

Personal Protective Equipment, Cleaning, and Disinfection – Module 3 Script

Hello and welcome to the third of five modules designed to assist you in your winter planning and infection control measures.

Please share these modules with your staff and teams to increase awareness and elevate resources as you prepare for winter planning.

The PowerPoint presentations and videos of all the modules in this series are available on the HUD landing page. Should you need more in-depth technical assistance related to infection control and prevention in congregate facilities like emergency shelters and day centers, or in your non-congregate shelters, please visit the HUD Exchange at www.HUDExchange.info. In the “Program Support” dropdown at the top of the homepage, select “Request In-Depth Assistance” and follow the instructions on the next page.

The goal of this module is to focus on the basics of personal protective equipment, or PPE; cleaning and disinfection; and how to prepare your facilities for the upcoming winter to mitigate the spread of infectious disease. The guidance in this module will assist continuums of care, shelter leadership, and shelter staff to design their winter plans and update policies and procedures as needed, and will provide information on the day-to-day facility management and operations.

If you have never created a winter plan before, we encourage you to review the Infection Control and Winter Planning Guide located on the HUD Exchange. This guide will provide the resources you need to get started.

As you prepare for winter, your policies and protocols may need to be adapted to new information about mpox, COVID-19, the flu, norovirus, RSV, and other infectious diseases. Are your policies current and do they include measures for infection prevention and control?

What PPE and additional supplies will you need?

When you review and update your cleaning and disinfection protocols and other plans, identify what additional supplies (such as bandages, masks, gloves, gowns, and cleaning products) you’ll need to address new threats like mpox. Use the [Centers for Disease Control and Prevention \(CDC\) PPE Burn Rate Calculator](#) and work with public health partners to calculate the specific amount of various supplies that residents and staff may need.

Check out the CDC’s website for the latest posters and messaging to share with staff and residents about PPE and proper cleaning and disinfection to ensure everyone has the most current information. Module #2 of this series highlights key communication strategies that may be helpful for your facility.

Residents and staff should be encouraged to self-monitor for infectious disease symptoms, which commonly include fever, fatigue, headache, and body or muscle aches. Individuals who notice symptoms of infectious disease should see a healthcare professional and isolate themselves away from the facility to limit the spread of the virus. As a reminder, shelter entry should not be denied to anyone

regardless of symptoms or exposure to infectious disease. Where possible, use temporary isolation spaces and ensure pathways and coordination to other shelters or housing opportunities.

Specific to mpox, anyone with an exposure to people or animals who have tested positive should monitor their health or be monitored for signs or symptoms for 21 days after their last exposure. If a staff member is concerned about personal exposure, refer to internal workplace policies so they can safely isolate while screening for symptoms. If a rash occurs, an individual should be evaluated by a healthcare provider and undergo testing. Follow appropriate, temporary isolation procedures and connect with your local health department immediately.

Some individuals such as young children or people with cognitive disorders may be unable to communicate the onset of symptoms. Shelter team members should watch for changes in behavior and temperament that could signal uncomfortable symptoms such as fatigue or headache.

During the COVID-19 pandemic, we learned about the importance of consistent cleaning and disinfection of spaces and facilities to reduce the spread of infectious disease. Those same systems and operational standards will be helpful when mitigating the spread of all infectious diseases such as the flu, norovirus, and mpox. Here are some basic cleaning procedures to help you get started.

Cleaning and disinfection provide different levels of protection. Cleaning removes dirt, dust, and other debris from surfaces and disinfection removes bacteria and viruses from surfaces. During times of increased infections, such as in cold months when more people are indoors, facilities should incorporate enhanced cleaning regimens to reduce infectious disease spread. In addition to enhanced cleaning regimens, spaces and surfaces should always be disinfected after exposure to someone with a known infection. Clean any contaminated area with products containing soap and detergent and use bleach for surfaces to reduce the risk of infection. Always read labels and use products in their intended ways and wear PPE while cleaning or disinfecting.

Check out the Environmental Protection Agency's (EPA's) list of products that are effective against COVID-19, flu, and other infections.

When cleaning or disinfecting with these products, consider the type of surface. Is it soft and porous like a couch, or hard like a bathroom fixture? Different types of surfaces may influence how germs can spread. Because mpox in particular can transmit through direct skin contact and through rashes and scabs, it's important to make sure soft surfaces like upholstered furniture, carpets, and rugs are cleaned and disinfected appropriately. When thinking about the flu or stomach bugs like norovirus, focus more on disinfecting hard surfaces like doorknobs and light switches, pens, elevator buttons, and keyboards.

One specific note on laundry and mpox: Laundry is not typically a concern when thinking about infections such as flu or COVID-19, but laundry contaminated by a person with mpox should not be mixed with other laundry. Do not shake or handle dirty or contaminated laundry in a way that may spread particles with the virus into

the air. Wash laundry in a standard washing machine with detergent, following instructions on the label. Laundry sanitizers may be used but are not necessary.

In your review of cleaning and disinfection policies, consider whether your meal and bathroom management protocols need updating.

If your facility does not have such a plan in place, refer to the HUD Exchange website. and visit <https://files.hudexchange.info/resources/documents/MPX-Preparedness-Considerations-for-Homeless-Shelters.pdf> to learn more.

In addition to regular cleaning and disinfection, you should implement the following recommended bathroom procedures.

- Increase cleaning and disinfection of bathrooms, kitchens, and all high-traffic areas to mitigate the spread of infectious disease.
- When possible, designate separate bathrooms and showers for residents who are ill.
- When separate bathrooms are not available, create a schedule so that people may access showers at regular intervals.
- Leave cleaning supplies in bathroom stalls and encourage residents to wipe down touchable surfaces after each use.
- Provide residents with a clean bath towel upon entry to limit the sharing of potentially contaminated towels.
- Stock bathrooms with hand sanitizer, soap, paper towels, and cleaning supplies.
- Ensure that running water is available in all bathrooms and that toilets are in working order.

Follow these meal management protocols:

- Enable contactless meal access to protect residents, staff, and volunteers picking up meals at entry or exit points.
- Deliver meals to rooms or areas occupied by residents who are infected or symptomatic.
- Provide disposable disinfectant wipes and cleaners so residents and staff can wipe down dining tables before and after eating.
- Follow temporary isolation guidance protocols regarding communal dining space.
- Wash used dishes and eating utensils in a dishwasher with detergent and hot water or by hand with hot water and dish soap.
- Seal and immediately remove all trash.

Wearing proper protection is essential to keep staff, volunteers, and residents safe from infections. Typical PPE includes a fitted KN95 mask, a gown, eye protection, and/or gloves. Your policies and procedures should be clear about who should use

PPE, which PPE should be used in each scenario, and how to properly use PPE. Ensure proper training on PPE and the use of cleaning and disinfecting products, and review your training on a regular basis.

Given the risks associated with caring for sick residents, only essential staff should be allowed in the locations they inhabit. Providers should use hazard pay and other incentives to compensate staff serving in this high-risk position.

Anyone cleaning (or in the case of mpox, providing laundry services) for individuals who are ill should wear PPE and follow recommendations from the CDC including:

- Follow proper wet and dry-cleaning methods for each type of infection.
- Be sure to wash hands for at least 20 seconds immediately after removing gloves. Use an alcohol-based sanitizer if soap and water are not available.
- Place any gloves, bandages, or other waste and disposable items that have been in direct contact with individuals who have mpox in a sealed plastic bag before discarding in a dedicated trash can.

For more information, visit the CDC [mpox landing page](#).

Thank you for joining us. Make sure you save the resources we provided that offer additional information about infectious disease mitigation. Be sure to check out Module #4, which will focus on isolation and operational considerations for congregate facilities.