and throw it away in a trash can if the mask gets wet or soiled.
- They **cannot wash** disposable masks; rather, put the disposable mask in a plastic bag and throw in a trash can after wearing it for a day or two.

See general advice in FAQ #38 below.

**Responding to Common Concerns**

### 38. What general advice should I give to individuals in encampments?

Encourage everyone to:

- **Stay apart.**
  - Set up their tents/sleeping quarters with at least 12 feet x 12 feet of space per individual.
  - Remain at least 6 feet away from other people.
  - Do not share tent space.

- **Practice good hygiene.**
  - Wash their hands or use hand sanitizer as often as they are able.
  - Dispose of all used tissues, disposable masks, etc. in a sealable plastic “hazard” bag, which they can later put in a trash can.
  - Cough into their elbow area or cover their mouth with tissues or paper towels when they cough or sneeze (even in their tent).

- **Avoid sharing personal items.**
  - Do not to share food
  - Do not to share plates or utensils
  - Do not to share cigarettes or water bottles (or bottles or containers of any types)

- **Wear masks – and wash or replace masks regularly.** Store masks in a sealable paper bag if possible. See FAQ #37 above.

- **Pay attention to their own health.**
  - Take their medication for diabetes, high blood pressure, etc. to stay healthy.
  - Know the symptoms of COVID-19. (Give out the CDC’s “Symptoms handout.)
  - Call Neighborhood Health or 911 for medical help.
39. How can I explain social distancing and droplet precautions?

Use a bag of confetti and throw it in the air. The confetti represents droplets. Each droplet could contain COVID-19. Two points to emphasize:

- Staying away from droplets is vital. This is why we need to stay at least 6 feet apart – and practice social distancing.
- Wear masks – and wash any homemade masks regularly. Store masks in a sealable paper bag if possible. See FAQ #37 above.
- Keeping the droplets from spraying like confetti helps keep others safe. This is why we must use tissues or cough or sneeze into our elbows.

40. What handouts can I give to individuals in encampments?

Review the CDC’s guidance for persons experiencing homelessness. Also, consider giving out the CDC’s:

- “How to Protect Yourself” handout
- “Symptoms” handout
- “How to Take Care of Someone Who is Sick” handout

41. How should I respond to rumors about mandatory/involuntary quarantine?

Individuals experiencing homelessness have heard rumors about others who are subject to mandatory (and involuntary) quarantine/isolation orders. The Metro Public Health Department does have the power to seek such orders. The rumors have caused fear among some people and made them more reluctant to seek care.

Offer to connect the individual with Neighborhood Health at (615) 227-3000 using the steps described in FAQ #27 above. We will work with you to get prescriptions delivered to any individual in an encampment.

Please stress to the individual that Neighborhood Health provides medical care in a confidential manner. If the individual has specific concerns, he or she can talk with the medical provider at Neighborhood Health – and Neighborhood Health will explain the process and respect the individual’s wishes and concerns.

42. How should I tell people to self-isolate/quarantine if they think they may have had COVID-19 or been exposed?

Offer to connect the individual with Neighborhood Health at (615) 227-3000 using the steps described in FAQ #27 above. The medical provider will explain the

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7 Ideally, individuals would be able to clean/disinfect shared facilities prior to and following each use. King County, Washington published a helpful Sanitation & Hygiene Guide for Homeless Service Providers.
recommendations for self-isolation/quarantine carefully with the individual as appropriate.

Give the CDC’s “What to Do When Sick” handout to this individual.

Also, advise the individual to wear a mask – and see FAQs #27 above.

See also the general advice in FAQ #38 above.

**Addressing Mental Health and Alcohol & Drug Use**

43. **When should I contact Mobile Crisis?**

Contact Mobile Crisis at (615) 726-0125 when an individual is having a mental health emergency. Mobile Crisis continues to operate during the current pandemic.

If an individual wants to call Mental Health Coop but he or she is not having an emergency, the individual should call (615) 726-3340.

44. **What services are available to individuals seeking treatment for addiction?**

- The Tennessee REDLINE at (800) 889-9789 provides information and referrals.
- Neighborhood Health also offers a treatment program and short-term housing for men experiencing homelessness who have a co-occurring psychiatric and substance use issue. Call Allyson Barnes (615) 227-3000 x1811 or Chris Barrett at (615) 227-3000 x1674.

45. **What supports are available for individuals in recovery?**

- Narcotics Anonymous (NA) has updated its Nashville listings, including several locations hosting Zoom meetings.
- Alcoholics Anonymous (AA) provides some online resources and Zoom meetings.
- Salvation Army Nashville offers online and phone meetings.

46. **What relevant advice can I give to individuals in encampments?**

Share these messages:

- Do not share needles – or any equipment.
- Stay hydrated.
- Do not to share cigarettes or water bottles (or bottles or containers of any types).
- You can get Naloxone/Narcan from an outreach worker.

Street Works continues to serve individuals during the current pandemic (e.g., with needle exchange, etc.). Individuals can call (615) 256-7979 for help. Outreach workers may also contact Street Works at this number to notify them about particular needs in specific encampments.
See also the general advice in FAQ #38 above.

**Protecting Yourself if You Might Have Been Exposed**

47. **What should I do before I get in my car after visiting an encampment?**

   See FAQ #21 above.

48. **Can I go anywhere but home after visiting an encampment?**

   Yes, if you have clean boots and adequate PPE. See FAQs #20-21 above.

49. **What should I do before going in my house after visiting an encampment?**

   When you get home, put on mask and gloves. Do the following while outside your house:

   - Rinse boots with water and a sponge, scrubbing the entire boot.
   - Rinse the sole of the boot more thoroughly.
   - Wet sponge in already prepared diluted Lysol IC Quaternary Disinfectant Cleaner (1 ounce per gallon solution) and clean entire shoe. You can also use Lysol Disinfecting Wipes also be used or 0.05% chlorine solution (1 part household bleach to 100 parts water).
   - In a container or tub, submerge the soles of the shoes (rubber bottom) in 0.05% chlorine solution (1 part household bleach to 100 parts water).
   - Let sit for 10 minutes.
   - After 10 minutes remove shoes and thoroughly rinse with clean sponge and water. Let dry.

   While still wearing gloves and mask:

   - Remove clothing before entering the house (if possible).
   - Do not shake dirty clothing.
   - Place clothing in a separate, sealable plastic bag.

   Do **not** touch anyone in your household until you have changed clothing and washed your hands (and preferably showered).

   When you do laundry:

   - Wear gloves to load the washing machine.
   - Discard bag in which you kept these clothes.
   - Wash these clothes separately from your regular laundry.
   - Use warmest appropriate water setting.
   - Use disinfectant.
   - Dry thoroughly.
Familiarize yourself with the CDC’s guidance on household cleaning and disinfection – and consistently practice these recommendations. Also, frequently wipe down phone, ID badge, credit cards and other high-touch personal items.

50. How should I wash/disinfect a homemade mask?

The CDC says that a washing machine should suffice in properly washing a face covering. Further, the face coverings should be routinely washed (after each use).

51. What should I do if I feel as if I may have been exposed to COVID-19?

Call your health care provider. Continue your self-monitoring routine described in FAQ #16 above. Depending on your exposure and the recommendations of your medical provider, you may need to self-isolate/quarantine. Notify your supervisor – and, if necessary, seek out guidance on assessing risk before you return to work.⁸

You are welcome to call Neighborhood Health at (615) 227-3000. We can talk with you about your concerns and care for you. We have locations open until 8pm on weekdays and on Saturday. You can also reach our on-call provider when Neighborhood Health is closed.

52. What should I do if I develop a fever or any other symptoms?

Call your health care provider. The CDC has also posted guidance about symptoms and care. Notify your supervisor and wait for medical clearance before returning to work. Notify your supervisor – and, if necessary, seek out guidance on assessing risk before you return to work.⁹

You are welcome to call Neighborhood Health at (615) 227-3000. We can talk with you about your concerns and care for you. We have locations open until 8pm on weekdays and on Saturday. You can also reach our on-call provider when Neighborhood Health is closed.

53. When should I stop going to encampments?

Do not go to encampments if you feel as if you are at higher risk of severe illness if you (or someone for whom you are a caregiver) were to get COVID-19. See FAQs #1-3 above. Rather, consult your medical provider first.

Do not go to an encampment if you lack PPE.

Do not go to an encampment if you or someone in your household has a fever, symptoms, or potential exposures to COVID-19. See FAQs #16-17 above.

⁸ For reference, the CDC has published guidance for health care workers, critical infrastructure workers, and general employees.
⁹ See footnote 8 above.
Attachment 1: Guidance for Putting on and Removing PPE
SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN
   - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   - Fasten in back of neck and waist

2. MASK OR RESPIRATOR
   - Secure ties or elastic bands at middle of head and neck
   - Fit flexible band to nose bridge
   - Fit snug to face and below chin
   - Fit-check respirator

3. GOGGLES OR FACE SHIELD
   - Place over face and eyes and adjust to fit

4. GLOVES
   - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. **GLOVES**
   - Outside of gloves are contaminated!
   - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
   - Hold removed glove in gloved hand
   - Slide fingers of un gloved hand under remaining glove at wrist and peel off second glove over first glove
   - Discard gloves in a waste container

2. **GOGGLES OR FACE SHIELD**
   - Outside of goggles or face shield are contaminated!
   - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Remove goggles or face shield from the back by lifting head band or ear pieces
   - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. **GOWN**
   - Gown front and sleeves are contaminated!
   - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Unfasten gown ties, taking care that sleeves don’t contact your body when reaching for ties
   - Pull gown away from neck and shoulders, touching inside of gown only
   - Turn gown inside out
   - Fold or roll into a bundle and discard in a waste container

4. **MASK OR RESPIRATOR**
   - Front of mask/respirator is contaminated — DO NOT TOUCH!
   - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
   - Discard in a waste container

5. **WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**

**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. **GOWN AND GLOVES**
   • Gown front and sleeves and the outside of gloves are contaminated!
   • If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
   • Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
   • While removing the gown, fold or roll the gown inside-out into a bundle
   • As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container

2. **GOGGLES OR FACE SHIELD**
   • Outside of goggles or face shield are contaminated!
   • If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
   • Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
   • If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. **MASK OR RESPIRATOR**
   • Front of mask/respirator is contaminated — **DO NOT TOUCH!**
   • If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
   • Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
   • Discard in a waste container

4. **WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**

**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**
Frontline clinical providers should wear the following personal protective equipment (PPE) when treating individuals confirmed or suspected to be infected with COVID-19.

### How to properly use protective equipment

<table>
<thead>
<tr>
<th>PPE TYPE</th>
<th>DONNING PPE</th>
<th>REMOVING PPE</th>
</tr>
</thead>
</table>
| **N95 RESPIRATOR** (AS AVAILABLE) | • Secure ties or elastic band at middle of head and neck  
• Fit flexible band to nose bridge  
• Fit snug to face and below chin  
• Fit-check respirator | • Front of respirator is contaminated – DO NOT TOUCH!  
• Grasp ONLY bottom then top ties/elastics and remove  
• Discard in waste container |
| **GOWN**                  | • Fully cover torso from neck to knees, arms to end of wrist, and wrap around the back  
• Fasten in back at neck and waist | • Gown front and sleeves are contaminated!  
• Unfasten neck, then waist ties  
• Remove gown using a peeling motion; pull gown from each shoulder toward the same hand  
• Gown will turn inside out  
• Hold removed gown away from body, roll into a bundle and discard into waste or linen receptacle |
| **GLOVES**                | • Use non-sterile for isolation  
• Select according to hand size  
• Extend to cover wrist of isolation gown | • Outside of gloves are contaminated!  
• Grasp outside of glove with opposite gloved hand; peel off  
• Hold removed glove in gloved hand  
• Slide fingers of ungloved hand under remaining glove at wrist |
| **FACE SHIELD/ EYE PROTECTION** | • Put on face and adjust to fit | • Outside of goggles or face shield are contaminated!  
• To remove, handle by “clean” head band or ear pieces  
• Place in designated receptacle for reprocessing or in waste container |

Wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE!
N95 respirators must only be used by a single wearer. Use labels to reduce accidental usage of another person’s respirator.

Existing CDC guidelines recommend a combination of approaches to conserve supplies while safeguarding health care workers in such circumstances.

- Minimize the number of individuals who need to use respiratory protection through administrative controls;
- Use alternatives to N95 respirators (e.g., other classes of filtering facepiece respirators, elastomeric half-mask and full facepiece air purifying respirators, powered air purifying respirators) where feasible;
- Implement practices allowing extended use and/or limited reuse of N95 respirators, when acceptable;
- Prioritize the use of N95 respirators for those personnel at the highest risk of contracting or experiencing complications of infection.

**Extended use is favored over reuse** because it is expected to involve less touching of the respirator and therefore less risk of contact transmission. A key consideration for safe extended use is that the respirator must maintain its fit and function.

Homeless shelter facilities should develop clearly written procedures to advise staff to take the following steps to reduce contact transmission:

- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids.
- Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions.
- Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination.
- Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).

**If reusing respirators is necessary because of limited supplies:**

- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.
- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

Use masks not evaluated or approved by NIOSH or homemade masks as a last resort.

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For more information visit the Coronavirus Resources of the National Health Care for the Homeless Council’s website: [www.nhchc.org/coronavirus](http://www.nhchc.org/coronavirus)

Sources: Information in this document came from the Centers for Disease Control and Prevention and other sources available at [www.nhchc.org](http://www.nhchc.org)
Attachment 2:
PPE Guidance for COVID-19 Pandemic

Note: Discard PPE if contaminated, soiled, or torn.

<table>
<thead>
<tr>
<th>PPE</th>
<th>When?</th>
<th>Extended use: Keep on PPE without removing between patients.</th>
<th>Re-use: Removing and reapplying</th>
<th>Putting on/taking off (See also attached graphic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical facemask</td>
<td>All the time.</td>
<td>Yes, wear same facemask between patients.</td>
<td>Store for reuse in a clean, sealable paper bag.</td>
<td><strong>Putting on:</strong> Put on before contact with patients or coworkers. <strong>Taking off:</strong> Avoid touching front of mask. Wash hands after removal. Remove fully and perform hand hygiene. <strong>STOP and TOSS:</strong> If mask becomes visibly soil, damaged, difficult to breathe through.</td>
</tr>
<tr>
<td>(See FAQ #9 and footnote 1 about homemade masks.)</td>
<td>STOP if you touch/adjust mask then perform hand hygiene.</td>
<td>Consider keeping and reusing a collection of 4 facemasks. Do not wash your surgical mask. (If you are instead using a homemade mask, see FAQ #50.)</td>
<td>Store for reuse in a clean, sealable paper bag.</td>
<td><strong>Putting on:</strong> Put on before contact with patients or coworkers. <strong>Taking off:</strong> Avoid touching front of mask. Wash hands after removal. Remove fully and perform hand hygiene. <strong>STOP and TOSS:</strong> If mask becomes visibly soil, damaged, difficult to breathe through.</td>
</tr>
<tr>
<td>Disposable Gloves</td>
<td>Direct patient/client contact</td>
<td>Remove and perform hand hygiene when finished with direct patient contact and/or gloves become soiled.</td>
<td>Do not store or reapply used gloves.</td>
<td><strong>Putting on:</strong> Perform hand hygiene before gloving up. <strong>Taking off:</strong> Perform hand hygiene after removal.</td>
</tr>
</tbody>
</table>

10 To reduce risk of contamination with a re-used surgical mask is, consider cycling through 4 numbered facemasks.
  - Label 4 paper bags numbers: 1, 2, 3, 4.
  - After use of each facemask, place facemask in paper bag #1 on day 1, then #2 on day 2, then #3 on day 3, then #4 on day 4.
  - Begin to re-use the facemasks in each numbered bag consecutively.
  - This allows for 3 days between reuse of each mask, ensuring lower risk of exposure to COVID-19 when reusing.
| **Face shield/eye protection** | **Being within 10 feet of patient/client** | **Yes, wear eye protection between patients (i.e. greeters).**
STOP if you touch eye protection to perform hand hygiene.
STOP and CLEAN: If mask becomes visibly soiled or difficult to see through. | **LEAVE patient care area before removal of eye protection.**
Disinfect between reuses.
Perform hand hygiene and apply gloves before reusing. | **How to disinfect:**
1. Wash hands, put on gloves.
2. Wipe down area of counter with disinfectant.
3. Place eye protection on cleaned counter area.
4. Wipe off eye protection with alcohol or disinfectant.
5. Air dry or use clean paper towels.
6. Label if needed and store.
7. Re-wipe down counter area.
8. Remove gloves, perform hand hygiene. |