



# **Toolkit for Managing Impacts from Aerosol Transmissible Diseases**

*Such as COVID-19, influenza, meningitis, whooping  
cough, chickenpox, measles, and tuberculosis*

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## What Is Coronavirus?

Coronaviruses are a large family of viruses ranging from the common cold to much more serious diseases and can infect both humans and animals, according to the World Health Organization (WHO). This family of viruses is in a larger class of diseases known as Aerosol Transmissible Diseases (ATD's), which are diseases or pathogens that spread through the air (such as chickenpox, measles, and TB) or through droplets (such as COVID-19, influenza, meningitis, and whooping cough).

According to the Centers for Disease Control and Prevention (CDC), the new strain (COVID-19), first identified in Wuhan, China, in January 2020, is related to two other coronaviruses that have caused outbreaks in recent years: Middle East respiratory syndrome, also known as MERS, and severe acute respiratory syndrome, or SARS.

### Coronavirus Symptoms & Disease

The CDC reports that patients with confirmed COVID-19 infections have reportedly had mild to severe respiratory illness with symptoms of:

- Fever
- Cough
- Shortness of breath

Symptoms of the COVID-19 may appear in as few as 2 days or as long as 14 days after exposure. This is based on what has been seen previously as the incubation period of MERS viruses.

## How Coronavirus Spreads

According to the CDC, human coronaviruses most commonly spread from an infected person to others through:

- The air by coughing and sneezing
- Close personal contact, such as touching or shaking hands
- Touching an object or surface with the virus on it, then touching your mouth, nose or eyes before washing your hands
- Rarely, fecal contamination

## Preparations for Potential Pandemics

Every organization must plan for the specific disruptions it may face during a pandemic, be the threat be a coronavirus or any pervasive outbreak. The overall goal of planning is to reduce illness, death, and social disruption resulting from a pandemic. It may be anticipated that homeless people are at greater risk of becoming sick in the pandemic because:

- People who are homeless tend to live in more crowded conditions.
- People who are homeless suffer from a variety of chronic and acute conditions which may affect their immune system response.
- They often suffer from addiction and mental illness in rates disparate from the general population, and may have challenges following advice.
- They may not seek care (and isolation) until they are very sick.
- Social distancing will be difficult to achieve.

See the Appendix for the document, *Influenza Pandemic Planning Guide for Homeless and Housing Service Providers*, from the King County Public Health agency. The best preparations involve steps to prevent viruses from invading your facilities. Here are some steps you can take:

### Coronavirus Infection Prevention and Treatment

Always consult a doctor for medical advice. There are currently no vaccines to protect people against human coronavirus infections, but the CDC suggests helping to reduce risk of infection by doing the following:

- Wash hands often with soap and water for at least 20 seconds.
- Avoid touching eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.

Additionally, individuals who have cold-like symptoms can help protect others by doing the following:

- Employees should stay home while sick.
- Avoid close contact with others.
- Cover mouth and nose with a tissue when coughing or sneezing, then throw the tissue in the trash and wash hands.
- Clean and disinfect objects and surfaces.

## Preventive Products

The products listed below have demonstrated effectiveness against viruses similar to SARS-CoV-2 (formerly 2019-nCoV) on hard, nonporous surfaces. Therefore, per the EPA Emerging Pathogen Policy, these products can be used against SARS-CoV-2 when used as directed.

### Disinfecting Wipes (eg, Clorox® Disinfecting Wipes)

- Wipe surface to be disinfected.
- Keep surface wet for 4 minutes.
- Let surface dry.
- For highly soiled surfaces, clean excess dirt first.
- For items that come in contact with food or mouths (like baby bottles or toys), rinse with warm water and let air-dry.

### Bleach-based Sprays (eg, Clorox® Clean-Up Cleaner + Bleach)

- Spray 6 to 8 inches from surface and allow product to penetrate tough stains and messes.
- Let stand 30 seconds.
- Wipe with a wet sponge or cloth and rinse with water, no scrubbing required.
- For heavily soiled surfaces, pre-clean surface before disinfecting.
- For items that come in contact with food or mouths (like baby bottles or toys), rinse with warm water and let air-dry.

### Disinfecting Bleach (eg, Clorox® Disinfecting Bleach2)

- Pre-wash surface.
- Mop or wipe with a solution of 1/2 cup of disinfecting bleach per gallon of water.
- Allow solution to contact the surface for five minutes.
- For items that come in contact with food or mouths (like baby bottles or toys), rinse with warm water and let air-dry.

## Other Recommended Supplies

At your facility, provide basic hygiene supplies to staff and clients, clean and decontaminate regularly, and post information on how to reduce transmission. This will reduce the spread of diseases spread through the air and through droplets, but will also reduce diseases spread through contact, like MRSA. Here are some recommended supplies to keep on-hand:

- Hand sanitizer (must be at least 60% alcohol), located at
  - All entries
  - Dining areas
  - Public phones
  - Computer stations
  - Elevators
  - By the doors of community rooms
  - By the bedsides of ill individuals
- Liquid hand soap
- Paper hand towels
- Facial tissues—place at entrances and community areas
- Disposable surgical masks
  - For clients who are coughing or sneezing
  - For staff working closely with sick clients
- Plastic-lined wastebaskets (for used tissues and masks)
- Gloves in a variety of sizes
- Disposable gowns
- Thermometers & thermometer covers. (Approximately one thermometer for every 10 ill clients should be adequate; clean between use per product instructions.)
- Medications used to bring fevers down, such as acetaminophen.
- Re-sealable zip-top plastic bags - for example, large Ziploc® bags.
- Extra fluids & foods: juices, Gatorade® or Gatorade® instant mix (powder), Pedialyte®, instant soups, Jello®, teas, etc.
- Signs (See Appendix for downloadable signs and posters)

Through a partnership with Citygate Network, DollarDays has assembled packages with many of the items above for fast, free shipping to your facility. See the flyer linked from the Appendix, and order at <http://mission.dollardays.com>.

### **Cleaning and Decontamination**

Consider setting up “hygiene stations” in designated areas with hand sanitizer, tissues, masks, a garbage can, and educational signs. None of these supplies will prevent infection by simply being in your facility, so train staff to use them regularly and teach clients how to effectively use them, too. Additional recommendations:

- Provide staff with Personal Protective Equipment (PPE)
  - See Appendix for instructions on using PPE
- Use products that are least harmful while still being effective (See Appendix for information on how to mix bleach cleaning solution for different surfaces).

- Clean and sanitize frequently touched surfaces several times per shift. Pay special attention to:
  - Doorknobs
  - Elevator buttons
  - Public phones
  - Banisters
  - Tabletops
  - Handrails
- Clean all common areas within the facility daily.
- Empty trash receptacles frequently during the day.
- Clean toys daily, and discourage sharing of plush toys among children.
- Regularly clean air vents and replace filters, especially on air purifiers (like HEPA filters).

### **Signage**

Posting signs around your facility is a great way to disseminate information and remind staff and clients how to practice good hygiene (See the Appendix for a variety of signs and posters).

Signs should be posted at

- Entrances and exits
- Gathering areas
- Dining areas
- Bathrooms
- Staff lounges
- Hygiene stations

## **When a Client is Sick with an ATD**

Preventing the spread of Aerosol Transmissible Diseases at your site is very important, but with new clients coming and going all the time, sick clients will inevitably enter your facility. Your site needs to be able to identify those sick clients, isolate them from other clients and staff members, and transfer the clients to the appropriate level of medical care. Here are some steps to consider:

### **Identify**

Your site needs to implement routine screening procedures to help identify potentially ill clients. The most common symptoms of all ATD that your staff should be watching for are coughing, fever, and shortness of breath. The monitoring for these symptoms can be accomplished through a combination of self-screening and screening questionnaires administered by staff or volunteers. Remember, possibly having an ATD is NOT a reason to bar a client from your facility.

- Remind clients upon check-in and at community meetings of common symptoms of infectious diseases, and how to notify staff.
- When clients tell staff that they are feeling ill, have staff record the clients' names, symptoms, and bed locations so they can be followed up with later by a medical professional (unless the situation is urgent and needs immediate medical attention).
- Screening questionnaires are short and simple surveys that quickly determine if a client may be sick.
- At check-in, ask every client questions to screen them for possible ATD's. Ask:
  - Do you have a cough or sore throat?
  - Do you feel like you've been having fevers or chills?
  - Do you have any rashes or extreme itchiness on your skin?
- See the Appendix for a link to a formatted screening questionnaire.
- If clients answer affirmatively to any of the questions, have the front-desk staff note their names, symptoms, and bed locations so they can be followed up with later by designated staff members or a medical professional.
- If a client is coughing or sneezing, give client a mask at check-in.
- See Appendix for a sample Sick Client Monitoring Form.
- If the client has a cough, sore throat, or fever, make sure the client has been given a mask.
- Use the Cough Alert Policy and the Sick Client Decision Guide (links in the Appendix) to determine if the client has an ATD.
- Use the Sick Client Decision Guide to refer the client to the appropriate level of medical care.

### **Isolate**

Once a client has been identified as having a possible ATD, the client needs to be separated from other clients and staff members and then transferred to a hospital or clinic for evaluation. Different methods of isolation will help prevent the disease from spreading to other people in your facility and contaminating other areas or surfaces.

- Practice social distancing with any ill client:
  - Limit the number of people in one place at any given time, such as having sick clients eat separately or sleep in a different section than non-sick clients.
  - Separate individuals by more than 3-6 feet when possible.
  - Designate dedicated staff member(s) to be caregiver to persons in isolation.
  - Wear a surgical mask when providing direct care within 3 feet.
  - Have hand sanitizer, tissues, and waste can or bag at each bedside of sick persons.
  - Place sick clients closer to restroom.
  - Arrange beds so that individuals lie head to toe relative to each other.
  - In larger rooms, create temporary physical barriers between beds, using sheets or curtains. This helps reduce droplet spread.



- Direct ill individuals to hospitals or alternate care sites, if necessary.
- Increase ventilation in the facility to the extent possible.
- See Appendix for more instructions on social distancing and isolation
- Clients that are coughing and/or have spots should be asked to wear a mask while indoors or in a vehicle.
- If a client refuses to wear a mask, practice social distancing with the client and have staff members wear masks when interacting with the ill client.
- If ill clients cannot be immediately transferred for medical evaluation, or do not need further medical care:
  - Limit their movement throughout the facility and community
  - Have them stay in a separate room from others as much as possible
  - Allow them to rest, drink plenty of fluids, and have easy access to tissues and hand sanitizer

### **Transfer**

Once a client has been identified as having a possible ATD and has been isolated from other people at your site, the client needs to be transferred to the appropriate medical facility as soon as possible. Use the Sick Client Decision Guide (Appendix) to determine the appropriate level of medical care for the sick client. The three levels of care are:

- 911 Emergency Room
- Urgent Care
- Primary Care

If you send a client to urgent care or primary care make sure the client has a mask to wear during the transfer (or that staff have masks if a client refuses to wear one). Do not send clients to the doctor on public transportation.

When you send a client with a possible ATD for medical care, follow-up with the doctors to determine if your site has been exposed to an infectious disease. Use two forms to help your site keep track of sick clients who have gone to the hospital or a clinic (See Appendix for samples):

- Medical Facility Transportation Log: Record every time a client leaves the site for medical reasons, regardless of which level of care the client is going to.
- Medical Facility Communication Sheet: Complete the Communication Sheet and send with client or with staff/medical professionals who are transporting the client. If transferring client to urgent or primary care, call ahead to let the site know a potentially infectious client is coming.

Appoint a staff member to follow up on all clients who left the facility for medical reasons using the Medical Facility Transportation Log. While doctors usually can't share information about their patients, if your client has an ATD they are allowed to tell you so you can respond. It is very important to follow up on clients in a timely manner so you know if your site has been exposed to an ATD.

## **After an ATD Case**

When a client with an ATD has stayed at your site, you need to figure out who else among staff and clients might have been exposed to the disease, and who may need medical services. The following steps should be followed:

- Find out if the client had an ATD.
- The hospital or clinic may call you based on the information provided in the Medical Facility Communication Sheet, or
- Call the hospital or clinic to follow up on your client.
- File a Critical Incident Report.
- Include as much information as possible on how long the client has stayed at your site, and when he/she was sent to the hospital.
- Report this information to the CDC by calling 800-232-4636.

## **Potential Impacts**

Important community services may need to be curtailed, consolidated, or suspended because of widespread absenteeism in the workplace. This will impact all residents of all affected communities, but it may have a greater impact on people who are homeless.

- Businesses may reduce their hours or close for a prolonged length of time. Working homeless people may not have sick leave and vacation benefits; the financial impact on the working poor could be very hard.
- Medical facilities and emergency services such as fire, ambulance, and police may also be overwhelmed by demand and therefore slow to respond. They might change the level of care they usually provide.
- Public transportation may be limited or unavailable. People who rely on public transportation may be affected.
- Community activities may need to be curtailed to prevent the spread of infection. People who rely on food banks, feeding programs, churches, and libraries may have to make major adjustments to their routines.
- People who do not tend to access services may be forced by sickness and paucity of supplies to seek help at your agencies. This increased demand will impact your regular users and your staff.
- People who are homeless may have limited access to information from the mainstream media (or may not trust or understand what they hear), and may be relying on trusted agency staff and case managers for information.

## **People Considerations:**

- Know where your people are.
- Be prepared to amend policies and plans based on evolving advice from governments and health officials.
- Listen to employees' concerns to ease anxiety.
- Think about visitors, in addition to employees, clients, and guests.

**Employer Considerations - Employers can facilitate infection control by:**

- Reminding employees to wash hands properly.
- Urging employees to stay home if feeling ill.
- Making flexible work arrangements available where possible.
- Coordinating travel as limitations evolve.
- Encouraging employees to receive vaccines as they become available.
- Enabling use of telemedicine instead of hospital and emergency room visits.
- Communicating sound information to counteract fear and stigma.

**Operational Considerations:**

- Develop a business continuity plan.
- Identify and stay in contact with critical suppliers about actual and expected impacts.
- Monitor resilience of suppliers' suppliers.
- Be mindful of competition for alternative suppliers' services.
- Review contractual liabilities.
- Review your crisis management plan (See Appendix for samples).
- Review your crisis communication plan (See Appendix for helpful documents).
- Review insurance coverages with your agent.
- Identify and protect critical business processes.
- Take into account potential increases in demand for services.
- Avoid taking disproportionate measures.

# Appendix

## Crisis Management Plans

- Disaster Planning Template (requires Citygate Network login): <https://www.citygatenetwork.org/Document.asp?DocID=592>
- Crisis Media Training Document (requires Citygate Network login): <https://www.citygatenetwork.org/Document.asp?DocID=706>

## Forms

- Medical Facility Communication Sheet: <http://www.citygatenetwork.org/images/agrm/Documents/COVID-19/medical-facility-communication-sheet-2.pdf>
- Medical Facility Transportation Log: <http://www.citygatenetwork.org/images/agrm/Documents/COVID-19/medical-facility-trans-log.pdf>
- Screening Questionnaire for Aerosol Transmissible Diseases: [http://www.citygatenetwork.org/images/agrm/Documents/COVID-19/Screening\\_Questionnaire\\_for\\_Aerosol\\_Transmissible\\_Diseases.pdf](http://www.citygatenetwork.org/images/agrm/Documents/COVID-19/Screening_Questionnaire_for_Aerosol_Transmissible_Diseases.pdf)
- Sick Client Monitoring Form: <http://www.citygatenetwork.org/images/agrm/Documents/COVID-19/sick-client-monitoring-form.pdf>

## Instructions

- Selection and use of Personal Protective Equipment (PPE) in Healthcare Settings: <https://www.cdc.gov/hai/pdfs/ppe/ppeslides6-29-04.pdf>
- Cleaning and Sanitizing with Bleach (how to mix bleach cleaning solution for different surfaces) after an Emergency: <https://www.cdc.gov/disasters/bleach.html>

## Insurance

- Merriam Insurance Agency: <https://rescuemissioninsurance.com>

## Guides, Policies, and Other Documents

- An Influenza Pandemic Planning Guide for Homeless and Housing Service Providers: <http://www.citygatenetwork.org/images/agrm/Documents/COVID-19/pandemic-flu-planning-guide-homeless-providers.pdf>

- Cough Alert Policy:  
<http://www.citygatenetwork.org/images/agrm/Documents/COVID-19/Cough-Alert-Policy.pdf>
- Sick Client Decision Guide:  
<http://www.citygatenetwork.org/images/agrm/Documents/COVID-19/sick-client-decision-guide.pdf>
- Social Distancing and Isolation Protocols:  
<http://www.citygatenetwork.org/images/agrm/Documents/COVID-19/social-distancing-protocols.pdf>
- Pandemic Planning Template:  
<http://www.citygatenetwork.org/images/agrm/Documents/COVID-19/PandemicPlanningTemplate.pdf>
- Disaster Planning Template (requires Citygate Network login):  
<https://www.citygatenetwork.org/Document.asp?DocID=592>

### Public Relations Consultants

- InChrist Communication: <https://inchristcommunications.com>
- Ruppe PR: <http://ruppepr.com>

### Signage

- Cough Etiquette Poster - English (Cover your Cough):  
<https://www.ucsc.edu/flu/files/cover-your-cough-poster.pdf>
- Cough Etiquette Poster - Spanish (Cubra su tos):  
<https://www.health.state.mn.us/people/cyc/cycphcspa.pdf>
- Hand Washing Poster (Clean hands save lives! Wash your hands):  
<https://www.cdc.gov/h1n1flu/pdf/handwashing.pdf>
- Let Staff Know if You're Feeling Sick Poster – English:  
<http://www.citygatenetwork.org/images/agrm/Documents/COVID-19/let-staff-know-if-feeling-sick-english.pdf>
- Let Staff Know if You're Feeling Sick Poster – Spanish:  
<http://www.citygatenetwork.org/images/agrm/Documents/COVID-19/let-staff-know-if-feeling-sick-spanish.pdf>
- Use of hand sanitizer (Hand Sanitizer Use Sign):  
<https://www.cdc.gov/handwashing/pdf/hand-sanitizer-factsheet.pdf>

### Suppliers

- DollarDays: <http://mission.dollardays.com>
- DollarDays Products Recommended for Coronavirus Preparations:  
[http://www.citygatenetwork.org/images/agrm/Documents/COVID-19/flyer\\_citygate\\_network\\_covid-19\\_preparedness.pdf](http://www.citygatenetwork.org/images/agrm/Documents/COVID-19/flyer_citygate_network_covid-19_preparedness.pdf)

- Trinity Ministries: <http://www.trinity-usa.net>