

Fayette County Emergency Shelter (Brick House): Infectious Disease Outbreak Plan

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**Purpose**

Fayette County Emergency Shelter (Brick House) is dedicated to protecting the health of those we serve and our staff in all possible capacities. As such, Brick House ES has developed this Infectious Disease Outbreak Response Plan In an effort to help reduce exposure and community spread of viruses during a pandemic. This plan is provided to share resources and current information about the pandemic as they’re made available. This plan is also intended to provide education and best practice guidelines for preparing, preventing, identifying and managing outbreaks of the 2020 COVID-19 virus in our community.

**Specified Plan Objectives include**:

• Reduce potential exposure and transmission of COVID-19 among staff & ES residents

• Ensure best healthcare standards are practiced to protect those at higher risk

• Maintain business operations when and where possible

**Anticipated Plan Outcomes include**:

• A plan that is flexible and evolving

• Education in the plan includes opportunities to discuss implications and identify gaps

• The plan is shared with all employees

• Best practices are included & updated as they are identified

**SECTION 1: Personal Preparedness for Staff**

**What you should do now**

• **Ensure your contact information is correct** with your supervisor. In the event you need to be contacted regarding work or work locations, your supervisor must have current contact information to provide to the human resources department.

• **Clean your hands often** with soap and water for at least 20 seconds; at least once an hour, after using the restroom, before eating, etc. Keep a bottle of sanitizer in your car for use after getting gas or touching other objects to use until you are able to wash your hands.

• **Make sure you have all of your prescription medications stocked-**preferably a month or more if you can. There is concern about the supply chain for medications.

• **Practice Social Distancing-** Keep a distance of 3-6 feet away from others when possible, always an arm’s length from another person. Avoid public gatherings such as movies, concerts, faith based services, community meetings, etc. when possible. Self-isolation and self-quarantine are also components of social distancing. These common healthcare practices are known to reduce and control the spread of an infectious and contagious disease such as COVID-19.

• **Routinely clean** all frequently touched surfaces in the workplace, such as phones, workstations, light switches, countertops, doorknobs, etc.

• **Stock up with non-perishable foods,** such as canned goods, pasta, crackers, cereal, hydrating fluids, etc., as well as over the counter meds, tissues, nasal spray, etc. to help alleviate symptoms of the virus, in case you need to quarantine.

\***Consider getting the flu shot, if you have not already done so.** While the flu vaccine **does not** provide any reduction of COVID-19 symptoms, the current flu vaccine is about 30-50% effective against the flu. A flu shot may help reduce symptoms of the flu & is worth considering.

**IF YOU BELIEVE YOU HAVE SYMPTOMS OR HAVE BEEN EXPOSED TO COVID-19**

1. Please contact your health care provider if you believe you are exhibiting symptoms**.**

*If your health care provider is unavailable, call urgent care for guidance.*

**DO NOT GO TO THE ER** if you think you have COVID-19, unless specifically instructed to by a health care professional. If you are told to self-quarantine by health care professionals, contact your supervisor/executive director by phone or e-mail immediately for instruction.

**Do not go to work** if you have been told to self-quarantine.

1. Contact your supervisor/site director by phone or e-mail for instructions if you believe you have been exposed to the COVID-19 virus. CACFC policy requires a medical note for absences of 3 days or more.
2. If you become ill at work and are exhibiting symptoms of COVID-19, please alert your supervisor/site director immediately and remove yourself from the proximity of your co-workers and/or persons served.

**IF YOU NEED TREATMENT FOR COVID-19**

There is currently no specific treatment or vaccine for COVID-19.

In most cases of COVID-19, people are able to utilize self-supportive care to help relieve symptoms as they would for other respiratory viral illnesses such as:

• **Drink plenty of liquids.** Choose water, juice, warm tea and warm soups to prevent dehydration.

• **Rest.** Get more sleep to help the immune system fight infection. Individuals may need to change their activity level, depending on the symptoms.

• **Consider fever and pain relievers.** Use an over the counter pain reliever to control fever and combat the achiness associated with the virus, as advised by your health care provider (AVOID IBUPROFEN).

Maintain communications with your with your health care provider**.** Your health care provider will help you determine when, and if, you need hospital care.

**DIRECTIONS FOR RETURN TO WORK**

The guidance on this is changing constantly, therefore, those diagnosed with or quarantined due to COVID-19 infection or exposure should not return to work until released by medical personnel.

**SECTION 2: COVID-19 General Information**

***COVID-19 SYMPTOMS MAY DEVELOP WITHIN 2-14 DAYS OF EXPOSURE AND INCLUDE:***

**Cough Fever (100.4 or higher) Shortness of Breath**

**(or heaviness in chest)**

People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms, loss of sense of taste or smell, fever (100.4 or higher), that present on an average of 5-6 days after exposure. Increased risk factors for progressing to severe illness may include, but are not limited to, older age, and underlying chronic medical conditions such as lung disease, cancer, heart failure, cerebrovascular disease, renal disease, liver disease, diabetes, immunocompromising conditions, and pregnancy.

The virus that causes COVID-19:

• Usually spreads from close person-to-person contact through respiratory droplets from coughing and sneezing.

• May also spread through airborne transmission, when tiny droplets remain in the air even after the person with the virus leaves the area.

• Can only be diagnosed with a laboratory test.

**THE BEST WAYS TO PROTECT YOURSELF!**

* Wash your hands frequently and thoroughly, using soap and water for at least 20 seconds. Use alcohol-based hand sanitizer, if soap and water are not available.

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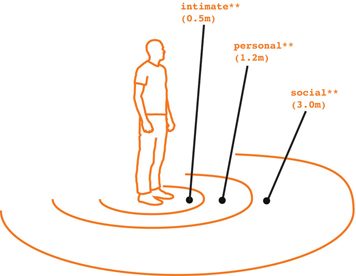
* Cough or sneeze into a tissue or flexed elbow, then throw the tissue in the trash

* Avoid touching your eyes, nose, or mouth with unwashed hands



* Avoid close contact with people who appear to be symptomatic, coughing or sneezing & always maintain a social distance of 6 feet



* Stay home when you are sick



* Clean & disinfect surfaces & objects that people frequently touch as required



* Facemasks are recommended if you have respiratory symptoms or are caring for someone with respiratory symptoms



**SECTION 3: Preparation, Response, Recognize, Monitor**

Effective outbreak management has four phases:

1. **Preparation**: A plan is in place
2. **Response**: Activate the infectious disease outbreak plan & responsibilities
3. **Monitor Exposure Process**: Assess and report exposure control activities
4. **Conclusion**: Declare the exposure over, review events for potential plan improvements
5. **Preparation**

Brick House ES developed this Infectious Disease Outbreak Plan specific to our agency to guide our staff and program needs in regards to operating through a pandemic.

Administrative services will require ongoing assessment of the needs of the organization as the circumstances evolve and will be determined through coordination with the executive director, Fiscal and Human Resources departments.

For Brick House ES, essential business activities that require ongoing assessment include:

• Providing social distance standards for beds utilized

• Ensuring sanitation standards are developed & maintained

• Communication with public health officials & CACFC

• Ongoing communication with staff and residents

• Maintain a line of necessary decision-making on behalf of the ES in the event of illness or incapacity

• Technology supports to ensure communication and teleworking when possible.

1. **Response**

Infectious Disease Outbreak Plan Activation

Brick House ES will activate the system-wide Infectious Disease Outbreak Response Plan with consideration to the following:

• A state of emergency is called by the Governor of the State of Ohio;

• In consultation with the county or state health department(s);

• An exposure or series of exposures is identified at one or more public service sites;

• An exposure threat is evidenced by a community partner(s) such as the local public schools in the same area as our agency; or,

• The plan can be fluid as to be activated for a specific site, county or region wide.

The procedure for activating the system-wide/site-specific Infectious Disease Outbreak Response Plan will be conveyed electronically to all impacted employees via CACFC website and inter agency e-mail. Special instructions for agency leadership and staff have been outlined in this plan. Additional instructions or notifications may also be provided as guided by HUD and CDC recommendations.

**Leadership Responsibilities for Plan Activation:**

* Share & distribute this plan and all communication updates related to COVID-19 with all staff.

If you or one of your staff has underlying health conditions that increase their susceptibility to COVID-19, please contact CACFC Human Resources for guidance. Encourage employees with symptoms of an acute respiratory illness to stay home during the COVID-19 pandemic.

If an employee is confirmed to have COVID-19, inform other employees of their possible exposure in the workplace while maintaining confidentiality.

Shelter staff will provide daily notifications to the executive director and Human Resources once an employee reports absent due to COVID-19. Health officials may require information related to reporting confirmed cases of COVID-19.

Brick House ES staff should inform residents that some people may be at higher risk for severe illness, such as older adults and those with compromised immune systems.

Brick House ES Director will emphasize respiratory etiquette and hand hygiene by all staff & residents at all times:

* + Place posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your site and in other areas where they are likely to be seen.
  + Maintain adequate supplies of antibacterial soap and alcohol-based hand sanitizer
  + Place hand sanitizer in multiple locations throughout the facility where traffic occurs.
  + Follow standard sanitation procedures as outlined in Building Sanitation Protocol

Eliminate or reduce unnecessary congregating by staff and residents while enforcing Social Distancing practices.

Consider & recommend if necessary case management alternatives to all face-to-face meetings (go to meetings, skype, phone calls, conference calls, etc.)

Share virus prevention strategies with residents

Actively monitor/observe persons served for COVID-19 symptoms.

***Potential Client Consideration Guidance***

**Access Point (AP) & Diversion Screening Protocols:**

**Diversion**

* Communicate to partner agencies in your community that Brick House AP is available to complete Diversion forms over the phone
* Step up diversion: Explain to households in crisis that Ohio is attempting to minimize large crowds to prevent the potential spread of COVID-19. Shelters are to be used as an absolute last resort and if the person has anywhere else to stay, even temporarily, it is safer for the person to do that.

**Screening for COVID-19 Symptoms for Prospective Clients**

* Brick House AP will add the Coronavirus Screening Tool to the Diversion process, as found on the CACFC website.
* For households that report symptoms consistent with COVID-19, Brick House AP will strive to connect those households with local isolation/quarantine options, where available.

***Brick House ES Staff Health Monitoring***

* All Brick House ES staff will take their temperature PRIOR to reporting to work. If their temperature is 100.4 or higher, staff will NOT report to work and will inform direct supervisor of their elevated fever. Daily staff temperatures will be recorded on a Temperature Log & monitored by Brick House ES director.

***Brick House ES Resident Monitoring***

Brick House ES staff will monitor residents for the following COVID-19symptoms:

* Fever (100.4 and above) – via client self-report
* Cough
* Shortness of Breath
* Loss of sense of Taste or Smell
* Body Aches
* Diarrhea

Get medical attention immediately if a resident develops emergency warning signs for COVID-19:

* Difficulty breathing or shortness of breath
* Persistent pain or pressure in the chest
* New confusion or inability to arouse

**Building Sanitation Protocol**

**Cleaning Procedures**

The following surfaces need to be wiped with sanitizing wipes or bleach and water solution (1:10). Staff shall wear disposable gloves and wash hands thoroughly after removing gloves.

* All doorknobs and handles (on every floor)
* Counters and desks in staff offices
* Table(s) and counters in the kitchen and dining room
* All refrigerators, including handles
* Microwave handles and buttons
* Tops and sides of all trash cans
* Laundry machines
* Copy machines
* Keyboards and mice in staff offices
* Handrails outside in the front and back of the building
* All phones in staff offices and available to residents (headsets and keys)
* Bathroom sinks and faucets
* Toilet seats and handles
* TV remotes or buttons on TV if used in absence of a remote control

Staff & residents are responsible for completing these tasks at the beginning of their shifts at least once every 2 hours during active shelter hours. A checklist for recording that the cleaning has been done on each shift will be posted in the front office at each location

**Increase Social Distancing**

In addition to reconfiguring sleeping quarters and beds, if needed, congregate facilities make the following accommodations to help increase physical space between residents:

* All Areas
  + Place an additional table between the desk and clients to increase the distance
  + Use disposable gloves when handling client belongings
  + Limit visitors to the facility
  + At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask and direct them to the quarantine area
* Meals
  + Allow residents to manage their meal times according to their own schedules, and limit numbers of residents that can be in the eating space at the same time
  + If meals can only be provided at one time, have residents take their meal at staggered times and limit the numbers of residents in the eating space
* Community Spaces
  + Limit the number of residents that can be in community spaces at the same time, if needed
  + Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing
  + Provide access to fluids, tissues, and plastic bags for the proper disposal of used tissues

**Emergency Shelter Space Configuration**

Sleeping Quarters

* Sleeping quarters are re-arranged as necessary to ensure beds are at least 3 ft apart for non-symptomatic persons.
  + Where needed, beds are removed to reduce capacity in sleeping areas in an effort to provide sufficient space. Consider using administrative and other spaces to accommodate any reductions of in sleeping areas.
  + If clients are symptomatic or positive for COVID-19, but not experiencing severe symptoms that warrant going to the hospital, **they should placed in off-site isolation/quarantine (I/Q) units** (see Isolation and Quarantine Units section below for details). One household per I/Q unit.
    - If offsite I/Q units are unavailable, symptomatic clients must be placed in a separate room.
    - If separate rooms are not available, clients should be sent to the hospital
  + If shelter is providing isolation/quarantine space within shelter, staff must wear full Personal Protective Equipment (PPE), provide separate bathrooms, and follow CDC guidelines.
    - * <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
  + If providing space in hotels, there should be no staff contact, provide food via knock/drop, and arrange with your local healthcare provider to do daily health checks. All case management should be via telephone.
    - See section below for more guidance.
* Any decrease in shelter capacity must be reported to the CoC Team at [ohioboscoc@cohhio.org](mailto:ohioboscoc@cohhio.org) or [ericamulryan@cohhio.org](mailto:ericamulryan@cohhio.org)

24-hour Availability and Operations

* Shelters that are not currently open to residents all day/evening should immediately strive to identify staffing approaches to provide 24-hour accessibility. This is important to address needs of residents who may be isolated/quarantined in place (see details below) and needs of resident families whose children are no longer able to attend school.

**Emergency Shelter Overflow Plan**

If ES capacity is reduced as part of this protocol, Executive Director or their designee partners with community agencies and local public health department to secure emergency shelter overflow space through the provision of hotel/motel vouchers.

**ODSA Guidance on Paying for Hotels/Motels during COVID-19 Pandemic**

ODSA has communicated that agencies receiving emergency shelter grants through HCRP may use their ***current*** grant funds to provide temporary housing in motels when there is not space available in their shelter. Normally, assistance should continue just until there is room available at the shelter. Under current circumstances, however, clients should be able to stay in the motel indefinitely if they need to be isolated or quarantined, are a member of a medically vulnerable/older population, or if the use of the motel is meant to assist in deconcentrating the shelter space to provide sufficient social distancing.

*Please note, HCRP-HP and RRH resources cannot be used for hotel/motel stays as outlined above.*

**Isolation and Quarantine Units**

Brick House ES has worked with local hotel providers, our local [public health offices](https://odh.ohio.gov/wps/portal/gov/odh/find-local-health-districts/find-local-health-districts) and [Emergency Management Agencies](https://webeoctraining.dps.ohio.gov/ohiocountyEMADirectorList/countyemalist_web.aspx) (EMA) to develop our Isolation/Quarantine plans and protocols to provide *off-site* options.

Brick House ES understands the defined differences between quarantine & isolation as;

**Quarantine** is used for people or groups who don’t have symptoms but were exposed to the sickness. Quarantine helps keep these individuals away from others so they don’t unknowingly infect anyone.

**Isolation** is used for those who are already sick. It keeps infected people away from healthy people to prevent the sickness from spreading.

Brick House ES also understands it is critical that we identify isolation/quarantine options for prospective COVID-19 cases in the homeless community, and have done so as outlined in the Unit Options below.

**Isolation/Quarantine (I/Q) Unit Options**

Brick House ES will utilize local hotels and motels to provide homeless, or shelter residents that are COVID-19 symptomatic or have tested positive.

For those with mild symptoms of COVID-19 (either who tested positive or have not been tested), we understand the need to help prevent them from using hospital resources that need to be preserved for those with severe symptoms or complications. However, if separate I/Q space is full or unavailable, our local hospital will need to provide this space.

**Compliance with Guidelines for I/Q Units**

Brick House ES intends to abide by the state issued guidelines for I/Q units for affected residents to the fullest extent of our ability. Guidelines have been provided by the state.

1. **Monitoring Exposure Process**

COVID-19 exposure among Brick House Staff:

When one (1) or more persons served who has been on-site and/or any employee who exhibits or reports exposure to symptoms of COVID-19 report to ES Director, that director should immediately contact their supervisor/executive director and Human Resources. The executive director/supervisor will confirm the early stage of exposure and follow the detailed site-specific plan regarding potential site closure, notifications and ancillary protocols, including self-quarantine. Prompt detection of exposures allows for early implementation of control measures.

If the exposure is confirmed while the employee is present at Brick House ES site, the symptomatic employee should be isolated if medical care is needed or assisted in making transportation arrangements if they are unable to make their way home on their own.

If the supervisor is notified by an employee via phone, email or text that they are symptomatic of COVID-19, has phoned a medical professional and been advised to quarantine at home, the supervisor should notify their executive director/supervisor and Human Resources to implement the Brick House ES plan regarding potential site closure, notifications and ancillary protocols.

Once employees begin to notify the site director that they are in self-quarantine, the director should begin to submit individual absences (by the close of business each day) to their supervisor and Human Resources. Human Resources will present a daily report by 9:00 a.m. to the executive director.

If a supervisor is notified by a person served, a vendor or a visitor via phone or email that they are symptomatic of COVID-19, they should advise the individual to contact their medical professional and contact the executive director/supervisor to implement this CACFC plan regarding potential site closure, notifications ancillary protocols.

Using an abundance of caution, employees may choose to self-quarantine if they have been in contact with an individual who has symptoms of COVID-19 or a family member who is self-quarantined due to travel outside of the United States to highly impacted countries.

COVID-19 exposure of clients who present at Brick House ES site, for services:

Brick House ES should follow HUD & CDC recommendations as provided. Social distancing should always be practiced and case management done via phone or email. Avoid all non- essential face to face interviews or case management until otherwise guided by public health officials.

If staff encounters a client that presents for services, who appears to have potential symptoms of COVID-19, they are to exit the client from their workspace and instruct the symptomatic client to call their local primary healthcare provider for instructions.

If the symptomatic client has no primary healthcare provider, then staff will instruct the client to call ahead to an Urgent Care facility and follow their recommendation. Staff will **NOT** refer symptomatic client to the ER. If symptomatic client appears to need emergency medical attention, staff will call 911.

**Guidelines for Brick House ES Site Closure**

If it is recommended by federal, state, or public health governing authorities that Brick House ES close, the executive director of CACFC will review the CACFC& Brick House ES Infectious Disease Outbreak Response Plan and make a recommendation to the appropriate governing authority.

Brick House ES will authorize the activation of their site closure and coordinate with agency leadership on how to proceed, with potential to operate offsite by utilizing alternative work sites for services as permitted with guidance from governing authorities.

1. **Closing of Infectious Disease Outbreak Response Plan**

Brick House ES will announce when the Infectious Disease Outbreak Response Plan is to be closed, in conjunction with consultation with local health officials. The shelter director will activate a lessons learned process for the organization to participate in to inform the Ohio BoSCoC Point of Contact of opportunities for improvement to the infectious disease planning process.

**SECTION 4: Pandemic guided Agency Protocol**

* Potential Extended Leave

Brick House ES follows the sick and personal policy as outlined by CACFC.

* Business Travel

Brick House ES will follow the business travel guidance of CACFC until further notice.

* Communication

Brick House ES will utilize the CACFC agency website page to share timely and accurate information regarding the COVID-19 virus.

**SECTION 5: Conclusion**

The 2020 COVID-19 pandemic is a fluid situation and, as such, Brick House ESs plan will need to be updated as the situation evolves. We appreciate the patience and teamwork necessary to ensure all of our staff & residents are safe. For any questions or concerns about our IDOR plan, please utilize the following resources:

• **The Brick House ES Infectious Disease Outbreak Response** **Plan**: Dreama Brown at 740.335.7282 ext.123 or email [dbrown@cacfayettecounty.org](mailto:dbrown@cacfayettecounty.org)

• **To report a COVID-19 Absence**: contact your direct supervisor, executive director, Bambi Baughn, email [bbaughn@cacfayettecounty.org](mailto:bbaughn@cacfayettecounty.org) or Kathy Brown, Human Resources (see contact info above).