PREPARING FOR COVID-19: GUIDANCE FOR LOS ANGELES COUNTY HOMELESS OUTREACH TEAMS AND THEIR AGENCIES

Prepared by Los Angeles County Department of Health Services (DHS)

in collaboration with

Los Angeles Homeless Services Authority (LAHSA)
Los Angeles County Department of Mental Health (DMH)
Los Angeles County of Public Health (DPH)

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Presented by Dr. Emily Thomas, DHS; Dr. Heidi Behforouz, DHS; Colleen Murphy, LAHSA
INTRODUCTIONS

- **Goal**
  - Provide outreach teams and their agencies guidance on how to prepare for and help prevent the spread of novel coronavirus (COVID-19) among yourselves and your clients on the streets

- **Intended Audience**
  - Outreach workers
  - Their management
  - Street based medical staff

- **Who else is on the call?**
  - Representatives from LAHSA, Department of Mental Health, Department of Health Services/Housing for Health, and Department of Public Health
WEBINAR AGENDA

- COVID-19 Overview
  - Transmission
  - Symptoms
  - Testing Protocols
  - Vulnerabilities for people experiencing homelessness (PEH)
- What can we do to reduce transmission and keep ourselves and our clients safe?
- What can we do if we see someone with potential symptoms?
- Provide guidance for Homeless Service Agencies
- Answer questions
CORONAVIRUS DISEASE 2019

Source: WHO
WHAT IS COVID-19?

- Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person-to-person
- Caused by a new type of coronavirus, SARS-CoV-2
- First identified during an investigation into an outbreak in Wuhan, China
- Coronaviruses have been around for a long time and most often cause the common cold
- There have been other severe coronaviruses
  - MERS and SARS
WHAT ARE SYMPTOMS OF COVID-19

- Symptoms may appear 2-14 days after exposure*
- Patients with COVID-19 have had mild to severe respiratory illness:
  - fever
  - cough
  - shortness of breath
- 80% of people get a mild to moderate illness (like the flu)
- 20% get a more severe illness (like pneumonia) and may need hospital-level care to get better
- The mortality rate is unknown but might be as high as 3.4/100; most deaths are due to severe pneumonia
- People at highest risk of getting very sick and dying tend to be older, have underlying medical conditions (like COPD) or weakened immune systems
HOW IS COVID-19 SPREAD?

- The virus is thought to spread mainly from person-to-person.
- Through respiratory droplets produced when an infected person coughs or sneezes.
- Requires that you be in close contact with someone that is infected (within about 6 feet for at least 10 minutes).
- Possibly from contact with infected surfaces or objects.
WHO’S AT HIGHEST RISK OF COMPLICATIONS FROM COVID-19?

- Elderly
- People with lung disease (chronic smokers, frequent respiratory tract infections, people with COPD)
- People with weakened immune systems (HIV/AIDS, malnourished, end stage liver disease patients, people on prednisone and other immunosuppressants, diabetes, pregnant)
CAN PEOPLE STILL BE INFECTIOUS IF THEY AREN’T SICK?

- We think that fewer than 1% of people can be a carrier of the virus (in other words, give the virus to someone else but never get sick themselves)

- However...some people can be infected with the virus for up to two weeks before they themselves become sick (this is the “incubation period”)

- SO...EVEN THOUGH SOMEONE LOOKS OK, THEY CAN STILL BE INFECTIOUS
IS THERE A TEST FOR COVID-19?

- Yes, Los Angeles County Department of Public Health, Lab Corps and Quest have a test for COVID-19.
- For now, most people with mild to moderate symptoms do not need to get tested for COVID-19. However we recommend testing for people who are at higher risk including...
  - Travel to countries with lots of COVID-19 cases (like China, South Korea, Japan, Iran, and Italy)
  - OR have direct contact with a person who has confirmed COVID-19
  - OR have been hospitalized for flu-like illness
  - OR are healthcare workers at increase exposure risk
ARE THERE MEDICINES TO TREAT CORONAVIRUS?

- Not at the present time
- Scientists are working to identify medications that might be effective against the virus, SAR-CoV-2, that causes Covid-19
IS THERE A CORONAVIRUS VACCINE?

- Not yet
- Scientists around the world are working on a vaccine
- However, it will likely not become widely available for another year
THE GOOD NEWS...

- Spread of infectious disease pathogens is preventable
- You can take proactive steps to keep yourself safe and in term keep your clients healthy.
- We can start practicing good infection control practices now
- Our agencies will provide regular updates about COVID-19 in Los Angeles County to keep you informed about transmission, updated guidance, and county-wide preparation for this outbreak
- Review LAC DPH guidance to Field Staff: [http://publichealth.lacounty.gov/media/Coronavirus/GuidanceFieldStaff.pdf](http://publichealth.lacounty.gov/media/Coronavirus/GuidanceFieldStaff.pdf)
- Subscribe to Los Angeles County Health Action Network: [http://publichealth.lacounty.gov/lahan/](http://publichealth.lacounty.gov/lahan/)
OUTREACH STAFF: PREVENTION IS CRITICAL!

- Wash your hands often with soap and running water for at least 20 seconds
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol if you cannot wash your hands
- Avoid close contact with people who are sick
- Avoid touching your eyes, nose, and mouth with unwashed hands
OUTREACH STAFF:
PREVENTION IS CRITICAL, CONT.

- Use tissue or paper towel if you have to touch commonly touched surfaces (door handles, counters, toilet handles)
- Practice 6 feet of ‘social distancing’ with colleagues, friends, and clients
- Get your recommended vaccines, like the flu shot
- Ensure your vehicle, work materials, and clothing are cleaned every day
FACE MASKS: DO I NEED TO WEAR ONE?

- There are no recommendations for the general public to wear a mask
- Regular surgical facemasks can be used by people who have respiratory infections to help prevent the spread of the disease to others
- N95 masks are only recommended for healthcare and safety personnel that have been fit tested
WHAT IF I’M SICK WITH A COUGH AND FEVER?

- Check in with your supervisor about sick leave policies before you get sick
- If you have fever, cough, or shortness of breath, STAY HOME
- Help other people stay healthy
  - Cover your cough or sneeze with a tissue, then throw the tissue in the trash
  - If you must go out, wear a regular surgical mask
  - Frequently sanitize high touch surfaces so other people in your home don’t get sick
WHAT IF I’M SICK WITH A COUGH AND FEVER?, CONT.

- Check in with your supervisor about their return to work policies. DPH recommends to not return to work until your fever has been gone for 72 hours.
- If you want medical advice about your symptoms, call your doctor.
  - Do not go to your medical provider.
- If you develop worsening problems with breathing or cough or fever, go to the emergency room right away.
WHAT DO I NEED TO KNOW ABOUT COVID-19 IN PEOPLE EXPERIENCING HOMELESSNESS (PEH)?
- There are currently no known cases of COVID-19 in PEH in the US
- 14 COVID cases in LA County: 2 TSA agents; 8 travelers to Italy; 2 family members of another traveler; 1 APAC conference attendee
- Most cases in the US have been in people who have travel exposures or known contacts with travel exposures.
TRANSMISSION IN PEH

- Risk factors for transmission of COVID-19 in PEH
  - Living in communal settings (like shelters) or crowded areas (like in encampments or tents)
  - Limited access to basic hygiene supplies (no sinks, toilets, showers, or laundry)
  - Often share bedding, blankets, clothing, cooking supplies, utensils, food/drinks, cigarettes/pipes
OUTREACH TEAMS: EDUCATION AND COUNSELING ABOUT COVID-19

You are a vital source of education, resources, and screening protocols during this time.

Outreach teams are an invaluable source of **trustworthy information** to promote ways to prevent transmission, what to do for those who may be sick, and reduce fear and stigma amongst PEH.

- Share your knowledge
- Distribute flyers to PEH
- Post flyers at your agency
- Distribute hygiene education and supplies to your clients
- Reduce stigma about illness

https://www.achch.org/coronavirus.html

http://www.publichealth.lacounty.gov/media/Coronavirus/CoronavirusInfographicEnglish.pdf
Encourage regular hand hygiene and acknowledge inherent limitations
Distribute personal-sized hand sanitizer for PEH to use
Direct PEH to hand-washing stations (if available)
Counsel clients to cover their cough or sneeze using their elbow or into a tissue and dispose of tissues. Remind clients to avoid rubbing eyes, nose, or mouth
Consider distributing cleaning supplies (like sanitizing wipes), tissues, and plastic bags for waste disposal to PEH living on the streets or in encampments
Counsel clients to avoid sharing food, drinks, utensils, cookware, cigarettes, pipes, blankets, and bedding with others
Counsel clients to avoid close contact with anyone who has cold or flu symptoms and maintain the “six foot rule”

If client sleeps in a tent with others, consider sleeping head to toe

Encourage clients to get recommend vaccines, including influenza and pneumonia

Counsel clients to come into shelters, shower stations, and/or bathroom stations to improve hygiene conditions

Address clients’ unique mental health needs and reinforce positive coping skills, including reaching out to their mental health providers, looking to social contacts for support, etc.
SIMPLE EDUCATION FOR PEH WITH FLU SYMPTOMS

- While most outreach team members are not health clinicians (and should not step into this role), they can perform some lay-friendly, basic education, promotion of utilizing health provider services, basic screening and triaging to support their clients.
- When in doubt, contact a health provider or 211. For emergencies, 911.
- Educate PEH about when and where to seek medical attention.
- Continue to encourage clients to enroll in health insurance and get connected with a medical home but also encourage them to seek medical attention early if they get sick.
- Encourage clients to call their medical provider or 211 if they have flu-like symptoms.
- Remind clients and their social contacts to call 911 if they experience severe respiratory symptoms.
PREPARE FOR ENCOUNTERS WITH PEH WITH FLU SYMPTOMS IN THE FIELD

- Talk to your outreach team members about what messaging you will deliver to clients before this happens
  - Stay updated on a daily basis (Check LAC DPH’s, CDC’s, and LAHSA’s website)
  - Be consistent with other team members
  - Recommendations may change quickly so huddle with your team about the outbreak each morning

- Be prepared
  - Ensure that you have and know how to use personal protective equipment and employ hygiene practices on the street.

- Know your agency-specific clinical back-up
  - This could be your agency’s clinical supervisor, the client’s medical home, the MDT nurse on your team, or 211
PREPARE YOUR OUTREACH KIT

- Disposable gloves
- Face masks
- Disposable or scanning thermometer
- Alcohol wipes
- Alcohol-based hand sanitizer
- Re-sealable, water tight plastic bags for contaminated garbage
- Hygiene kits to share including with tissues, personal-sized hand sanitizer, soap, water, snacks, educational flyers, etc.
WHAT SHOULD I DO IF I ENCOUNTER A PEH WITH FLU SYMPTOMS?

- Ask your client, “Do you have….”
  - Fever (or symptoms of fever)
  - New cough
  - Shortness of breath
    - Symptoms of fever may include asking about shaking chills, night sweats, muscle aches, or feeling feverish.
    - Consider carrying a disposable or scanning thermometer to check if fever present (temperature greater than 100.4 F)
OUTREACH STAFF 101 ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

If staff encounter a patient with flu-like symptoms:
- give a face mask to the client
- put on a face mask and disposable gloves for yourself
- maintain a distance of at least six feet between you and the client.

If you are a street medicine provider or nurse conducting a medical assessment:
- Wear gown, gloves, eye protection, and N95 respiratory (if available) or surgical face mask

- Make sure you clean your hands well before putting on your PPE
- All PPE must be taken off (without touching them with your bare hands or other skin) and thrown away (in a sealed garbage bag) after single use
- Clean your hands thoroughly after you remove your PPE
SIMPLE STREET TRIAGE

- If client has severe symptoms
  - High fevers with shaking (looks sick!)
  - Difficulty breathing
  - Worsening shortness of breath
  - Difficulty walking or stand upright
  - Inability to stay hydrated or eat
  - Unable to care for self in tent or shelter

CALL 911

Notify dispatcher about clients’ symptoms’

EMS FAQ http://publichealth.lacounty.gov/acd/docs/nCoV_EMS_FAQ.pdf
If client has mild to moderate symptoms AND fever (or fever symptoms) plus respiratory symptoms, advise them to call their medical provider (or 211, if no medical provider) for advice.

- **Tips for using phones:** Use gloves and conduct telephonic triage over speaker phone. Sanitize phone after use with alcohol wipe and dispose of gloves/wipes in sealed plastic bag.

**General Guidance**

- If clients have mild to moderate symptoms, no known exposure to COVID-19, and no high risk medical conditions (i.e. heart disease, COPD, pregnancy, diabetes, etc) → Medical provider may advise client to “shelter in place”
“SHELTER IN PLACE” IN PEH?

- Guidance may change as we mobilize more resources, but for now, advise clients to
  - Remain in their tents with a blanket, plenty of water/food, over-the-counter cold medications, and hygiene supplies plus tissues
  - Counsel symptomatic clients to wear a face mask when interacting with others and dispose of their tissues/waste in a trash bin daily
  - Ask clients about their social support. Encourage friends and social contacts to check-in on client several times a day and bring water/food
  - Advise client and social contacts to call 911 immediately if client develops severe or worsening symptoms
  - Consider coming into shelters for rest and recuperation
    - Contact shelters in your area to see if they have started to implement an infection control plan (i.e. screening and isolation areas)
  - Symptomatic reporting protocol in development
    - If multiple clients come down with flu-like symptoms in one area or encampment, contact LAC DPH.
SPECIAL CONSIDERATIONS: ASK PEH WITH FLU SYMPTOMS

1. “Are you older than 60 years old, or have COPD/asthma, heart failure, HIV/AIDS, cancer, diabetes, or pregnancy?”

2. “Do you have reason to believe that they have been exposed to coronavirus? If yes, tell me how you may have been exposed?”

- These two groups should be prioritized for a face-to-face evaluation by a medical provider
- Call medical providers before you bring these clients to clinic
- Build relationships with medical providers in your SPA to support this triage

**Current sources of exposure are travel in last 14 days to China, South Korea, Japan, Iran, or Italy OR close contact with a person who has COVID-19**
HOMELESS SERVICE AGENCIES: CREATING AND/OR REVISING INFECTION CONTROL PLANS FOR YOUR AGENCY
DEVELOP A COMMUNICATION PLAN WITH STAFF AND VOLUNTEERS

- Identify and address potential language, cultural and disability barrier associated with communicating COVID-19 information to workers and those you serve
- Offer pro-active education and training about your agency-specific infection control policies and procedures
- Designate a member of your team to review guidance from LA DPH, CDPH, and CDC
DEVELOP A COMMUNICATION PLAN WITH STAFF AND VOLUNTEERS, CONT.

- Identify a point-person for communication and questions from staff and outside agencies
- Consider having daily huddles with outreach teams to clarify guidance and updates to your infection control plan
- Post educational flyers throughout your office and vehicles notifying staff about COVID-19 and prevention practices
- Encourage staff to participate in webinars and calls with health departments and review trainings on infection control
CREATE/REVISE INFECTION CONTROL PLAN

- Provide training on Sick Leave Policies
- Consider screening staff prior to entering workplace and notify staff that they should call their supervisor and stay at home if they develop symptoms
- Staff may return to work 72 hours after their fever and respiratory symptoms have resolved without the use of fever-reducing medicines. Do not require doctor’s clearance to return to work.
CREATE/REVISE INFECTION CONTROL PLAN, CONT.

- Develop a policy for home isolation if staff have traveled to high risk areas or have known contacts with COVID-19
- Review options for street-based staff who may be at greater risk for complications due to age and underlying health conditions and alternative work that might be conducted
- Create an alternate staffing plan in preparation for possible staffing shortages. Plan for ways to continue essential services if on-site operations are reduced temporarily.
ORDER SUPPLIES AND TRAIN STAFF ON USE

- Order at least a one month supply of personal protective equipment (PPE) and hygiene kits, including:
  - Surgical face masks, disposable gloves
  - Personal-sized, alcohol-based hand sanitizer, soap, sanitizing wipes
  - Plastic trash bags, single-use tissues
  - Consider: extra tents, blankets, water bottles, snacks
- Ensure staff know when and how to use personal protective equipment, including face masks and gloves, hand washing practices, and social distancing techniques in the field

COLLABORATE WITH OTHER AGENCIES IN YOUR COMMUNITY

- Create targeted responses in consultation with public health department and City/County agencies for the diverse settings where your staff work with clients, including through outreach teams on the street/encampments, homeless shelters, and clinic/healthcare settings for PEH.
HELPFUL RESOURCES

- Review Webinar from U.S. Interagency on Homeless
  https://nahroblog.org/2020/03/04/usich-to-conduct-infectious-disease-webinar/

- HUD Exchange Website for Guidance and CDC recommendations:
QUESTIONS?

On this phone call:

- Los Angeles County Department of Health Services, Housing for Health (DHS)
- Los Angeles Homeless Services Agency (LAHSA)
- Los Angeles Department of Public Health (DPH)
- Department of Mental Health (DMH)
THANK YOU!

[Image: Blue square with white text: KEEP CALM AND WASH YOUR HANDS]