

Purpose of this Guidance:

- **Guidance for outside visitors** entering shelters –guidance and protocols for persons entering the shelter who are not employees or clients (e.g., support service providers who need to access shelters to work with residents; volunteers; delivery of donations, et.) to support common best practices across shelters.
- **Guidance for guests coming in and out of the shelters** – guidelines to promote common practices among shelters related to clients leaving and returning to the shelter site (e.g. number of times shelter guests can enter and exit; requirements for wearing face coverings, expectations for what precautions guests need to take when they are in the community; procedures for returning to the shelter). This group would be focused on creating a common approach and would include representatives from shelters who are not represented on the Task Force.

1. Communication on What to Expect When Visiting Shelters:

Welcome Service Provider,

As the COVID 19 crisis continues, our agency must constantly evolve our practices in order to meet the needs of our clients today while doing our best to ensure that we will be able to continue our mission to its fullest in the future. We are informing you of what to expect when visiting our shelter programs. Outlined below is a summary of protocols we have implemented.

- Information on what you should know about covid-19. This information is available upon request and will be posted at our sites.
- Sign-in protocol. Our protocol will provide an understanding of our confidentiality policy and NY state’s executive order to wear face coverings, wash hands and following social distancing guidelines.
- We have in place guidance created by our Covid-19 Shelter Task Force that outlines our response plan to address all Covid-19 related concerns. More information is available upon request.

Lastly, if any mandates change or if there is a need to communicate an advisory to not access shelters you will receive this notice as an email communication.

2. Key Practices to shelter staff - Basic Infection Prevention/Communication to Others:

Staff Training

- All staff will receive initial orientation and ongoing annual education and evaluation regarding the use of infection control procedures. Training will include:
 - Standard Precautions
 - Hand washing techniques
 - Use of personal protective equipment Environment
 - Environmental cleaning
 - Prevention of sharps injuries
 - Documentation standards
 - The Definition of “Exposure”
 - How to Report an exposure
 - Information about the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
 - An explanation of the basis for selection of personal protective equipment.
 - An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
 - Information about the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.

Handwashing

Hand washing before and after client / patient contact is the single most important means of preventing the spread of infections. Hand washing should be performed between the care of individuals and after client / patient equipment has been manipulated. Hand washing is the most important task in the control of infection. Use of plastic gloves does not eliminate the need for hand washing. Risk of contamination exists upon removal of gloves due to the moist, warm skin surfaces created using impervious glove material. After accidental contact with blood or body fluids or items contaminated with blood or body fluids (includes saliva, respiratory secretions, feces, urine, blood, and exudates) before and after working in the kitchen, before and after eating, after toileting. Hands must be washed if a glove tears during a procedure involving contact with blood or any body fluids. If there is no running water, then an ethanol-based hand cleanser may be used by the manufacturer's directions.

Handwashing Technique:

- Wash hands vigorously with soap and cool water for 30 seconds. Friction is an essential element of good hand washing.
- Clean areas between fingers and under fingernails.
- Rinse off soap well, one hand at a time, by holding fingertips and wrists upright under the water so that the water flows away from fingertips.
- Dry hands with paper towels.
- Use paper towels to shut off water faucets.
- Avoid touching the faucet with clean hands.
- Discard paper towels in wastebasket.

Personal Protective Equipment

Shelter program will provide staff that have contact with clients / patients as necessary to prevent the transmission of disease, reduce the potential for exposure to infectious material and meet prevailing professional standards of practice for infection control.

The personal protective equipment will be provided to staff without cost. Supervisory staff will monitor the use of protective equipment and whenever staff is not using recommended protective equipment, using it inconsistently or improperly, staff will be retrained, counseled and monitoring activities will increase in frequency to ensure compliance.

Protective Attire:

Gloves: must be worn when any instance of potential contact with blood or body fluid. For contact with blood soiled items or items soiled with bodily fluids. Gloves must be changed:

- between individual client / patient care
- When handling contaminated items or surfaces
- when they are contaminated, torn or punctured

Disposable gloves are not to be washed or decontaminated for reuse.

Utility gloves may be decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed.

Eyewear and Goggles: Protective eyewear and masks should be worn when personnel are performing procedures which have a potential for splashing or spraying bodily fluids.

Waterproof gowns or smocks: Protective clothing should be worn whenever there is, potential for employees clothing to become contaminated with bodily fluids. All healthcare workers must routinely use barrier precautions to prevent skin and mucous membrane exposure to blood and body fluid. Gloves must be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all individuals. Also, gloves must be worn for handling soiled surfaces, and items.

Facilities / Housekeeping

To prevent exposure of any person to blood or other potentially infectious materials, all employees are instructed in appropriate clean-up and disinfection of blood or other potentially infectious material.

- All contaminated surfaces are cleaned up immediately.
- Approved germicidal cleaning products are to be used.
- All employees are responsible for the general cleaning of the residence.
- Appropriate disinfectants and cleaning products are provided.
- Contaminated work surfaces are decontaminated with approved disinfectant immediately, or soon as feasible, when surfaces are overly contaminated or after any spill of blood or other potentially infectious material.
- Broken glassware which may be contaminated is not picked up directly with hands. It must be cleaned up using mechanical means such as brush/dustpan, tongs or forceps.

- All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials are cleaned and decontaminated immediately, or as soon as feasible upon visible contamination.

Laundry (Residential Services)

Care is used in handling all contaminated laundry. Contaminated laundry means laundry which has been soiled with blood or other potentially infectious material.

Contaminated laundry handling:

1. Must be handled as little as possible.
2. Bagged or placed in an appropriate container at the location where it had become contaminated.
3. Placed in leak proof bag if wet/soaked.
4. All employees use Universal Precautions in handling contaminated laundry.
5. All contaminated laundry shall be washed with hot water and soap on site.

3. COVID Interim House Rules:

- How many times can client leave and return – (limit 2-3 times per day) Must be essential
- Non-essential appointments (on hold until further notice)
- Limit smoking sessions after curfew to 1-2 sessions depending on program
- Personal belongings – limited to 1-2 bags and downsize as much as possible. Encourage clients to take only what they can carry.
- If transported to isolation hotel program will store belongings for 14 days
- No Fast Food deliveries
- Social Distancing protocol for all living areas, common areas and activities for clients
- Mealtimes will utilize disposable plates and flatware
- Clients are expected to help clean and disinfect
- **Discharge for noncompliance of NYS Executive Order of PPE 202.17. Not complying can impact the whole shelter.**

Agency Transportation Protocol

If client is symptomatic or has COVID-19:

Determine if they can be transported by designated vendor to appointment or isolation location.

If that is not an option staff are to wear N95 masks, face shields and gloves.

Preparing for Transport

1. Prior to transport clean and disinfect commonly touched areas in vehicle.
2. Limit transportation to essential services. Contact client/office to ensure the transportation is necessary and the errand cannot be completed in another way (such as via phone, delivery, etc.)
3. Prepare vehicle to ensure enough face coverings, hand sanitizer and cleaning products are stocked.
4. Allow for optimal seating capacity. Clients should be 6ft apart unless transporting a family.

5. Clients should ride in the back seat.
6. If able, have windows open for the ride.

During transport

1. Van Driver must wear gloves, face covering and face shield. Where possible, physical barriers will be placed in vehicles.
2. All clients must wear face coverings and use hand sanitizer when entering vehicle.
3. Clients should have their temperature taken prior to transportation.
4. If deemed necessary wipe down any ambulatory assisted tool (i.e. walker, cane, oxygen tank handles, etc.)
5. Avoid lengthy introductions and minimize physical assistance to client.
6. If physical assistance is needed wear appropriate PPE.

After transport

1. Remind clients to wash their hands once they arrive at their destination.
2. Vehicle must be cleaned and disinfected after each transport service.
3. Crack the windows when cleaning. Appropriate PPE should be utilized.
4. Dispose of used PPE and cleaning supplies in sealable bag (i.e. Ziplock bags) and dispose as appropriate
5. Restock supplies as needed

Auditing for Compliance

1. Mandatory Staff Training on Infection Control, Social Distancing, Use of PPE, and Cleaning Protocols
2. Agency-wide audit protocol to ensure compliance with use of PPE, social-distancing & cleaning protocols
3. Progressive discipline for any staff identified as being non-compliant with the established protocols

4. Give Employee, Client, and Visitor What They Need to Clean Hands/Cover Coughs:

- Provide surgical or cloth masks
- Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. Ensure that adequate supplies are maintained.
- Ideally, place touchless hand sanitizer stations and no-touch trash cans in multiple locations to encourage hand hygiene

- Place posters that encourage hand hygiene to help stop the spread at the entrance to your workplace and in other workplace areas where they are likely to be seen. This should include signs for non-English speakers, as needed.
- Discourage handshaking. Encourage employees to use other noncontact methods of greeting.
 - Air hugging
- Remind all to visit CDC's coughing and sneezing etiquette and clean hands webpage for more information.
- Communications/Signage for rain and other weather conditions
 - Limiting personal items (specify what client/visitors can bring in during COVID)

5. Sign-In/Recording of All Clients/Visitors Onsite:

Clients/Visitors log - every client and visitor must sign in when entering the shelter and sign out when exiting the shelter.

Maintain Documentation of Logs to Include:

- Temperature Recording - everyone (clients, guests, volunteers, and staff) who enters the shelter must have their temperature taken and recorded in the Temperature Check Log with name, date, and time that temperature was taken.
- Screening Questions -
 1. Have you been around anyone in the past two weeks with COVID-19 or symptoms of COVID-19.
 2. Do you have a cough, sore throat, fever, or shortness of breath?
 3. Have you arrived/traveled outside of the Monroe County region?
- Give everyone a clear understanding of confidentiality, HIPAA and Covid-19

Handwashing -

1. Everyone (client, guests, volunteers, and staff) must wash hands when entering the shelter.
2. Shelter residents must wash hands prior to entering the sleeping area.
3. Guests must wash hands prior to conducting any business with the shelter.
4. Staff/volunteers must wash hands prior to beginning work or service and multiple times during the day as needed and when appropriate.
5. Hand sanitizer must be used between handwashing as needed and when appropriate.

Each shelter/site post return to work plan and understanding of risks if not following guidance

VOLUNTEER/VISITOR LOG

Date: _____

- As a volunteer/visitor, you may be exposed to information regarding clients, employees, other volunteers, or agency related information which is confidential.
- You are obligated to consider any and all such information as privileged, confidential information and to keep such knowledge in strict confidence.
- Agency business should be discussed only on a need to know basis within the organization and only in locations where it may not be overheard by any unauthorized person.
- If your volunteer/visitor position involves the collection, handling and or dissemination of any client or personnel (paid or unpaid) information, you have an obligation to protect this data.
- Abide by New York state executive order to wear face coverings, wash hands, and follow social distancing guidelines.

By signing this log, you understand Confidentiality/HIPAA/NYS Executive Order and agree to adhere to the above:

| Time: In Out | Print Your Name | Phone Number | Agency | Name of Person you are Visiting? | Temperature is under 100 and has answered “No” to screening questions? | Have you visited* any other shelters in the last 2 weeks? If so which locations? |
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***Visit is defined as meeting within a shelter with clients or staff. Please post contact screening questions near client log.**

6. Protocol for Face to Face Visits:

- Inclusive case coordination
- Spacing 6+ Feet Apart/mask or if appropriate use shield placement – optimal room capacity
- Office-based setting: a distance of at least 6ft must be maintained amongst all individuals at all times, unless safety of the core activity requires a shorter distance. Examples:
 - Large conference room, able to maintain 6 ft distancing. Are masks required? NO
 - If vulnerable can request to wear masks or video conference or phone dial in option.
 - If in an office, staff walks up wearing mask. Does staff in office have to put on mask? yes
 - If staff in cubical with no mask; what is requirement when another staff enter the space? Yes, the staff in the office need to wear a mask.
 - If alone- no masks
 - If leave office/hallways- yes to masks
 - Elevators- 50% capacity
 - Must be scheduled
 - Dedicated Meeting Location-assess staff offices/set ups
 - Hand Sanitizer (Available in Room)
 - Kleenex available in Room (?)
 - Table – Cleaning Friendly (hard or plastic surfaces)
 - Chairs – Cleaning Friendly (hard or plastic surfaces)
 - Flow of traffic
 - Limited Participants
 - Limited Traffic Area
 - Proper PPE (Visitor/Resident)
 - Check-In/Check-Out
 - Limited belongings (Visitor/Resident) during meeting
 - No Sharing of Items (e.g. pens) If possible, utilize electronic signing
 - Documents signage- wash hand or sanitize
 - If you leave the room, prior to re-entering you must wash or sanitize your hands
 - Wipe down table & chairs before leaving
 - No sharing of food unless individually wrapped

7. Minimize Risk When Planning Meetings and Gatherings:

- Utilize email or scan documents to shelter sites to gain signatures to reduce travel.
- Use videoconferencing or teleconferencing or just phone calls when possible for work-related meetings and gatherings.
- For in person meetings reduce to only essential family members needed from household based on optimal room size
- Hold meeting outside when possible
- Cancel, adjust, or postpone large work-related meetings or gatherings that can only occur in-person in accordance with state and local regulations and guidance.

- When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces continuing to maintain a distance of 6 feet apart and wear cloth face coverings.
- Eliminate shared toys or games. Give the child individual item to keep.
- For resident education or recreation allow video conferencing as much as possible
- Disinfect area after every meeting

8. Communications/Education for Shelter Clients/Visitors: Suggestions of what shelters can do to communicate to staff and clients.

- Intranet
- Weekly blurbs

9. How to Engage Possible Exposure:

- Post signs requesting clients, visitors, and volunteers to immediately report symptoms of respiratory illness on arrival at the shelter and use disposable face masks.
- What to expect when a site has been exposed
 1. Confirmed staff or client positive COVID-19 testing
 2. Make sure you have client releases in order with DHS
 3. DHS/DOH will contact your program if it is regarding client or staff positive results

Instructions for Positive Staff:

- a) DOH will request a list of persons to complete Contact tracing – use staff schedule, client and volunteer sign-in sheets, list will include people not wearing appropriate PPE and not social distancing.
 - b) Email the list to COVID19@monroecounty.gov with name of persons and phone numbers
 - c) DOH will interview staff and determine if they are quarantined but can return to work or if they are quarantined and cannot return to work
 - d) A letter (2 possibly) will be sent to staff from DOH (quarantine or release)
4. Be ready to consult with the local health authorities if there are cases in the shelter or an increase in cases in the local area

10. Safety Plan:

NYS FORWARD: We recommend all shelters have one in place.

https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/NYS_Business_ReopeningSafetyPlanTemplate.pdf

11. Guidance for Essential Contractors:

We recommend that essential vendors and contractors have access to your facility.

The agency will screen all visitors, volunteers, clients, and staff (i.e. covid-19 screening questions and temperature checks)

We will encourage handwashing and sanitizing at every opportunity.