Infectious Disease Toolkit for Continuums of Care:

Preventing & Managing the Spread of Infectious Disease for People Experiencing Homelessness

March 2020

Prepared for

The U.S. Department of Housing and Urban Development

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Preventing & Managing the Spread of Infectious Disease
for People Experiencing Homelessness

Contents

Acknowledgements

The experience of homelessness places individuals at greater risk of exposure to a variety of infectious diseases including hepatitis A, tuberculosis, and influenza, and contagious parasites including lice, scabies, and crab louse. The recent hepatitis A outbreaks occurring in multiple states throughout the country among individuals experiencing homelessness show a higher number of hospitalizations and deaths than usually reported for individuals infected with hepatitis A (CDC). The prevention and management of these health issues becomes the responsibility of a broad range of homeless service providers and other stakeholders such as public health and infectious disease specialists, emergency departments, and recovery service providers. It is essential for Continuums of Care (CoCs) to be well versed in preparedness strategies and intervention measures and to work with key stakeholders to prevent and control the spread of infectious diseases among people experiencing homelessness. CoC leadership (Collaborative Applicants and CoC Boards) are responsible for ensuring that CoC homeless service providers are prepared to respond rapidly and effectively to all emergencies and infectious disease outbreaks that may adversely impact people experiencing homelessness.

The purpose of this document is to familiarize CoC leadership with practical skills to develop a comprehensive strategy to both prepare for and respond to a public health emergency using trauma-informed methods that minimize the impact on people experiencing homelessness. Each section provides tools and resources to operationalize the concepts into concrete, action-oriented plans that can be activated on demand. The end goal of these plans is to ready a CoC to effectively prevent and respond to outbreaks within their geography. The Collaborative Applicant, as the primary coordinating and planning entity for the CoC, should leverage the expertise of public health agencies, federally qualified health centers, and other healthcare partners to strengthen the CoC's preparedness and ability to respond to infectious disease spread.

This document is broken up into three primary phases of management of infectious diseases: Preparation, Mitigation, and Response. Each section provides the general knowledge for developing an effective strategy implemented through education/training, communication, and key resources. These key components recur in each phase. However, they change in scope, intensity, and approach. While each of the three phases hold distinct functions, some overlap and redundancy exists in key areas where appropriate. Each section contains sample tools and resources for the implementation of an infectious disease response strategy. Overall, the process of moving from preparation to response utilizes a strategy of increased leadership and involvement of public health officials as illustrated in the following graphics:

Visual 1 *illustrates general activities that should occur in the Preparation, Mitigation, and Response phases. Public health involvement increases over the course of each phase.*

Preparation

Planning

Coc Support: Resources, Tools & Supplies

Communication

Training & Education

Mitigation

Training & Education

CoC Support

Communication

Response

Public Health Emergency

Training & Education

CoC Support

Communication

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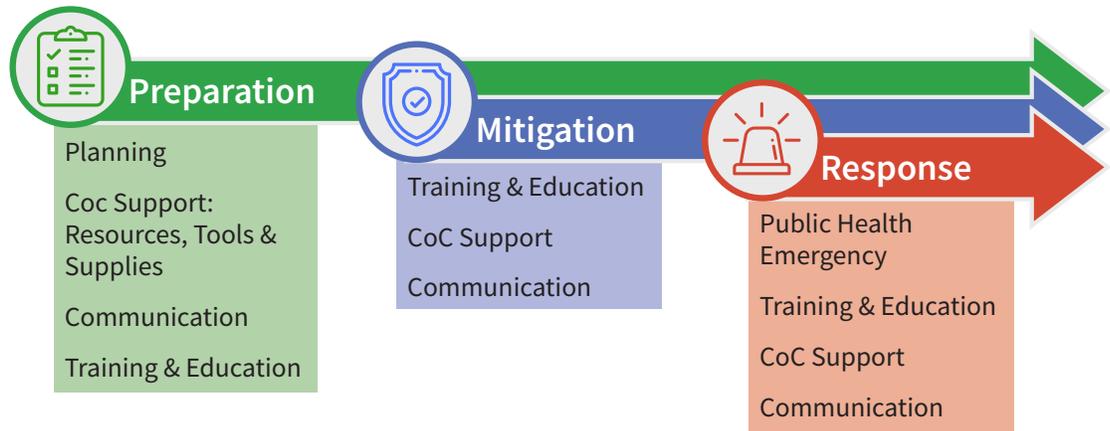
Visual 2 illustrates more detailed CoC activities that may occur during Preparation, Mitigation, and Response phases. These activities also require increased public health involvement from the time street outreach or other providers identify a public health issue to the time a public health emergency is declared.

	Public Outreach Presence → **Preparation**	**Mitigation**	**Public Health Emergency Declared** → **Response**
Planning	CoC creates infectious disease response plan, defines roles of partners and stakeholders in the plan, and assesses weak spots and vulnerabilities.	Plans move from CoC preparation plans to public health (PH) response plans, as determined by PH officials. Strategies may include developing isolation procedures, developing screening protocols, and incorporating heightened sanitation measures.	PH response and communication plans are put into action as directed by public health officials.
Communication	Develop communication plan to ensure all stakeholders receive timely and appropriate information to prevent and respond to an outbreak. Use critical incident report template (examples on page 16).	PH officials communicate directly with providers about mitigation efforts such as vaccination, sanitation, and reporting. CoCs can play a role in reinforcing key PH messaging among providers.	PH leads outbreak response communication and directs CoC on how and what to communicate to its providers. CoC communicates with providers to ensure they implement PH directions appropriately.
CoC Support	Assist homeless service providers to assess gaps in ability to respond and ensure they receive the resources and supplies needed.	CoC leadership provides support to PH officials by facilitating communication of providers' needs to public health officials.	CoC relays needs of providers to PH and assists, as directed by PH, in connecting providers with needed resources.
Training & Education	Provide training to CoC providers on roles and responsibilities to prevent and respond to infectious disease outbreak.	CoC leadership ensures that mitigation practices recommended by PH partners are effectively implemented across the CoC. PH officials will be more directly involved with the dissemination of information and resources.	Geared towards direct and immediate implementation. Adjustments put into place to reflect disease-specific protocol.

PREPARATION

Preparing the community to respond to a health outbreak involves planning, identifying resources, establishing lines of communication with key partners, and training frontline staff to improve operational capabilities. This section contains guidance on these important components of preparing for an infectious disease outbreak within a CoC.

Planning

Developing a Response Plan

CoCs will find it beneficial to maintain a response plan that details a response to an actual infectious disease outbreak. The plan would include policies and procedures on sanitation, screening, reporting, response, communication, and involvement of public health officials. While the response phase is largely led by public health officials, CoCs could work with officials to draft a plan describing how the partnership will function. CoCs should engage partners in local public health, local healthcare for the homeless partners, and local PATH grantees. Creating this in advance of an actual outbreak will provide a script to facilitate a rapid and effective response. Roles and responsibilities of CoC leadership, CoC homeless service providers, and public health officials will be clearly defined, and all parties will be prepared to do

Preventing & Managing the Spread of Infectious Disease
for People Experiencing Homelessness

their respective part. Once developed, the plan will be approved by public health officials, continually updated, distributed to all CoC homeless service providers, and used in regular CoC-wide trainings.

Identify Partners and Stakeholders

CoC leadership can facilitate a public health response by ensuring needed partners are involved and familiar with the infectious disease response plan prior to any outbreak. Community organizations, such as those listed below, may not be a part of normal CoC course of business but will need to be involved and even take a lead role in a CoC's response to outbreaks in the homeless community. These public and private partners bring together medical and crisis response expertise that are critical to an effective response. Partners should be prepared to respond as a part of a single, coordinated community response. These partners may include:

▶ **Emergency Medical Service Providers:** Providers include Health Care for the Homeless, Federally Qualified Health Centers, local hospital emergency room staff, and other emergency responders who may encounter individuals who are infected.

▶ **Housing Providers:** Housing providers of all types, whether CoC-funded or not, may be needed for triage and screening or as alternative care locations.

▶ **Supportive Services Agencies:** Community-based organizations that provide necessities to people experiencing homelessness such as food, respite, healthcare, hygiene, shelter (drop-in centers), information (public libraries), or transportation may be utilized by public health to provide support services as part of a response. They may also help with identification of individuals suspected of infection.

▶ **Law Enforcement:** Law enforcement departments are often very knowledgeable about locations and conditions of individuals experiencing homelessness. Law enforcement can be a critical resource as part of any emergency response.

▶ **Emergency Management Agencies:** Emergency management agencies typically support the local lead agency for mass care, including general population sheltering. In some jurisdictions, emergency management will serve as the lead mass care agency.

► **Behavioral Health Agencies:** Providers play a vital role in ensuring continuation of care, treatment, and housing for clients within the behavioral health system. They may be involved in assessing and leading the response to behavioral health issues at care sites.

► **State-Level Government Agencies:**

- **Public Health:** State public health agencies typically serve as the lead agency in health and medical emergency functions. They often coordinate staffing and healthcare volunteers, provide basic medical care, and coordinate alternative care sites or closing of shelter sites.
- **Social Services:** State social service agencies provide counseling and other essential social services.
- **Emergency Medical Services:** Emergency medical services assist in coordinating the state's mobile medical assets to support local response.

► **Federal Agencies:** Public health will be in close coordination with federal agencies, which may primarily include Centers for Disease Control (CDC), Department of Veterans Affairs (VA), Federal Emergency Management Agency (FEMA), Department of Housing and Urban Development (HUD), United States Interagency Council on Homelessness (USICH), Department of Health and Human Services (HHS), and others to coordinate the response, secure additional resources, and request additional assistance.

► **Local Health Departments:** Local health departments provide front line leadership for delivery of basic public health services and communicating time-sensitive information to people in areas affected by infectious disease.

► **Volunteer Crisis Response Organizations:** (e.g., Red Cross, Medical Reserve Corps) Communities may have various types of volunteer-based community emergency response teams (both medical and non-medical) who may be deployed as part of a crisis response.

► **Private Sector:** Businesses including facility owners, pharmacies, members of the disability community, contractors, and other stakeholders are often the primary provider of critical services to the public, and possess knowledge and resources to supplement and enhance public efforts.

Vulnerable Populations Action Team (VPAT)

Dedicated effort should be given to prepare CoC providers for an infectious disease outbreak. One model is to use a team such as Seattle's VPAT model, which includes a diverse cross section of staff with public health expertise in vulnerable populations, preparedness, and infectious diseases. Public Health-Seattle/King County (WA) developed the Vulnerable Populations Action Team (VPAT) to ensure that vulnerable populations have access to public health information and services about preparedness, response, and recovery. The team's goals are:

▶ To identify and better understand the preparedness, response, and recovery needs of Community Based Organizations (CBOs) that serve vulnerable populations;

▶ To enable CBOs to have the skills and capacity to train their staff and clients to continue delivery of core services and to provide basic response and recovery services;

▶ To ensure that essential public health information will reach residents in all vulnerable population segments prior to and throughout an emergency event; and

▶ To integrate vulnerable population planning activities into all government, healthcare, CBO, and internal public health systems.

Source: Center for Infectious Disease Research and Policy, VPAT Standards

Assessing Weak Spots & Vulnerabilities

All CoCs have weak points and vulnerabilities that affect their ability to adequately respond to infectious disease outbreaks, and these areas are constantly changing. It is not just the weak points, but the lack of awareness of those points in advance of an outbreak, that compromise response efforts. When CoC leadership knows in advance where weak points exist and have factored this into their preparation and response plan, they can ensure resources are distributed proportionately to serve these locations. For example, if leadership knows which homeless encampments do not have accessible handwashing facilities and public toilets, they know to prioritize these encampments both for infectious disease screening, periodic public health visits, and enhanced street outreach. If leadership knows which shelters are run by volunteers with little capacity to handle duties beyond the day-to-day tasks of sheltering individuals, these shelters may need extra staffing or volunteer assistance should an outbreak occur.

CoC leadership can assess weak points and vulnerabilities in their CoC homeless service providers' abilities to respond to an infectious disease outbreak by discussing preparedness measures with providers as part of routine project operations, conducting site visits, and holding interactive trainings regularly. The

information gathered from these activities will better inform the CoCs of their unique vulnerabilities and help them create an effective preparedness plan. An effective plan is one that is responsive to the specific conditions of the respective CoC. Additionally, CoC leadership can conduct a readiness assessment survey of homeless service providers and outreach teams to identify those providers who may need additional assistance. Simply knowing which shelters and outreach teams will need extra support in advance of an outbreak, for example, improves the effectiveness of the overall response by informing leadership where resources should be directed. Once identified, CoC leadership can develop a plan to assist providers in becoming adequately prepared.

This vulnerability assessment will also identify key partnerships needed. For example, since encampments are constantly changing as a result of various conditions, partnering with harm reduction and needle exchange programs can be effective, as there is often overlap between individuals experiencing homelessness and injection drug users with substance use disorders. Homeless service providers and outreach teams may need support with any number of the following resources:

▶ Extra staff or volunteers

▶ More information on how diseases spread and how to properly sanitize

▶ More supplies

▶ Direction on how to screen residents for disease and/or how to identify and effectively isolate individuals who are sick

Training & Education

CoC leadership should ensure that the homeless service providers within their Continuum of Care understand their role and have the necessary skills to respond rapidly and effectively to a variety of health issues. The CoC leadership can help coordinate the delivery of training for homeless service providers on common infectious diseases that spread within shelters and housing programs and those that spread in unsheltered locations such as encampments.

Preventing & Managing the Spread of Infectious Disease
for People Experiencing Homelessness

Key aspects of a CoC education strategy include developing training topics, determining training methodology and frequency, and ensuring audience-specific content (e.g., shelter providers, street outreach teams, etc.) is adequately addressed. To develop a training and education strategy that addresses infectious disease spread, CoC leadership should first consult with public health officials to gain a clear understanding of components of a comprehensive training plan. Next, leadership should engage with homeless service providers to determine gaps in education and training. This could be done through an open meeting designed for shelters to share their current infectious disease and sanitation staff training protocols with leadership. Alternatively, CoC leadership could gather existing training practices from its membership by conducting electronic or paper surveys. The information will be useful as a starting point to understand current practices, knowledge, and gaps in training.

Training should be conducted with CoC homeless service providers and other relevant CoC stakeholders at least annually. It could be included as part of the annual distribution of CoC awards or at specific times of year (i.e., prior to influenza season).

Tips for Developing Effective Trainings:

▶ During content development process, use the expertise of individuals who have experienced homelessness and stakeholders with outbreak response experience to inform content. Involve trainees in planning instruction and evaluating their results.

▶ Determine frequency of trainings (quarterly, semi-annually) and modalities used (in-person, webinar, conference call) for each training audience. When possible, incorporate in-person trainings for new staff to increase material retention and participation. Incorporate material that appeals to visual, auditory, and kinesthetic learners.

▶ Include role-plays in curriculum when possible. Include scenarios directly related to trainees' jobs.

▶ In addition to a more detailed Disaster and Infectious Disease Plan, develop several audience-specific samples that providers can adapt for staff and clients. Simple one-page, plain-language instructional documents can be more effective for everyday, practical use.

Below is a list of resources for training CoC leadership and agency directors, shelter managers, shelter frontline staff, and outreach staff on effective communication, preparation, and safety strategies for responding to an infectious disease outbreak or other health crisis.

CoC Leadership and Agency Directors

▶ Communication Planning: Develop a thorough CoC crisis communication plan

▶ Developing and Operating an "Incident Command" System (Seattle/King County)

Shelter Managers

▶ Onboarding New Staff: Familiarize staff with shelter standards, policy, and protocols around preparing for an infectious disease outbreak

▶ Developing Baseline Shelter Standards: Baseline policies and procedures on infectious disease outbreaks (Infectious Disease Outbreak Plan and Policies, pg. 42-43). Sample policy: (NHCHC, pg. 73)

▶ Planning for Maintaining Operations w/ High Worker Absenteeism:

   – Get Your Community and Faith-Based Organizations Ready for Pandemic Flu (CDC, pg. 11)

   – Pandemic Flu Checklist (Workplace Administrators, CDC)

   – Doing Business During an Influenza Pandemic (CIDRAP)

▶ Communicable Diseases 101 - Signs and Symptoms, When to Seek Medical Care (The Health Care of Homeless Persons, Part 7)

▶ Care of the Homeless: An Overview (American Family Physician)

▶ Stockpiling Supplies Needed for Response (List of Infection Prevention & Control Equipment/Supplies Needed for Shelters)

▶ Establishing Shelter Vaccination Policies & Expectations (CDC Vaccination Schedule)

▶ Posting culturally and linguistically appropriate respiratory and hand hygiene signs

Shelter Frontline Staff

▶ Communication: How, when and what to communicate with management, other staff and clients about infectious disease (Trauma-informed approach)

▶ Vaccinations 101 (CDC Vaccination Schedule)

▶ Sanitation 101 - Disinfection Guidelines (Michigan Hepatitis A Sample); Food Handling, pg. 3; Stop Germs - 7-part short video training series (Seattle/King County)

▶ Shelters and TB: What staff need to know to create a healthy and safe shelter environment (Curry International Tuberculosis Center)

▶ Communicable Diseases 101 (Signs and Symptoms, pg. 7)

▶ Sanitation 101:

   – Disinfection Guidelines (Michigan Hepatitis A Sample)

   – Toy Sanitation (Association for Professionals in Infection Control and Epidemiology, APIC, pg. 52)

   – How to Clean Up Vomit, Diarrhea & Blood (Seattle/King County)

   – Removing Personal Protective Equipment (CDC)

Outreach Staff

▶ Reporting Requirements of Outreach Workers: When and how to report signs and symptoms. Contact public health to assist with this training.

▶ Communicable Diseases 101 - Signs and Symptoms (Boston Health Care for the Homeless, The Health Care of Homeless Persons, Part 7, 2004)

▶ Stocking your Outreach Worker Supply Toolkit (Seattle/King County, pg. 14)

▶ Health center & public health community-based resources

▶ Prevention activities to prevent the spread of disease among unsheltered homeless

▶ Operators (Hepatitis A, Seattle/King County)

CoC Support

Resources available to homeless assistance providers vary widely. Consequently, not all providers may be equipped to adequately prepare for or respond to infectious disease outbreaks due to lack of funds, supplies, and/or staff. While each provider is responsible for caring for the individuals housed in their facility, some may need more support than others in performing the additional duties associated with preparing for and responding to an outbreak. This section provides information on strategies and tools that CoC leadership can provide to ensure CoC homeless service providers know how to prepare for an outbreak and are equipped to do so.

Supplies

A critical component to infectious disease prevention is ensuring that shelters and housing programs have the necessary supplies in stock to maintain a disease-free environment. These supplies can be organized into simple, easy-to-use checklists to ensure shelters can appropriately mitigate and respond to outbreaks. The checklist should include many of the items listed in the table below.

CoC leadership should work with homeless assistance providers to organize bulk purchase of supplies or coordinate with public health agencies to gain access to certain supplies.

Providers may need assistance in identifying funding sources for obtaining supplies. While local public and private funding sources should be used to pay for related expenses, multiple federal funding sources can also be used to pay for needed supplies. The following federal grant programs could be used to purchase items needed to prepare for infectious disease outbreak:

► [Emergency Solutions Grant](#) (ESG)

► [Healthcare for the Homeless Council](#)

► [Red Cross](#)

► [Hospital Preparedness Program](#)

► [Community Services Block Grant](#) (CSBG)

► [Community Development Block Grant](#) (CDBG)

Sample List of Recommended Supplies to Keep Available

Category	Description
Personal Protective Equipment (PPE)	Gloves, surgical masks and goggles
Cleaning Supplies	Large and small garbage bags and other waste disposal supplies
Hand Hygiene Products	Soap, paper towels, hand sanitizer, hand wipes, and tissues
Thermometers & thermometer covers	Approximately one thermometer for every 10 infected clients should be adequate; clean between use per product instructions
Medications	Used to bring fevers down, such as acetaminophen
Bags	Re-sealable zip-top plastic bags - for example, large Ziploc® bags
Disinfectant	e.g., bleach to make a weak solution of 1 part bleach to 9 parts water; Lysol®; or other household disinfectants
Linens	Extra linens, towels, blankets, sheets, hospital gowns, and robes
Dividers	Sheets, curtains, twine and nails to rig up barriers for isolation of sick (plastic shower curtains could also be used for this purpose)
Extra fluids & foods	Juices, Gatorade® or Gatorade® instant mix (powder), Pedialyte®, instant soups, Jell-O®, teas, etc.

Infection Prevention and Control for Shelters During Disasters: pp 32-33

Outreach Kit

Outreach workers should be adequately trained and equipped to protect themselves from exposure to infectious disease. Staff need to be familiar with personal protective measures and how to effectively use standard personal protective equipment to minimize their risks of infection. During an infectious disease outbreak, every worker doing outreach activities with clients should carry the following supplies (per visit) (Seattle/King County, pg. 14):

► Two pairs of disposable rubber gloves

► Two pairs of non-latex, puncture-proof gloves

► Two N95 Respirators

► Two pairs of goggles

► One bottle of personal hand sanitizer

► 10 moist (preferably alcohol-soaked) hand wipes

► Insect-repellent wipes

► Water

Local Guidelines for Sanitation

Maintaining proper sanitation in congregate shelters effectively limits the spread of infectious disease among people experiencing homelessness. Following shelter sanitation protocol has a significant impact by reducing the transmission of infectious disease on surfaces, in the air, and by improper food handling. While communication of sanitation protocols will be a large part of any public health response to outbreaks, maintaining sanitation standards can prevent an outbreak from occurring. CoCs should adopt shelter sanitation guidelines, which prevent or slow the spread of disease in shelter environments. Homeless service providers should be included in the development of these guidelines to inform their practical application. Extra training and support may be needed for some shelters to effectively implement sanitation guidelines. More information on sanitation standards is found in a companion document to this one entitled "Infectious Disease Toolkit for Continuums of Care: Preventing & Managing the Spread of Infectious Disease Within Shelters."

CoCs may decide that incorporating these standards into contracting requirements, evaluation, and funding/award processes is a helpful enforcement mechanism.

Communication

Establishing a consistent communication strategy among key stakeholders is central to preparing for an effective infectious disease response and ultimately saving lives.

If a project is serving an individual that is believed to or known to have an infectious disease, communication strategies should be in place to:

► Coordinate care for individuals who are sick and experiencing homelessness. This includes activities such as arranging transportation for individuals who are sick and/or securing an appropriate, safe location where people can stay during the illness. Having established relationships and referral processes with local clinics can help to ensure quick access to care.

► Protect other residents and staff of the project by communicating infection control measures such as posting basic sanitation information to all sheltered and unsheltered individuals experiencing homelessness using simple, timely, accurate, relevant, credible, and consistent messaging. Examples: Hepatitis A Hand Washing Flyer, Shigella

► Communicate with the broader homeless system and external partners. The primary role of CoC leadership is both to communicate with CoC homeless service providers and to coordinate communication with stakeholders external to the CoC. Examples of external stakeholders include public health officials, local government, federally qualified health centers, non-CoC affiliated homeless service providers, and other healthcare partners.

Developing a CoC-wide communication strategy ensures all stakeholders receive timely and useful information needed to respond appropriately in the event of an infectious disease outbreak. When each stakeholder understands their role and is ready to act in the event of an emergency, the CoC is well prepared to minimize illness. The below graphic details key components of a communication strategy designed to prepare for infectious disease outbreaks within a CoC as well as specific messaging for each key stakeholder group.

When should communication occur?

Specify timeline standards for reporting information

Determine when and how frequently to provide updates to each audience in the event of an outbreak

Who is involved in communication strategy?

Identify single point of contact (and back up person) for each stakeholder

Decide on regular schedule to communicate/meet with contact person

How should the information be communicated?

Determine how hard copies of communication plan will be provided for each stakeholder

Determine primary means of communication for each audience

What information should be relayed?

Specify which information should be relayed to each stakeholder

Incorporate information into stakeholder-specific critical incident reports

How to Communicate

Understand that, for many people, especially for those who are experiencing homelessness, it is important to use a trauma-informed approach to messaging. A trauma-informed approach acknowledges that people experiencing homelessness are likely have past trauma and those experiences may negatively impact their reactions to messages about a public health crisis. Sensitivity to trauma can improve communication and public health compliance at every phase of emergency management (United States Department of Health & Human Services). Additionally, consider using the STARCC Principle (Simple, Timely, Accurate, Relevant, Credible, Consistent) in crafting messages. Ensure that all communication—both written and verbal—is provided in a culturally appropriate manner and in as many languages as needed.

Use Crisis & Emergency Risk Communication (CERC) guiding principles to develop a communication strategy for infectious disease outbreaks. The CERC Manual describes the principles of crisis and emergency risk communication and how to address different challenges while communicating during a crisis or emergency. It provides guidance for all stages of an emergency and can be applied to any public health emergency. A number of CERC templates, tools, and checklists are available to use in crisis communication around infectious disease.

Each component of a communication strategy will differ slightly based upon the key stakeholder audience. The table on the following page contains important considerations to keep in mind when designing strategies for each audience.

Samples: Communication Plans and Strategies

- ▶ Crisis + Emergency Risk Communication (CERC) in an Infectious Disease Outreach Fact Sheet, CDC
- ▶ Crisis and Disaster Planning, The Arc
- ▶ Emergency Preparedness and Response, CDC
- ▶ Influenza Prevention Print Materials, CDC

Critical Incident Report

Many CoCs already have local forms in place known as Unusual Incident Response Forms or Critical Incident Forms for shelters and housing programs to alert CoC leadership about critical incidents. These forms serve an important function for CoCs to understand the type and frequency of problems that occur so they can design and improve upon existing policies and procedures. They are often the vital first step in improving client safety. These existing forms can be used or modified as a first level of communication in case of an infectious disease concern. CoCs should detail in their communication plan how shelters in the CoC will notify CoC homeless service providers about suspected or confirmed cases of infectious disease while adhering to applicable privacy standards. The documents are most effective when they contain plain language, are easily accessible, and are short in length.

Samples: Critical Incident Report Templates

- ▶ Shelter Incident Report, New York State
- ▶ Serious Incident Reporting Form, Calgary Homeless Foundation
- ▶ Critical Incident Reporting Forms, The Community Partnership for the Prevention of Homelessness, Washington, D.C.
- ▶ Providers Critical Incident Reporting, Iowa Medical Enterprise

Audience	People Experiencing Homelessness	CoC Shelter, Housing & Outreach Programs	CoC leadership (CoC Collaborative Applicant and CoC Board)	Public Health
Purpose	Ensure swift access to healthcare and ability to protect against infection & spread	Safeguard people experiencing homelessness and program staff	Coordinate infectious disease response within the CoC & with public health	Ensure effective overall response with homeless population and safeguard the broader community
Key Messaging	How to prevent disease spread (handwashing, cough etiquette, not sharing needles, etc.) How to access treatment Available resources (vaccine clinics, where to go for more information)	How to protect staff from disease spread (vaccination, sanitation, handwashing, etc.) How to identify clients who may be sick How to coordinate care for sick clients How to comply with sanitation and response efforts Use critical incident reports (examples on page 16) to relay information to Collaborative Applicant	Need to establish oversight protocols How to coordinate providers How to communicate incidents of outbreak among CoC homeless service providers Ensure role within larger response system is understood Initiate critical incident report form (examples on page 16)	Communicate needs and gaps Ensure CoC is recognized as an essential partner and involved in developing response
Intended Result	Coordinated early access to healthcare saves lives	Improved access to care for sick people experiencing homelessness, awareness of signs of sickness, and compliance with public health protocols	Established safety protocol incorporated across CoC to contain the spread of disease	Limited spread of disease to the broader community

MITIGATION

In addition to preventive measures, mitigation activities may be conducted in partnership with public health officials and may function to reduce the negative impact of outbreaks when they occur. Mitigation activities take place both before an outbreak, to reduce the chance of its occurrence, and during an outbreak alongside response measures to contain the spread and impact. While some overlap exists between mitigation and response, the level of intensity of the interventions for mitigation are less than they would be for an intervention in the response stage.

Mitigation begins when there is an increased risk, such as an outbreak in a nearby community or when confirmed cases exist but the number has not risen to the level of outbreak. In most situations, mitigation practices will be managed by public health partners. The active role of public health staff, in partnership with CoCs, is critical to ensuring that mitigation efforts are coordinated. The CoC's adoption of mitigation practices is an important component to disease containment.

With limited access to bathroom or hand-washing facilities, people experiencing homelessness, especially in unsheltered situations, live in an environment ripe for infectious disease transmission. San Diego established an effective response to the hepatitis A outbreak in homeless encampments by providing and maintaining portable hand-washing stations and providing vaccinations to prevent transmission.

Preventing & Managing the Spread of Infectious Disease
for People Experiencing Homelessness

Typically, a mitigation strategy will include developing procedures to isolate and treat infected people experiencing homelessness as they are identified, developing screening protocol at shelter entry points, and incorporating heightened sanitation measures. In many instances these mitigation practices may change the way a shelter intake process is managed, adjust key activities such as meal preparation and dissemination, change sleeping arrangements, or alter the entire way in which a shelter operates.

Samples: Mitigation Strategies

► Protect Yourself from Hepatitis A (poster for clients/public)
► CDC Hepatitis A Outbreak (flyer/poster for clients/public)
► Guidelines for Preventing and Controlling Tuberculosis in Atlanta Homeless Housing Facilities
► Cough Alert Referral Form (tuberculosis-focused) between Public Health and Shelter
► CDC Adult Immunization Schedule for Ages 19 Years or Older, United States, 2019

Training & Education

CoC leadership plays an important role in ensuring mitigation practices recommended by public health partners are effectively implemented across the Continuum of Care. CoC leadership should be involved in coordinating trainings for shelter staff, disseminating information, and ensuring compliance with public health protocols throughout the Continuum. CoC leadership can directly and indirectly support the execution of public health mitigation strategies in the event of infectious disease outbreak.

In the mitigation phase, public health officials will be more directly involved with the dissemination of information and resources. CoCs can ensure trainings occur with shelter staff in a way that disseminates correct information consistently and effectively to its membership. See table on the next page for sample training topics for the mitigation phase.

Below is a list of resources available online that can be used to learn about infectious disease spread, to adapt and create local trainings, or to modify and incorporate into local CoC planning. Each section recommends a target audience that may benefit most from the resource.

Shelter Managers

- Staff, Volunteer, & Client Screening (Syndromic Surveillance Assessment/Triage Form and Poster, pg. 34)
- Communicable Disease 101 - Signs and Symptoms of Current Disease Outbreak; When to Seek Medical Care (Boston Health Care for the Homeless, The Health Care of Homeless Persons, Part 7, 2004)
- Proper Use of Supplies (Personal Protective Equipment, pg. 12-17)
- Shelter Vaccinations* (CDC Vaccination Schedule)
- Preparing for Outbreaks (Get Your Community and Faith-Based Organizations Ready for Pandemic Flu, April 2017, CDC)
- Reporting Requirements for Infectious Diseases (Directory of Local Health Departments)

Shelter Frontline Staff

- Sanitation 101*
  - Disinfection Guidelines:
    - Michigan Hepatitis A Sample
    - King County, Food Handling (pg. 3)
  - Hand Hygiene:
    - APIC, Infection Prevention and Control for Shelters during Disaster (pg. 11-12, 42)
    - King County, Communicable Disease Control Hand Washing (pg. 2)
  - Disposal of Waste Generated in a Shelter (API, Infection Prevention and Control for Shelters During Disaster, pg. 50)
- Communicable Diseases (specific to current outbreak):
  - King County, Signs and Symptoms (pg. 7)
  - Poster/Flyers for Clients, King County (Shigella, Wound Infections, Hepatitis A)
- Isolation Precautions/Infection Control - Precautions for Points of Entry and Common Areas:
  - APIC, Infection Prevention and Control for Shelters During Disaster (pg. 7, 10)
  - Seattle/King County, An Influenza Pandemic Planning Guide for Homeless and Housing Service Providers (pg. 17)
  - Flyer for Shelter Staff (How to Reduce Flu in Shelters)
  - Isolation and Quarantine (CDC)
- Infection Control Triage (APIC, pg. 36)

Outreach Staff

- Contamination/Hazard Responses - Appropriate Responses to Mitigate Risk of Self-Contamination & Spread of Disease (Seattle/King County, Sanctioned Homeless Encampments Initial Planning and Management Checklists, How to Clean up Vomit, Diarrhea, Blood)
- Prevention Activities to Prevent the Spread of Disease Among Unsheltered Homeless (King County, Training and Technical Assistance for Homeless Service Providers)
- Flyers/Poster: Health Warning for Encampment Operators, (Hepatitis A, Shigella, Seattle/King County)

*Note that these materials are also listed in the Preparation Phase Training Resources table above on page 10. Many effective methods for infectious disease prevention are the same as those used to mitigate the spread of disease.

CoC Support

CoC leadership can provide support in partnership with public health officials once an infectious disease has been identified in the CoC's geography. Shelter providers may need assistance to ensure timely and accurate communication occurs with all required parties, both internal and external to the CoC. While public health officials will be leading the public health response, the CoC leadership will need to facilitate support to providers as necessary.

Examples of Support that a CoC Might Need

CoC Support Type	Description
Technical Assistance	Shelter providers may need assistance in ensuring their respective infectious disease response strategy is consistent with the CoC's strategy. Ensure CoC providers effectively deploy their internal and external communication strategy.
Staffing	CoCs can call on other provider staff or community volunteers to assist with triage and screening and help to relieve exhausted staff (see Syndromic Surveillance Assessment/Triage Form and Poster, Appendix B).
Supplies	Providers affected by an infectious disease outbreak may experience supply shortages. In these instances, they may need to borrow supplies from other providers until they replenish.
Alternative Sheltering Strategies	An affected shelter may need to move individuals according to their preference or safety needs. Proper isolation may require space demands that reduce the number of beds available. In this instance, the affected shelter may need staff support in identifying alternative available shelter beds.

Communication

CoCs can assume that public health officials will be primarily responsible for communicating with the public, including issuing guidance on key aspects of mitigation efforts such as vaccination, sanitation, and reporting. For example, a "call center" may be established to provide referrals and information during an outbreak. It is important to understand and expect that information will change over time as an outbreak evolves, which underscores the importance of open and clear communication channels between CoC leadership and public health officials.

Additionally, the CoC will need to coordinate with public health officials about how to most effectively communicate with CoC homeless service providers during an outbreak. Public health officials will typically take the lead in communicating with providers about vital mitigation efforts. However, CoCs can play a vital role in reinforcing key public health messaging among providers. At the same time, homeless service providers should communicate with their program participants openly and often about how to protect themselves from infection or seek help if they are symptomatic. Posting flyers in prominent areas is another way to reinforce public health messaging among staff and program participants.

> **Examples: Homeless Service Provider Mitigation Communication Tools**
>
> ▶ Cover Your Cough & Clean Your Hands Flyer (Minnesota Department of Health)
> ▶ Cot or Sleeping Area Configuration (APIC, Appendix G, Page 41) To Reduce the Risk of Disease Spread
> ▶ Wash Your Hands: The Right Way! Poster
> ▶ Putting on and Removing Personal Protective Equipment CDC Poster, How to Remove Gloves (CDC)

Preventing & Managing the Spread of Infectious Disease
for People Experiencing Homelessness

The response phase follows an infectious disease outbreak and is conducted in partnership with public health officials. It is designed to provide emergency assistance focused on short-term need and reducing the probability of further spread of disease. Response is putting your preparedness plans into action during an emergency. The level of urgency is greater than it is during mitigation due to the number of cases rising at alarming rates, significant numbers of people experiencing homelessness affected, and/or difficulty of containing the outbreak.

This section describes key actions needed to effectively and safely respond to an infectious disease outbreak. Such actions are taken to save lives and prevent the spread of disease in an emergency. While responses are led by public health officials, CoC leadership will be involved as a key conduit to relay time-sensitive information to CoC homeless service providers and people experiencing homelessness. Isolating people who are infected, large public health campaigns, and community vaccination clinics are a few common examples of response activities.

Public Health Emergency

State laws authorize designated officials, such as the governor and/or their lead health officials (state and county), to declare public health emergencies. A public health emergency provides a jurisdiction flexibility in responding to emergency situations in order to save lives. When a public health emergency is declared, designated officials can issue emergency orders to reduce disease spread such as closing facilities, requiring certain sanitation practices, and expanding access to health services. Public health declarations can also provide access to emergency funding that may be necessary to dramatically expand critical health responses.

Training & Education

During the response phase of an outbreak, CoC leadership will continue to communicate information to homeless service providers. The type of information and the way it is communicated will likely be at the discretion of public health professionals. If a CoC has invested time and effort into the preparation phase, providers may already be well informed and equipped with the information provided. During response, training efforts are ramped up and public health officials may provide infection-specific instructions and local directives.

Topics to be emphasized during response phase from public health will be:

▶ **Sanitation:** Providing changes to sanitation protocol based on the disease(s) present;

▶ **Infection-Specific Instructions:** Detecting signs and symptoms and using appropriate protocol for specific diseases;

▶ **Reporting:** Completing ongoing reporting of suspected or known cases; and

▶ **Changes to Workflow:** Augmenting current workflow procedures to ensure a comprehensive and thorough response is made, as directed by public health officials.

For example, in some shelters where an outbreak of hepatitis A has been confirmed, public health may need to move individuals according to their preference or due to space restrictions created by the space requirements needed to properly isolate individuals who are infected. In these instances, the affected shelters may look to other providers or large community spaces for overflow beds. Additionally, public health may explore alternative care sites that could provide care to indivudals who are infected, but do not require hospitalization or emergency treatment.

Samples: Education Resources Provided by Public Health Officials

▶ Guidelines for Preventing and Controlling Tuberculosis in Atlanta Homeless Housing Facilities

▶ Michigan Hepatitis A Response

▶ Influenza Pandemic Planning Guide (Seattle/King County)

CoC Support

As with mitigation, providers affected by outbreaks should look to CoC leadership to assist with their emergency needs. More specifically, providers may need assistance with:

▶ **Supplemental staffing for triage and screening:** CoCs can call on other provider staff or volunteers to provide relief for shelter workers and support functions such as screening and triage of residents at the direction of public health leadership.

▶ **Replenishing supplies:** Providers affected by an infectious disease outbreak may run out of supplies or not have enough readily on hand and may need supplies from other providers until they can replenish their inventory.

▶ **Identifying housing resources:** Use emergency funds to move impacted clients to areas where they are not at risk of spreading the infection further. CoC leadership should work with public health officials and the homeless crisis response system to identify safe placement for individuals who are infected and those at risk of infection.

Since the response stage includes full involvement and leadership of public health officials, CoC leadership may be called on by officials to assist in identifying alternative care sites and/or overflow shelter beds that could provide care to individuals who are infected who do not require hospitalization or emergency treatment. Some people infected with a disease who have non-severe symptoms may be discouraged from using hospital emergency departments to avoid overwhelming hospitals' capacities and to limit the spread of disease. CoC leadership and homeless service providers hold invaluable expertise and knowledge about overflow beds. Additionally, CoCs and their outreach teams can assist public health in identifying homeless encampment areas to ensure assistance is provided to each.

Communication

During a public health emergency, public health officials will lead communication response with the primary affected parties. This often includes increased healthcare awareness efforts, public notification and education, and outreach with vaccination clinics for high-risk populations. Public health may also activate an emergency coordination center to coordinate the response of multiple jurisdictions that may

Atlanta Tuberculosis Outbreak: Safe Housing Solution

In 2015, the city of Atlanta experienced an outbreak of drug resistant tuberculosis in homeless shelters. Many people experiencing homelessness diagnosed with drug resistant tuberculosis who were discharged from hospitals needed isolated accommodations to recover. However, often their only option for recuperative care were homeless shelters. Since tuberculosis is spread through the air, ensuring that people who have the disease can be cared for and treated in safe separate environments was essential to preventing disease spread in the homeless population.

The Georgia Department of Public Health provided funding to the American Lung Association to provide housing accommodations for people experiencing homelessness identified with tuberculosis until their condition was no longer a threat to others. In addition to providing housing accommodations, the American Lung Association was funded to provide transportation, food, clothing and personal hygiene kits to people experiencing homelessness infected with tuberculosis. A communication protocol was established that ensured when a person experiencing homelessness with drug resistant tuberculosis was identified at a shelter, it was recorded in the HMIS. The shelter called the Fulton County Board of Health to inform them of a new case. The Fulton County Board of Health then coordinated with the American Lung Association to provide transportation and housing to the patient.

The American Lung Association's work coordinating housing and care for patients who were low-income for experiencing homelessness was honored by CDC.

be involved in the outbreak. These can help coordinate and communicate support that includes responding to requests for health-related resources and developing and distributing guidelines and educational materials to meet the needs of the outbreak. Public health will also likely work with homeless service providers to institute community vaccination clinics to serve the most vulnerable residents.

CoCs may expect to see a variety of additional types of communication to the public in the event of an outbreak, including resources for advice and assistance on specific issues. For example, a "call center" may be established and staffed that would provide referrals and information during an actual outbreak. If homeless service organizations begin to have similar issues or questions, public health officials would likely take steps within the context of the larger community incident command system to provide agencies with any specific guidance they need. Information would change over time as an outbreak evolves. These steps can be like those taken during the mitigation stage. However, it's likely the scope, urgency, frequency, and intensity would be greater and more pervasive throughout the homeless service provider community.

Public health officials would also be coordinating with other levels of government. Major events related to homeless service agencies would filter their way into a central command center. Examples include closure, insufficient staff at a homeless service provider, or major problems accessing food or medications for large numbers of clients.

Summary of Key Changes across Management Phases.

These activities require increased public health involvement from the time street outreach or other providers identify a public health issue to the time a public health emergency is declared.

	Public Outreach Presence → **Preparation**	**Mitigation**	**Public Health Emergency Declared** → **Response**
Planning	CoC creates infectious disease response plan, defines roles of partners and stakeholders in the plan, and assesses weak spots and vulnerabilities.	Plans move from CoC preparation plans to public health (PH) response plans, as determined by PH officials. Strategies may include developing isolation procedures, developing screening protocols, and incorporating heightened sanitation measures.	PH response and communication plans are put into action as directed by PH officials.
Communication	Develop communication plan to ensure all stakeholders receive timely and appropriate information to prevent and respond to an outbreak. Use critical incident report template (examples on page 16).	PH officials communicate directly with providers about mitigation efforts such as vaccination, sanitation, and reporting. CoCs can play role in reinforcing key PH messaging among providers.	PH leads outbreak response communication and directs CoC how and what to communicate to its providers. CoC relays and reinforces PH directives to providers to ensure proper implementation.
CoC Support	Assist homeless service providers to assess gaps in ability to respond and ensure they receive the resources and supplies needed.	CoC leadership provides support to PH officials by facilitating communication of providers' needs to PH officials.	CoC relays needs of providers to PH and assists, as directed by PH, in connecting providers with needed resources.
Training & Education	Provide training to CoC providers on roles and responsibilities to prevent and respond to infectious disease outbreak.	CoC leadership ensures that mitigation practices recommended by public health partners are effectively implemented across the CoC.

PH officials are directly involved with the dissemination of information and resources. | Geared towards direct and immediate implementation.

Adjustments put into place to reflect disease-specific protocol. |

Coordinated Street Outreach

Street outreach is the fundamental bridge between unstably housed individuals and available housing and services. Many infectious diseases are spread in outside living environments that lack access to adequate sanitation. As a result, a key component of preparedness for a CoC is maintaining an approach to street outreach that is coordinated with the activities and functions of the CoC.

CoC leadership serves an important role in supporting, planning, and coordinating outreach teams to ensure that homeless engagement is consistent and comprehensive. In some CoCs, coordinated street outreach may cover the entire geographic area. In other CoCs, such as with Balance of State or rural CoCs, street outreach may be focused on "hot spots" or areas where people experiencing homelessness are known to congregate. Mapping these hot spots can facilitate timely communication and public health assistance to those experiencing unsheltered homelessness.

Across the country, many CoCs have worked with partners funded by Healthcare for the Homeless and Projects for Assistance in Transition from Homelessness (PATH) to provide more health-focused care and services to people experiencing homelessness. Providing health-related services such as vaccines, wound care, and physical and behavioral health services can save lives and limit the spread of infectious diseases among people experiencing homelessness.

Designing A Coordinated Street Outreach Approach

Creating an approach to street outreach that is coordinated with the CoC means teams are using data and contributing data to the CoC to identify individuals experiencing homelessness and their characteristics and needs. Additionally, it means outreach teams are actively communicating with Coordinated Entry, shelters, and other appropriate housing and service programs within the CoC to connect individuals experiencing homelessness with needed resources. In a coordinated approach, CoC leadership is actively involved in outreach approaches and strategies, ensuring outreach is consistently provided and is comprehensive and targeted in its coverage. The below information provides more specific guidance on how to coordinate street outreach within your CoC, which will enable an optimal response to infectious disease outbreaks.

Work with local homeless service providers to identify the specific places in your community where people experiencing homelessness can be reached. Often street outreach programs and local law enforcement know where people experiencing homelessness spend time. Some tips on creating a robust outreach approach that can be leveraged during outbreaks of infectious disease include:

► Review community data on homelessness. When working with local homeless service providers, ask them for detailed demographics on their client base to obtain a deeper knowledge of people experiencing homelessness locally.

► Create a map or list of areas to be targeted in outreach. A GIS map showing known homeless programs and encampments can provide a visual representation of where outreach teams and messaging efforts should concentrate.

► Designate a responsible entity for tracking and updating this information regularly and disseminating it to public health officials when needed.

Know where to find people experiencing homelessness. Include the following, as applicable, in a mobile outreach approach:

► Street locations: alleys, streets, overpasses, subways, parks, beaches, vacant lots, abandoned buildings, and vehicles

► Rural/remote areas: encampments, vehicles, wooded areas, riverbanks, foothills, desert areas, barns, garages, abandoned structures, and camping areas

► Public facilities: libraries, bus/train stations, airports, fast food restaurants, and other public facilities

► Institutions: hospitals, jails/prisons, detox facilities, treatment programs, some hotels/motels/SRO units, and public welfare agencies

More information regarding a coordinated street outreach approach can be found in Document 3 of this series entitled "Infectious Disease Toolkit for Continuums of Care: Preventing & Managing the Spread of Infectious Disease within Encampments."

CoCs can serve as essential organizations to prepare for, mitigate, and respond to infectious diseases among people experiencing homelessness. The use of the tools outlined in this document can help a CoC to work through public health risks in the communities in which they work, as well as how to communicate effectively with stakeholder groups if a situation arises. Through careful planning alongside key partners such as public health officials, homeless healthcare networks, and other responders, infectious disease outbreaks can be less frequent and less detrimental to the health and well-being of individuals living on the streets or in shelters.