

COVID-19 IN SHELTER

WHAT HAPPENS IF A CLIENT IS ACTIVELY SICK?

Do not screen residents. You may **NOT** screen clients by taking temperature or asking specifically about their symptoms or health status. As advocates, you are not qualified healthcare practitioners. You can offer them the use of a thermometer if they would like it. Decontaminate thoroughly after use.

Identify concerns. You may **NOT** screen clients, but you can discuss concerns and make referrals.

Contact the experts. Contact the Iowa Department of Public Health with questions by dialing **211**.

Provide testing information. If a resident or staff member has symptoms you can provide them information about testing.

Share Information. You can tell residents that you have reason to believe that a staff person or client might have been exposed to the virus or has tested positive but may not provide specifics.

Maintain confidentiality. You **CANNOT** tell other residents or anyone else outside of the program client identifying information or status. As per federal OVW, VOCA, and HHS regulations, you may not tell anyone, except for staff, neither inside nor outside the program about a client's health status without a written release.

Ask to isolate. You can ask residents to isolate in a private room in shelter, or you can relocate them to a hotel for self-quarantine.

Isolate & separate. Individuals with COVID-19 symptoms should **NOT** be housed with confirmed cases or those who have tested positive.

Wear a mask. If you or another staff person has symptoms of a cold or other illness, or have been exposed, you should wear a face mask when you are around other people and before you enter a healthcare provider's office. You can share this recommendation with clients who are experiencing illness symptoms or may have been exposed. If you do not have access to N95 masks, you can substitute with community donated masks as a last resort.

Free to leave. You **CANNOT** prohibit clients from leaving on their own, including those in isolation.

Designate space. If you have the capacity, designate a restroom for those in isolation.

Provide supplies. Provide disinfectant, garbage cans, liners, rubber gloves, masks and soap to each client in isolation.

Air it out. When appropriate, open the windows and allow fresh air in. Air movement is important.

Supply food. Bring food to clients in isolation. Leave it at the door and knock to notify resident of delivery. Do not come in contact with them. Once they are done, they can dispose of the remains in a garbage bag and set it outside their door to be disposed of in a dumpster.

Use disposables. Use disposable plates, cups, napkins and plasticware. If unavailable, thoroughly wash all dishes with soap and hot water.

Treat boredom. Have items like magazines, books, streaming services, games, etc. to keep people occupied.

Connection to the outside world. Be sure those in isolation have access to a phone and internet, so they can communicate with friends, family and staff.

Plan for transportation. Uber/Lift, taxis, public, advocate or emergency response professionals. If staff or volunteers will provide transportation institute strict cleaning requirements before and after transport. If you must transport a client to the ER, attempt to have hospital personnel escort the client into the building. It is advisable that the advocate does not enter the ER and remain in the car. Do not transport multiple people at the same time unless they are one family unit already sharing space. Ask riders to sit in the back seat.

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WHAT IF I'VE EXPERIENCED DIRECT EXPOSURE?

Direct contact. If you have been in direct contact with someone who has been confirmed or tested positive for COVID-19, you should self-quarantine. Direct contact occurs when the infected person and healthy person have direct physical contact with blood or body fluids. It may also include indirect contact when an infected person sneezes or coughs on a healthy person.

The current recommendation is 14 days. If you remain healthy and do not develop symptoms you may return to regular duty using universal precautions. If you begin showing symptoms you should remain in isolation.

WHEN CAN I END QUARANTINE/ISOLATION?

People **with COVID-19 who have stayed home (home isolated)** can stop home isolation under the following conditions:

If you will not have a test to determine if you are still contagious, you can leave home after these three things have happened:

1. You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers) AND
2. other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
3. at least 7 days have passed since your symptoms first appeared

If you will be tested to determine if you are still contagious, you can leave home after these three things have happened:

1. You no longer have a fever (without the use medicine that reduces fevers) AND
2. other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
3. you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.