Infectious Disease Preparedness Among Homeless Assistance Providers and Their Partners

March 10, 2020

Presenters

- Norm Suchar, Director, Office of Special Needs Assistance Programs (SNAPS), Department of Housing and Urban Development (HUD)
- Jay Butler MD, Deputy Director Infectious Disease, Centers for Disease Control and Prevention (CDC)
- Sapna Bamrah Morris MD, MBA, Co-Lead Public Health and Homelessness Workgroup; Lead, Medical Officer Team; Division of Tuberculosis Elimination; CDC

Presenters (continued)

- Marlisa Grogan, Senior Program Specialist, SNAPS, HUD
- Barbara DiPietro, PhD, Senior Director of Policy, National Health Care for the Homeless Council
- Hedda McLendon, Manager, Housing Service and Stability, King County Department of Community and Human Services

Resource Advisors

- Brett Esders, Senior Program Specialist, SNAPS, HUD
- Dina Hooshyar, MD, MPH, Director, National Center on Homelessness among Veterans (the Center), VHA Homeless Program Office
- Amy Palilonis, Senior Program Specialist, Office of HIV/AIDS Housing, HUD
- Corette B. Taylor, Senior Advisor, Bureau of Primary Care
- Jillian Weber PhD, RN, CNL, Homeless-PACT National Program Manager, VHA Homeless Program Office

Webinar Objectives

- Identify essential community partnerships needed to prepare for and responding to infectious disease among people experiencing homelessness
  - Homeless service system
  - Local government
  - Public health
  - Healthcare facilities
- Provide guidance that can inform local planning target to these audiences
- Introduce tools, resources, and educational material available to support local efforts
- Identify where webinar participants can go for additional assistance (HUD, VA, HRSA, CDC)

Setting Expectations

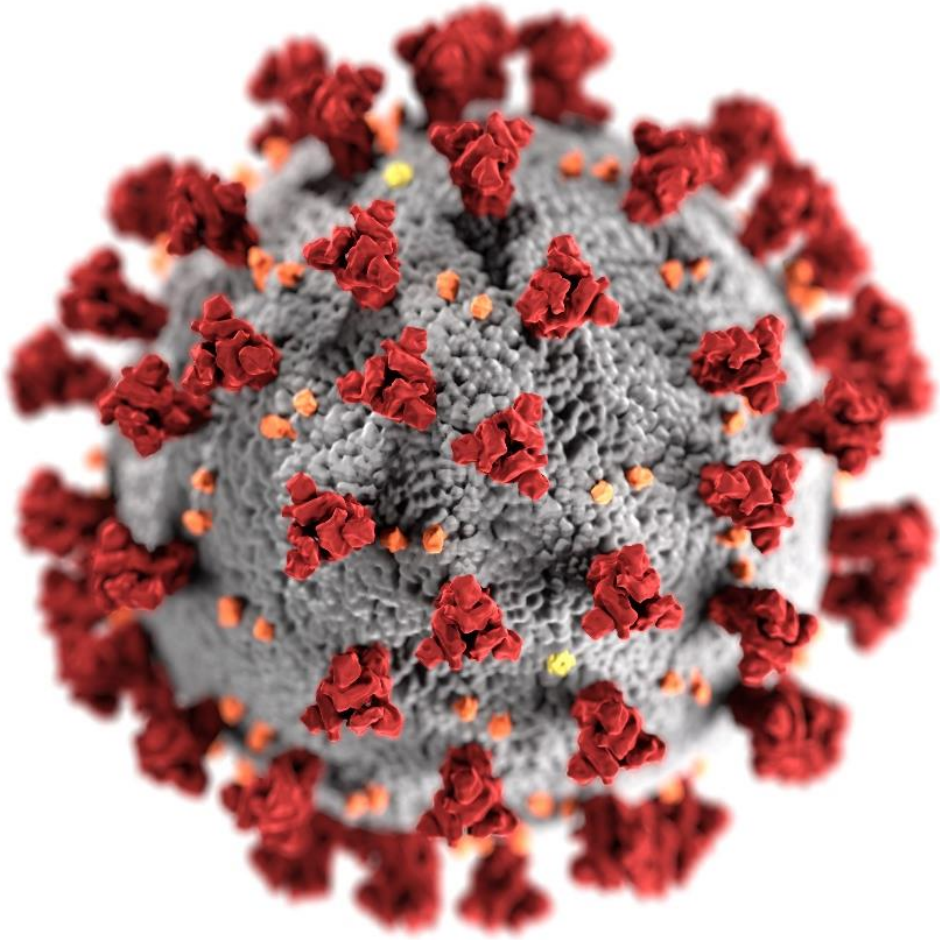
This webinar is **not** intended to:

- Discuss specific infectious disease response protocol;
- Provide guidance or estimates on the number of potential cases;
- Replace or supersede directives from local public health authorities;
- Direct your community to take specific approaches

We are here to provide resources. Every local community must calibrate solutions to their local needs and unique situations.

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

Jay C. Butler, MD, FAAP, MACP, FIDSA
Deputy Director for Infectious Diseases



Sapna Bamrah Morris MD, MBA, FIDSA
CAPT, U.S. Public Health Service
Lead, Medical Officer Team; Field Services Branch
Division of Tuberculosis Elimination

March 10, 2020

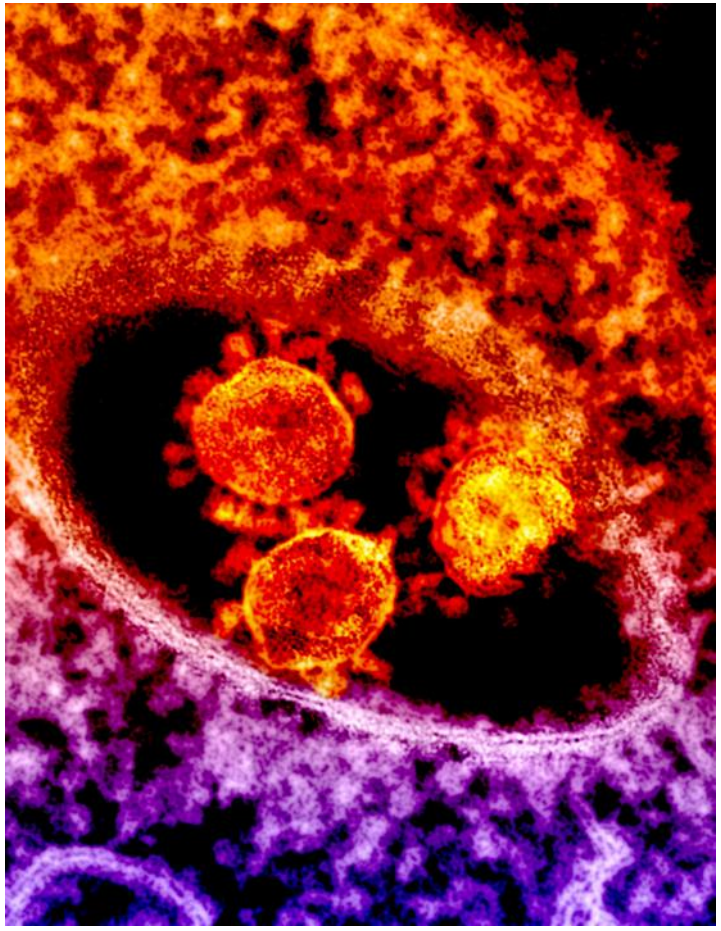
For more information: **www.cdc.gov/COVID19**

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

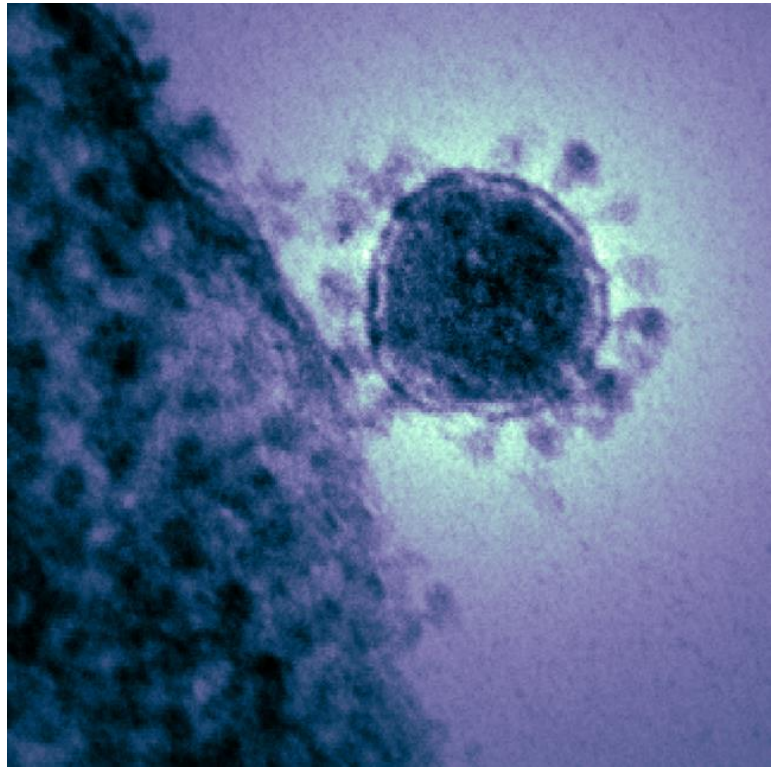
Coronavirus (CoV) Background

- 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)



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.

*Coronavirus Disease - 2019

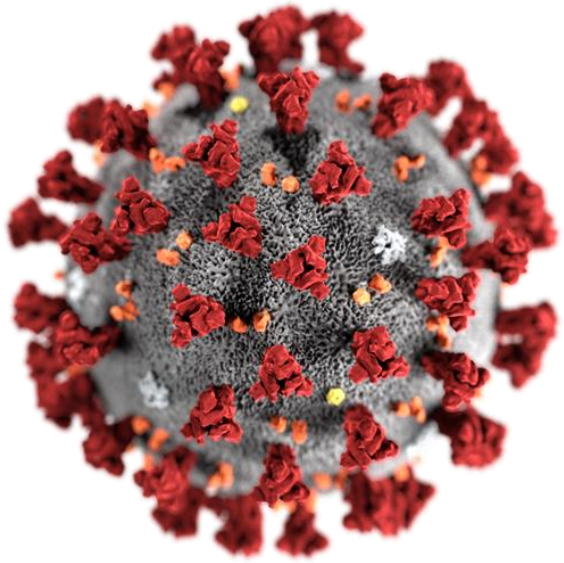
Common HCoVs: How They Spread

- 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: 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

Guidance for 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 county has capacity
  - Specific shelters that have the best ability to isolate in place
  - Overflow/cold weather shelters staying open even as the weather warms up
  - 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

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

Shelter isolation

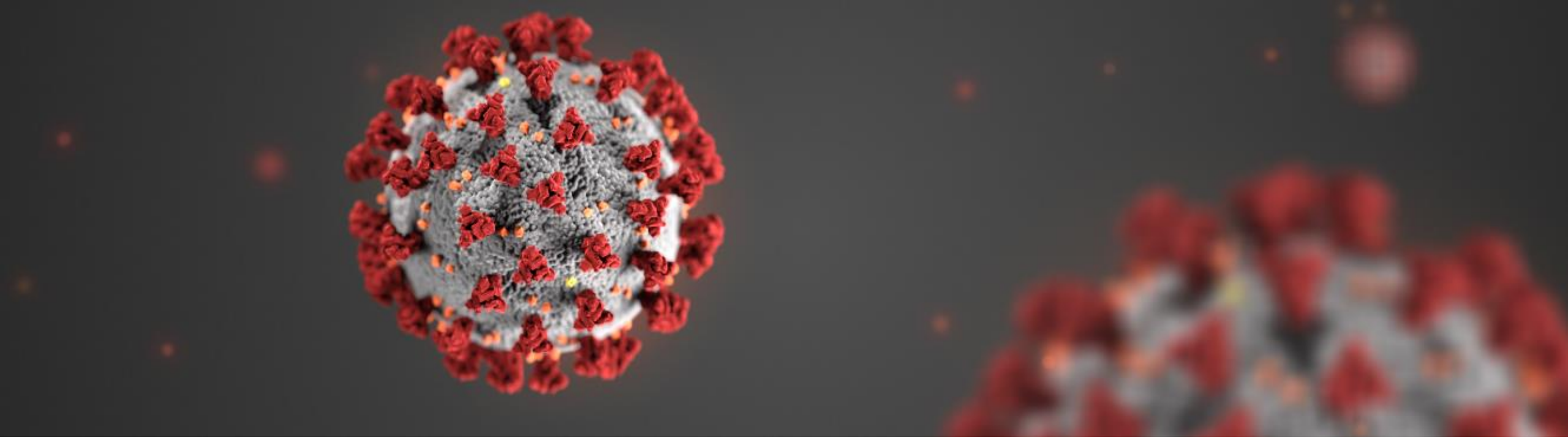
- **Shelter in place**
  - Provide as much distance as possible between bunks; no less than 3 feet
  - Place beds (mats, cots) so that people are sleeping head-to-toe (more than 2 rows) or toe-to-toe (2 rows)
  - Have symptomatic patients use a separate hand-washing facility if possible

- **Educational materials can be posted**
  - Common symptoms, hand hygiene, cough etiquette

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

Plan for Service Providers

- Remain at home, and notify appropriate staff if you are ill
- Know who, when, and how to seek evaluation
- Logistical planning and policies around home quarantine after exposure for staff
- Staffing plans to keep facility open
- Continual updates to alleviate anxiety, concerns about exposure



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.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of Special Needs Assistance Programs

Infectious Disease Preparedness: BE INFORMED

- Continuum of Care leadership (Collaborative Applicant and CoC Board) should begin planning now by:
  - Reviewing resources produced by state and local public health partners, CDC, and on the HUD Exchange
  - Engaging local shelters, street outreach and transitional and permanent housing projects on needs and gaps in supplies and services critical to support homeless people during a public health outbreak

Infectious Disease Preparedness: BE COLLABORATIVE

- Local public health partners must be an active partner in local homeless preparedness planning
- Reach out to your:
  - Local public health departments
  - Local healthcare centers and public hospitals
  - Health agencies such as Health Care for the Homeless
- CoC leadership should help establish these relationships if they do not already exist

Infectious Disease Preparedness: RISK COMMUNICATION

- Be clear in your communication about the needs and vulnerability of the homeless population in your community. Be prepared to describe their needs:
    - Homeless numbers
    - Subpopulation information
    - Housing Inventory
    - Unsheltered locations and encampments
- If you don't know the right questions to ask health partners, see the discussion questions posted on the HUD Exchange

Infectious Disease Preparedness: MAINTAIN OPERATIONS

- Homeless services, including shelters, day centers, street outreach teams, can be a lifeline for people experiencing homelessness, especially during infectious disease outbreaks
- Home based services in transitional and permanent housing is essential to residents and should be continued
- Plan for continued operations and keeping programs open
- Focus on developing strategies to provide these services with modifications to adjust for public health concerns and safety

Infectious Disease Preparedness: ADAPTING STANDARD OPERATING PROCEDURES

- CoC leadership must work with every level of the Continuum of Care to review workflow, intake, and service approaches to maintain healthy and sanitary environments
- Discuss staffing considerations and safety planning for personnel
- Review layout of communal spaces, supply needs and distribution, access to sanitation and handwashing
- Determine how you may use resources such as HMIS to track client needs and exposure risks

Infectious Disease Preparedness: UTILIZE EXISTING RESOURCES and TOOLS

- Shelters and housing programs may have established protocol to help prevent sickness
- If shelters and housing programs are already using tuberculosis screening and precaution guidelines, continue to use these resources and update them
- Your community may already have more resources than you think!

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

COMMUNITY PLANNING & 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
- Eligible ESG Program Costs for Infectious Disease Preparedness
- 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
- Stay tuned for:
  - ESG Disaster Policy
  - Eligible CoC Program Costs for Infectious Disease Preparedness

Check back regularly for new posts!

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

COMMUNITY PLANNING & DEVELOPMENT

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

CORONAVIRUS & THE HEALTH CARE FOR THE HOMELESS COMMUNITY

Barbara DiPietro, Senior Director of Policy

March 10, 2020

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

FOCUS AREAS FOR HEALTH CARE PROVIDERS

- **Workforce:** training/education, communication, safety, continuity of operations
- **Patients:** education, communication, safety, services
- **Other homeless services providers:** ensuring access to shelter/housing/food and other basic needs
- **Community:** Status updates, coordinating with emergency response systems

Biggest question:

➢ **Where do people go if they have no home and need to quarantine?**

For federal and local resources related to Coronavirus & homelessness: see our Influenza webpage:
https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/

ACTIONS FOR HEALTH CARE PROVIDERS TO CONSIDER

1. Increase infectious disease protocols, staff & patient communication, front desk/triage/workflow, signage
2. Prepare for staff absences at the same time as increased patient volume/acuity
3. Plan more intensive street outreach/mobile services
4. Collaborate with CoC leads & providers
5. Offer education/training to CoC providers and help strategize appropriate options for ill patients
6. Bring other CoC/homeless service providers into community-wide planning
7. Advocate for the needs of patients who are homeless, fight stigma and discrimination, and manage the rumor mill

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ACTIONS FOR HOMELESS SERVICE PROVIDERS TO CONSIDER

1. Use HUD & CDC guidance for homeless providers to educate clients and staff, and manage rumors and misinformation
2. Strengthen infection control measures and identify how your programs will isolate and/or quarantine clients
3. Ensure CoCs and providers are part of community decision-making & response strategies—especially on quarantine plans
4. Evaluate intake process to determine where infection control changes might be needed
5. Establish staff points of contact for clients who may be ill, plan for staff absences
6. Ensure clients are connected to their health care provider
7. Ask for help from your community health care counterparts if you need it
8. Advocate for needs of your programs and clients; push back on stigma & discrimination

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

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KING COUNTY
DEPARTMENT OF COMMUNITY AND HUMAN SERVICES

Our Goal:

Slow the spread to maintain care & response capacity

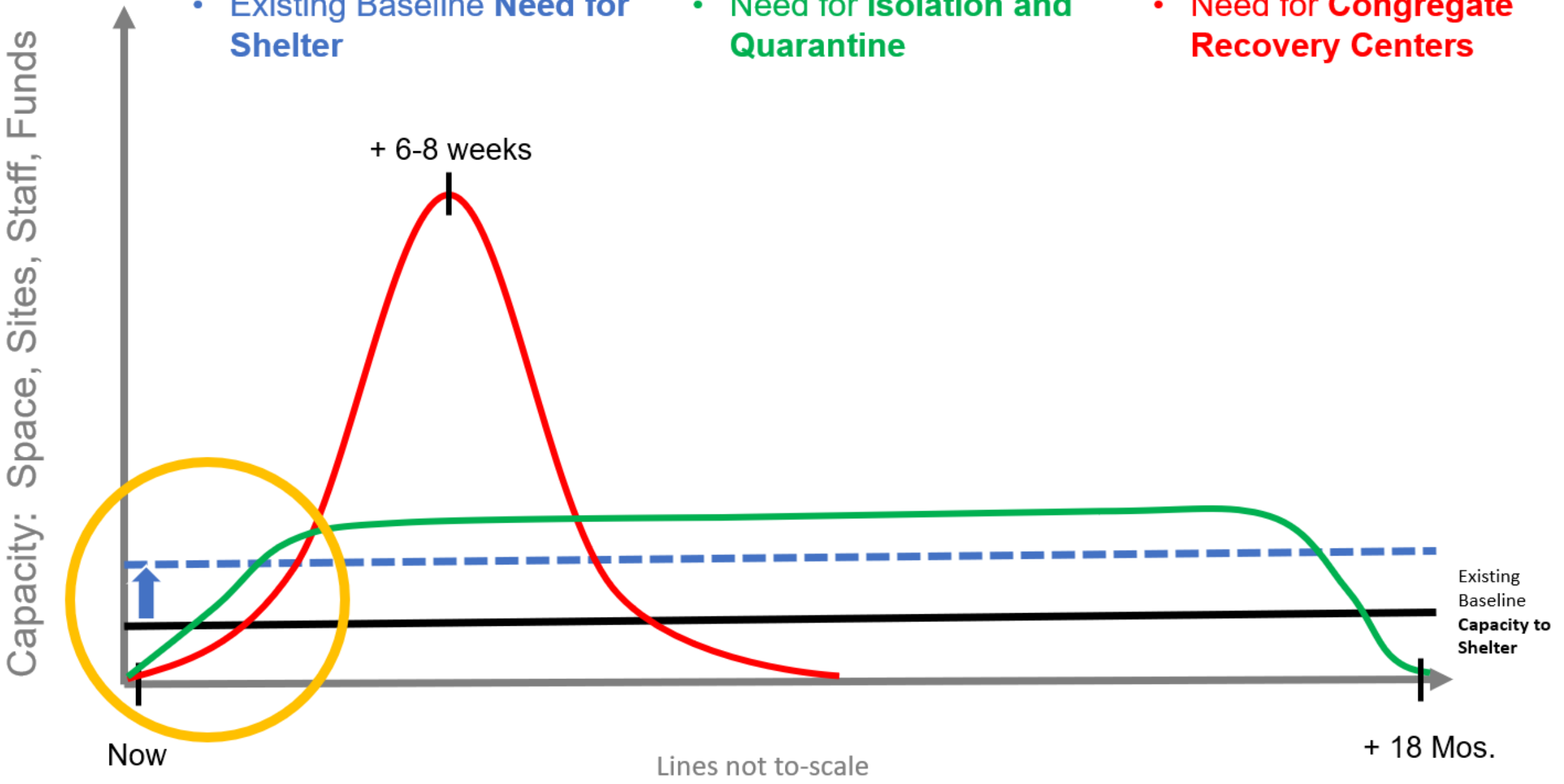
- Programs/Institutions: Slow the spread by supporting programs to stay open & implement PHSKC mitigation guidance
- People: Slow the spread by keeping or getting people in the right level of sub-hospital care (so hospitals can keep providing care to those who need it).

Team Approach

- **PHSKC** Public Health—Seattle & King County (PHSKC) w/ **CDC** Input
- **DCHS** King County Department Community & Human Services
- **FMD** King County Facilities Management Division
- **HSD** Seattle Human Services Department
- **HCHN** Healthcare for the Homeless Network
- **METRO**
- **Community Partners & Providers**

We are simultaneously preparing for multiple phases.

- Existing Baseline **Need for Shelter**
- Need for **Isolation and Quarantine**
- Need for **Congregate Recovery Centers**



We are implementing protocols and increasing capacity.

- Integrated Health Care System
- Shelters & Day Centers
- Broader Community w/o a place to I/Q/CRC safely
- Emergency Response System
- Other Institutions

1 Community Mitigation to slow the spread & keep people healthy

- PHSKC Guidance
- Hygiene Supply
- Technical Assistance
- De-Intensify
- New Shelters

3 Call Center to provide information or guidance if symptoms present

4 Keep in or get to the right setting

- Support continued community mitigation → Recover In Place; I/Q in Place
- Assign, Transport, & Sustain at I/Q → Existing I/Q; Motel I/Q; Aurora I/Q; Top Hat I/Q
- Assign, Transport, & Sustain at CRC → Interbay CRC; Future CRC

5 Additional Support for in-place care

2 ID, Site, Operationalize I/Q facilities

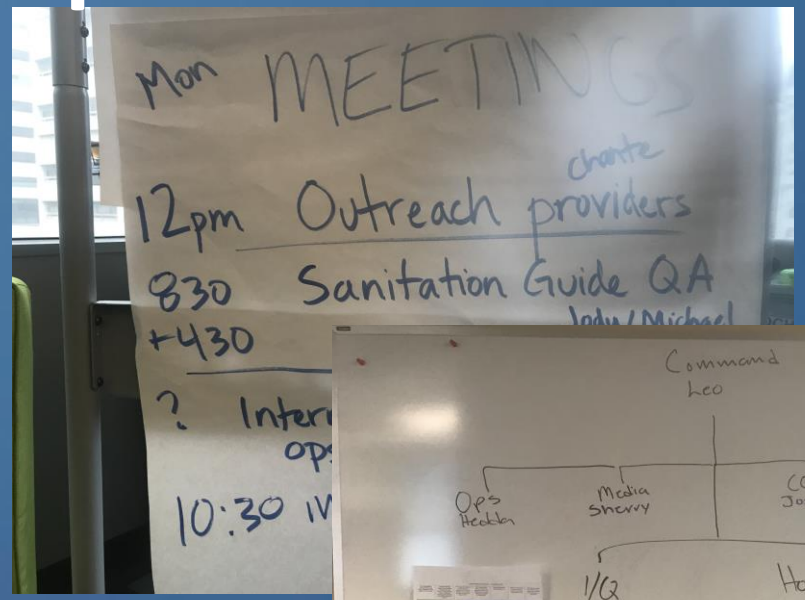
2 ID, Site, Operationalize CRC facilities

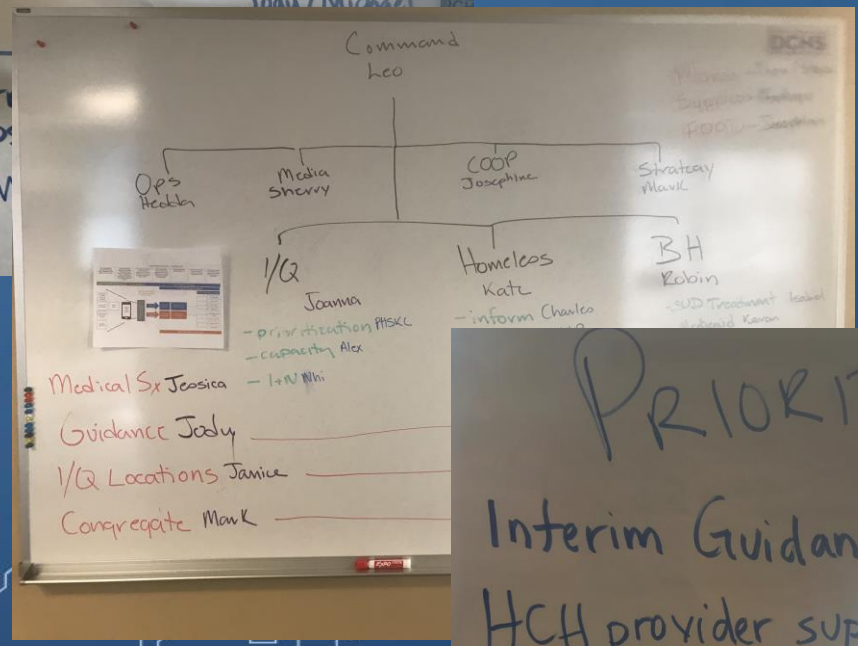
We are taking action and will keep doing more.

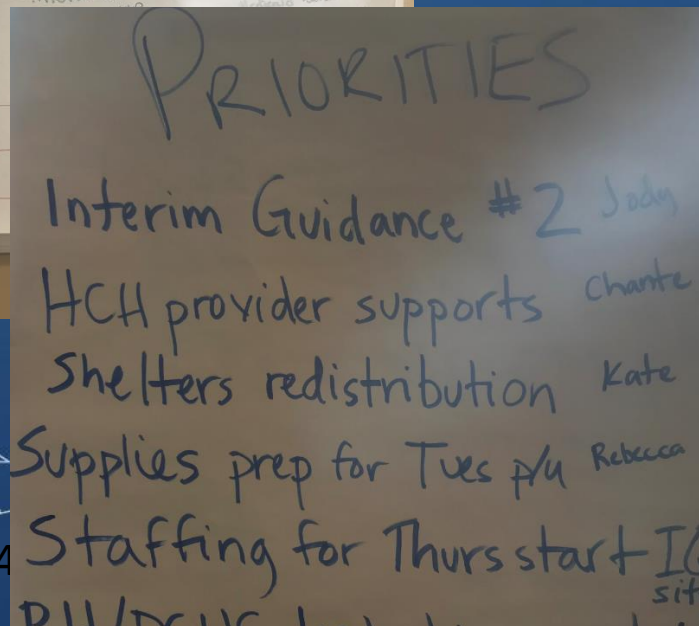
- **Writing and Issuing COVID-19-specific guidance to shelters** and other providers
- **Getting the information and coordination out to providers: Calls and Webinars**
  - Holding regular Shelter All-Provider Calls with 200+ participants
  - Holding regular BH Providers calls
  - Initiated all Outreach Team Providers information and coordinator call
- Completed **Shelter Assessment & Inventory** for COVID-19 guidance feasibility
- **Ongoing De-Intensification of Shelters**
  - Motel vouchers to move "hyper-vulnerable" shelter stayers out of shelters before they become ill
  - ID'ing highest-risk shelters and de-intensifying where possible
- **Mobile Medical Van & Emergency Services Patrol continue operations**
- **Instituted online centralized cleaning supply request system (first supplies available today)**
- **First 15 I/Q rooms at Motel up and operational on 3/8**
- Methadone dosing system is operating—providers have emergency authority to provide multiple days doses
- **Significant work on acquiring use of and operationalizing multiple additional I/Q and CRC sites**
- **Operationalized a facilities feeding system in Partnership with FareStart (current capacity up to 1,800 meals daily)**

Establishing a COVID Response Team

- **Prepare to host COVID Response Team**
  - Determine Dpt Core Functions
  - Telecommute all non essential staff
  - Establish COVID Billing Codes
  - Shared access to space, folders, printing, admin support
- **Throw out your current org chart!**
- **All ideas are good ideas**
- **Resolve operational challenges quickly**
- **Set Meeting Rhythms (and be ready to change them)**
- **Set daily prioritizes that are accomplishable**
- **Sanitation and self care are shared responsibilities!**







Q & A

CONTACTS

For additional information or assistance, contact:

- Centers for Disease Control and Prevention:

  www.cdc.gov/COVID19; 1-800-CDC-INFO (232-4636); TTY: 1-888-232-6348
- Department of Housing and Urban Development:

  HUD Exchange Ask-A-Question (AAQ) Portal
- Department of Veterans Affairs High Consequence Infection (HCI) Preparedness Program:

  vhahcigenerall@va.gov