

Shelter Provider COVID-19 FAQs

COVID-19 Symptoms and Isolation

1. What are COVID symptoms?

Symptoms include: new onset (currently or within the last 7 days) of fever (temperature of 100.4 degrees F or higher), cough, shortness of breath, sore throat.

Some patients also report: loss of a sense of taste or smell, aches, headaches, diarrhea.

If a client or staff member has any of these symptoms (or have had these symptoms in the last 7 days), and they are not due to a preexisting health condition such as asthma or emphysema, they may have COVID-19 and must self-isolate right away.

2. Where can COVID-19 testing occur?

DOHMH strongly recommends against testing persons with mild illness who can be safely managed outside of the hospital. This minimizes exposure to healthcare workers and others. At this time, testing in New York City is only recommended for patients in hospital settings.

For guidance on who should be sent to hospital if they are experiencing COVID-like symptoms, see the attached flowcharts: '**COVID-19 Shelter Guidance**', '**COVID-19_DHS_Isolation and Discharge Process**' and '**COVID-19 Street Outreach Guidance**'.

3. If a client has symptoms, what do I do?

- **Screen all clients as they enter** shelter, by asking: "Do you currently or have had in the last 7 days: a fever, cough, shortness of breath, or sore throat?"
- **Have a sign at entrance** of the shelter instructing clients to inform staff if they feel ill or have a fever, or cough, or shortness of breath or sore throat; or if or have been tested for COVID and are positive or the test result is pending.
- **Clients with symptoms (or who have tested positive or are awaiting a test)** should be given a mask, if available, or a face-covering, and isolated in designated screening area - ideally in a separate room away from other staff or clients, then:
- Follow the flowcharts '**COVID-19 Shelter Guidance**', '**COVID-19_DHS_Isolation and Discharge Process**'.

4. Clients with COVID symptoms should be isolated as per below:

Families with access to private bathrooms

Many clients in families with children and adult family shelters are placed in private units that include a private bathroom. Therefore, families in these units may be able to isolate within the shelter. For guidance on which families can isolate in-place, **see flowcharts attached - 'COVID-19 Shelter Guidance', 'COVID-19_DHS_Isolation and Discharge Process'**.

Single adults, or families without access to private bathrooms

Congregate living environments create a risk for increased community transmission, therefore single adults or families who share a dorm or bathroom with others should be referred to DHS to determine if these individuals can be moved to isolation sites or another designated unit. In such cases, contact the **SIU Hospital referral line at 212-361-5590** and email: **AdultsCOVID19@dhs.nyc.gov**.

Pending COVID-19 test results

- Clients who are *not* critically ill and are *not* in a congregate setting may be able to self-isolate, monitor their health, and await their results.

- Clients who have moderate or severe symptoms should be evaluated by a medical provider and directed to a hospital, as needed.
- Clients who are in a congregate setting should be taken to an isolation shelter or designated unit.

See flowcharts attached - 'COVID-19 Shelter Guidance', 'COVID-19_DHS_Isolation and Discharge Process'.

COVID-19 positive

- Clients with mild symptoms: transferred to a DHS isolation site or designated facility
- Clients with moderate to severe illness: clients should be sent to the hospital

COVID-19 positive after hospitalization

- Clients who have been hospitalized but are now stable and have completed the full duration of their isolation can return to their shelters and do not need to be referred to an isolation site.
- Clients who were hospitalized and still require further isolation should be isolated for the necessary time period, i.e. 7 days following onset of illness *and* 3 days without fever (see Isolation Best Practices below)

Isolation Best Practices

All clients requiring isolation should be placed in an individual unit, within their existing shelter, or a DHS isolation facility or designated unit (see attached flowcharts to know which); and:

- **If the client's symptoms worsen:** seek immediate medical guidance or call 911
- **Isolate until:**
 - 7 days following onset of illness, AND
 - 3 days after being consistently without fever without use of antipyretics (anti-fever medications such as Motrin or Tylenol) *and* with resolving respiratory symptoms.
- If a client experiences any of the below **emergency warning signs** then they could call 911 immediately:
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion or inability to arouse
 - Bluish lips or face.

3. Should family members of someone who has tested positive for COVID-19 be isolated as well?

If a family member resides in the same apartment unit, but is without symptoms, then they should remain in that unit, attempt to social distance as much as possible, and only leave the unit for necessities. If the family member develops COVID-like symptoms, then the shelter is to follow the guidance flowcharts attached.

If the family member does not already reside in the same unit as the client, and is not showing symptoms, then they do not need to isolate.

4. Is there dedicated capacity for vulnerable population who aren't yet sick?

DHS is currently working on a program to expand capacity and re-locate certain clients who are particularly vulnerable to COVID. DHS staff will be reaching out to shelters to advise them further in the near future. Until that time, continue to operate with the guidance contained within this document and its attachments, as well as encouraging general practices of social distancing (6 feet) and hand-washing (20 seconds with hot soapy water).

5. What is the SIU priority level of a positive COVID client?

Clients that have tested positive will be indicated as a Priority 1. Clients with symptoms should be called in as a Priority 3 and will be upgraded to Priority 1 if the client then tests positive.

When calling to report a **priority to SIU**, call: **361-5700**.

When calling to request an **isolation bed**: call **361-5590**.

6. Can we get plain language guidance on how the virus is spread and what staff can do?

See the attached 'COVID-19 Isolation Plan and Best Practices for DHS Shelters'.

Shelter Operations

1. How should frontline staff engage with clients?

Please adhere to the below practices when undertaking case management:

- Avoid in-person contact between staff and clients where possible, e.g. when feasible, undertake all case management sessions via phone
- If an in-person interaction is needed, then:
 - ensure client engagement is at least 6 feet apart
 - wear face masks or face coverings
 - ensure that if clients are queuing for an appointment, including if they are waiting in the hallway or common area, that they are doing so at least 6 feet apart
- Undertake all housing viewings adhering to the guidance above, and undertake virtual walkthroughs and viewings in all instances, where possible
- Ensure all staff adhere to the above guidance, including their spacing within offices
- Continue to check and facilitate clients' medical and behavioral health appointments, advising clients to call the medical/counsellor's office in advance to see if the appointment can be held over the phone or via telehealth.
- Undertake routine wellness check with clients, remotely, to check whether they are experiencing COVID-like symptoms and are adhering to social distancing, face coverings, hand-washing, and high-touch surface cleaning.

2. Is visitor access restricted; do visitor policies change?

For individual units or isolation sites: visitors, with the exception of ACS staff, are not allowed within the unit or shelter.

For all other sites: visitor access is restricted to essential visits only. Encourage visitors to adhere to social distancing, i.e. six feet of separation.

Screen all visitors by asking if they have fever, or cough, or shortness of breath or sore throat. If they do, they cannot come in to the shelter.

3. What should happen to clients who have been exposed to a client who was found positive for COVID-19?

Exposure to COVID-19 is assumed for anyone in New York City at this time, and exposed clients without symptoms are *not* recommended to isolate, as long as they remain symptom-free.

All clients should be instructed to self-monitor their health, practice social distancing, and seek professional medical guidance through telehealth services, remotely, if needed. See above for emergency warning signs in which the client should call 911.

4. Who should be informed if a client or staff member is found to be COVID positive?

- In cases where a client is found COVID positive, the Shelter Director and SIU should be informed.
- In cases where a staff member is found positive, that staff member should self-isolate and seek medical attention. SIU does *not* need to be contacted in such instances.
- In either instance, the area in which the client or staff member occupied, should be deeply cleaned
- In order to not violate medical privacy, **do not disclose the names of individuals who have tested positive.**
- Per current DOHMH guidance, contact with a COVID-19 confirmed person, by itself, does *not* require quarantine or isolation. Only symptomatic clients or staff should isolate. See isolation best practices above.

5. Is DSS working with other City agencies to align their guidance? Can we share DHS's guidance with other agencies/organizations?

DSS and DHS guidelines are created with federal, state, and local authorities' guidance, as well as coordinated with H&H and other NYC health systems. At this time guidance is intended for DHS shelter providers and clients only.

6. Are there isolation shelters and how do we use them?

DHS has isolation capacity, and will be using these facilities for **symptomatic clients who are in congregate settings** (i.e. shared dorm, bathroom, or kitchen). See the attached flowcharts that advise which clients will be appropriate for the isolation sites. In such instances, contact the **SIU Hospital referral line at 212-361-5590**, and email: **AdultsCOVID19@dhs.nyc.gov**.

7. How should shelters respond to clients who refuse care or refuse to remain isolation?

Use persuasion, explain the risk of transmission to others, and the potentially mortal consequences of that transmission – especially to those who have underlying conditions. If that fails, please contact your Program Administrator.

8. Can we allow clients to access their dorms during the day to avoid congregation in the cafeteria and other common settings?

Dorms will now be open during the day, with the exception of staggered cleaning times. Please assign meal-hours to ensure that no more than 50 people are seated/gathered at the same time, and allow for 6 feet of distance between clients.

9. How should shelters handle meals for clients in isolation? Are there any changes to the DHS Food Policy?

Meals and food should be delivered for clients in isolation. Provider should make every attempt to provide meals to families in isolation. In the event meals cannot be provided by a provider, the provider should be directed to the nearest shelter that has meals. It is the provider's responsibility to contact their Program Administrator to find the nearest shelter and pick up the meals.

10. Can providers get additional staffing assistance to cover core functions, including security?

For questions about staffing and fulfilling core responsibilities, please contact your Program Administrator, including your contact within the DHS Budget office.

11. How can we ensure clients who are isolated have sufficient medication, including methadone?

For medication for pre-existing conditions, for those clients who are on Medicaid, see the Department of Health Medicaid Pharmacy Guidance:

Medicaid covers a 90-day supply for most prescription and over the counter (OTC) maintenance medications. Where practical, medical providers and pharmacists should provide a 90-day supply of maintenance medications for individuals in isolation or for clients identified by the CDC as being at a higher risk for developing serious illness from COVID-19 and who are advised to remain inside.

For Methadone and MAT: See OASAS guidance: <https://oasas.ny.gov/covid-19-faqs-opioid-treatment-programs>

- OTPs can give up to 28 days of methadone
 - OTPs will be responsible for ensuring patients in isolation receive their medications, even if OTP staff must deliver it
 - Shelter cannot store for clients, only to methadone providers/OTPs can (some of which are hospital based)
 - OTPs will be doing phone counseling and billing for it
- For further assistance, contact your Program Administrator.

12. Will DHS stop transfers and intake into shelters with positive or suspected cases at this time?

Refer to the *flowcharts* titled '**COVID-19 Shelter Guidance**', '**COVID-19_DHS_Isolation and Discharge Process**' and '**COVID-19 Street Outreach Guidance**' for guidance on when and how clients will be transferred, returned from hospital, or isolated within shelters.

Note that DHS is only undertaking health and safety transfers at this time, which could include reducing density and relocating vulnerable clients.

13. Can DHS help providers access critical supplies?

DHS is experiencing the same supply chain issues as the rest of the country and we cannot commit to providing supplies. DHS was able to provide a limited number of masks for shelter providers, security and clients on April 6th, 2020, but cannot commit to future shipments at this time.

If you have concerns, contact your Program Administrator, who will problem-solve with you.

14. Are there any changes to invoice, budget, or overtime policies?

The City has implemented a process to prioritize invoice reviews and permit advances for under leveraged providers on a city-wide basis. This process has been shared with all shelter providers. The City will suspend or relax certain performance and milestone targets, which vary by program, and will pay for authorized standard and emergency expenditures when milestones cannot be met due to this emergency. Fixed costs, including salaries and rent, will be reimbursed even if program participation declines. If individual providers have specific emergency needs, they can seek authorization from their agency for these needs.

*See the attached '**Letter to Providers**', issued by the Mayor's Office of Contracts, and the '**COVID Finance FAQ**', for more information.*

Note that standard invoice review procedure has not changed with regard to the need for back-up documentation and selective reviews.