



OFFICE OF POLICIES, PROCEDURES, AND TRAINING

James K. Whelan
Executive Deputy Commissioner

DHS-PB-2020-007

SUBJECT: COVID-19 TESTING FOR DHS CLIENTS AND STAFF	APPLICABLE TO: All DHS Facilities Serving Homeless Individuals in Congregate Settings	ISSUED June 22, 2020
--	---	------------------------------------

ADMINISTERED BY: Office of the Medical Director	APPROVED BY: Joslyn Carter, Administrator Department of Social Services/ Department of Homeless Services
---	--

■ PURPOSE

The purpose of this procedure is to identify DHS clients living in single adult facilities who have COVID-19 infection, detected through PCR testing, and isolate them until no longer infectious, while continuing to provide all needed services. Shelter staff will also be offered COVID-19 testing.

■ BACKGROUND

New York State (NYS), and New York City (NYC) in particular, have the highest number of COVID-19 cases and COVID-like illness in the nation. Infection is often asymptomatic but nevertheless can be transmitted, albeit less so than by symptomatic persons. The COVID-19 pandemic, with ongoing local transmission in several countries and on several continents, has infected over 5 million worldwide and over 1.6 million in the United States (US), with over 100,000 deaths in the US. NYC alone has seen almost 29,000 COVID-19 deaths. The disease, while often mild, can be severe and deadly. Infected persons can be asymptomatic and still shed and transmit the virus to others.

Now that testing is available, community testing is being implemented with widespread testing expected by this summer. Similarly, DHS is implementing and scaling up testing in shelters across the city. It is important to note that an individual can be PCR-positive for COVID-19 and no longer be infectious as the test detects live as well as dead virus and correlation with prior testing is important for interpretation.

For testing to be effective, most clients and staff, if not all, must participate and shelters need to support the effort. The purpose of the procedure is to outline the process shelters and Medical Teams conducting the testing (thereafter referred to as Medical Team, including shelter-based clinics and contracted medical staff) need to undertake before, during, and after testing, as well as start planning for the maintenance phase.

Medical staff relies heavily on the assistance of shelter staff. Shelter staff has a stronger rapport with the clients who will be testing, and can be an invaluable resource when reassuring clients, answering personal questions, and offering translation services.

■ PROCEDURE

A. Pre-Testing Phase

In the days leading up to testing clients, shelter staff must take the following steps to help ensure clients (and staff) are aware of the importance and availability of testing. Shelter staff must also ensure staff and facilities are properly prepared in the following conditions:

- **Education and marketing**
 - Shelter leadership is responsible for advertising at the shelter and communicating to and encouraging clients to be tested
 - Utilize best practices for recruitment (See **DHS-59** “Best Practices for Marketing and Recruitment”)
 - In the days before testing, post the testing flyer (**FLY-1054**) throughout the shelter to advertise the upcoming testing, and place signage about date and location of testing
 - Facilitate information sessions describing the testing process and follow up if a positive client or staff is identified. This includes details about the test itself and the process if clients or staff test positive
 - Staff on all shifts must remind and encourage clients on all possible occasions to sign up for testing
 - Select the days and times when most clients are in the shelter and if possible, offer multiple testing days and times to accommodate both client and staff work schedules
 - When possible, shelters must designate specific time blocks for staff testing versus client testing; this makes it easier for medical staff to enter data properly without having to confirm the individuals’ staff status
 - Consent forms can be signed in advance when possible by anyone interested in being tested. Consent forms are available as part of the **DHS-59a**: “COVID-19 Screening and Testing Consent Form.”
- **Address barriers to testing**
 - See **DHS-59b** for the “Suggested Script for Consenting”
 - Address fears about the test being painful:
 - Reassure the client or staff member the test can feel uncomfortable but is very fast, not painful and there is no bleeding
 - May use the video of Governor Cuomo being tested to show his reaction
 - Use other client or staff testimony and reactions to being tested;
 - Address stigmas and fear about being judged or treated differently by other clients and staff if positive, or when returning from isolation

-
- Express understanding and express empathy
 - Address stigmas by explaining that many people have this infection and can transmit it to other people. The virus may not cause any symptoms in one person but may affect another if transmitted so it's a good thing to protect others
 - DHS will continue to provide the same services to those who test positive
 - Address concerns about privacy
 - Staff must address any clients' concerns ahead of testing if possible and reassure the client they will be able to ask questions the day of testing in a private setting
 - Only Shelter Directors, Directors of Social Services and DHS leadership will be told the results. Indicate to persons tested that results will be kept confidential to the extent possible and positive results only communicated to staff who need to know in order to arrange isolation
 - Offer clarity about how the results will be communicated
 - Address clients fear of losing their bed and locker
 - Guarantee clients they will not lose their bed if placed into isolation and explain that their belongings will be kept safe until they return
 - Address client and staff fear of jeopardizing their employment
 - Explain companies with over 11 employees must provide paid sick leave for anyone in isolation due to COVID-19
 - Explain that companies with under 11 employees are not mandated to pay sick leave, but cannot terminate an employee for isolation due to COVID-19.
 - Clients who recently relocated may be apprehensive to move again into isolation if they test positive
 - Express understanding and empathy for the inconvenience
 - Explain the need to separate someone who is positive from people who tested negative in order to protect everyone at the shelter
 - Address any common myths about testing
 - "I feel healthy so I am not infected" – Infection can be asymptomatic but still contagious and can be harmful to another person
 - "I already tested negatively before. I don't need to be tested again" – Person could have become infected on any day since that test even if they have not left the shelter frequently
 - "I tested positive before and I want to know if I am still positive" – Persons who tested positive in the past should not be retested as they may remain positive for several weeks but the virus is no longer able to cause infection after 9 days
 - "It's just the flu!" – Explain to the clients the difference in severity between COVID-19 and the flu including higher spread rate, higher mortality rate, and population density of NYC
 - "I've been careful, I can't be infected" – this virus can be transmitted relatively easily, especially if you have been in the presence of other people or haven't washed hands after touch surfaces

-
- If possible, anyone who is unable to attend testing days should be given referrals to other testing sites
 - **Testing preparations**
 - Determine the best area for testing where all tables, stations, and clients can maintain social distancing with easy traffic flow in and out of the space. Area should allow for five stations, a waiting area, be able to maintain social distancing, and ideally avoid bottle-necking at the entrance and exits
 - Testing areas should be semi-private in that they maintain social distancing and privacy guidelines but also allow visibility for the safety of both clients and staff
 - Outdoor testing is preferred for the added ventilation
 - If testing outdoors, the Contracted Medical Providers will provide tents
 - Identify a testing lead at the shelter to coordinate with the testing team, DHS Adult Services and DHS Office of the Medical Director (OMD)
 - Shelter staff will provide non-clinical supplies for the testing area before the day of testing to ensure rapid deployment
 - Five tables to be used as “stations” during testing
 - Chairs for staff and clients at each station plus additional chairs for clients while waiting, and placed six feet apart for social distancing
 - Wi-Fi access or hotspots, printers, and tablets or laptops
 - Ample copies of consent forms, registration materials, and information sheets should be available
 - Copies of screening questionnaire in case of technical difficulty with the online application on laptop/tablet
 - Pens and paper
 - Incentives, when and where available, for clients who test, such as t-shirts, baseball caps, MetroCards, water bottles, toiletries, etc
 - If possible, prepare a roster of the clients interested in testing and their CARES ID in order to expedite the registration process. Otherwise, clients should be given their CARES ID before the day of testing and carry a note with their CARES ID on it to each testing station. The Daily Roster may be used in lieu of a separately prepared roster
 - Arrange for additional security personnel if needed to help with testing flow
 - **Testing Team Roles and Responsibilities**
 - See **DHS-59g** for testing team, medical team, if available, and shelter staff roles and responsibilities for before and during testing
 - The teams will review roles and responsibilities before the day of testing via phone conference, in order to ensure a smooth workflow the day of testing

B. Testing Phase

On the day of testing, shelter staff must take the following steps to ensure a seamless testing process for staff and clients:

- Before testing starts, medical staff and shelter personnel should review together their individual responsibilities, expectations, and the testing workflow. See recommendations for success below:
 - Shelter staff, usually the Directors or designees, are responsible for gathering clients and staff who have agreed to test and directing them to the appropriate areas at a designated time
 - Shelters must have clear signage so clients can easily determine where to stand (while maintaining physical distancing) and which order to visit stations
 - Testing support staff must all be prepared to explain the process, review the information sheet, have client or staff sign the consent, register those being tested, direct to the next phase, and provide incentives, unless the medical team is providing this service
 - When the space allows for it, consent and registration should be at separate tables (i.e. tables and clients must be at least six feet apart)
 - Medical staff should perform temperature check with non-contact thermometer; any client with a fever should be flagged and treated as a CLI (COVID-Like-Illness) client
 - Medical staff will perform the specimen collection and ensure proper storing of the specimens in a refrigerator or cooler, and coordinate with the lab during multiple daily pickups
 - Personnel at each station will encourage testing, calm any concerns, maintain a calm demeanor, be prepared to explain the entire procedure, reassure clients they will not lose their beds if isolated, explain how results will be communicated to them, etc.
 - **Note:** All stations must be at least six feet apart and Shelter staff must wipe down any common surfaces frequently such as chairs, pens, and doorknobs
- **Testing flow**
 - **First station:** Testing staff must ensure everyone being tested signs a consent form and provide them with a copy
 - If a copier is not readily available in close proximity, persons being tested should be given a second consent form and the station personnel should keep the signed consent form
 - Staff should note on the consent form if the person being tested declined to take a copy for themselves
 - Pens should be sanitized after each use and waiting chairs should be sanitized frequently
 - **Second station:** Testing staff will ensure everyone who wants a COVID-19 test completes the registration process

- Staff should start a new order in the testing order system, enter the demographic information for the person being tested, enter a contact number, and indicate if the individual is staff or a client
- If the person being tested is a client, the staff must enter their CARES ID
- When all information has been entered and verified, staff print the label and place it on the testing kit
- **Third station:** Support staff or medical scribe will complete the Kintone Symptoms Survey
 - Client's name and date of birth (DOB) is auto-populated in Kintone based on their CARES ID
 - The Kintone survey consists of four parts (shelter staff can assist in translating or explaining to clients as needed) and identifies any needs the client may have if moved into isolation (i.e. medication)
- **Fourth station:** Medical staff will introduce themselves, explain the procedure again, answer any additional questions, and collect the specimen(s)
 - Test kits must be clearly labeled, preferably not by hand when possible, and stored in a refrigeration or cooling unit
 - Medical/testing directors will arrange pick up by the lab two or three times per testing day
- **Fifth station:** Shelter or testing staff will hand out incentives immediately following testing and guide clients out of testing location

Note: The fifth station is only necessary for sites that are able to provide incentives

C. Post-Testing Phase

In the days after testing, Shelter Directors, Director of Social Services, Program Administrator and DHS Leadership will receive the results. Shelter leadership will take the following steps:

- Shelter directors will receive access to results of testing for both clients and their staff
 - DHS Office of the Medical Director team and/or testing team will facilitate Shelter Directors and Directors of Social Services limited access to the results for their shelter
 - Information on how to access results can be found in the **DHS-59d**: “How to Retrieve COVID Test Results from PHL”
 - Private laboratories will provide the results to the Medical Team, and the Medical Team in turn will provide the results to the Shelter Director and the DHS Office of the Medical Director
 - Shelter Directors may be set up to print results for staff and clients, if requested

-
- Medical Teams must submit to the Office of the Medical Director the positive AND negative results of clients they test with names and DOB. The positive results must be sent immediately upon receipt from the lab and the negative results no less than one day
 - In the event a client contacts shelter leadership staff to follow up on their results, and they tested negative, leadership staff must take the following actions:
 - May print results for the client's employer upon client request
 - Use the script in **DHS-59c**: "Covid-19 Test Results Scripts" as a guideline when communicating negative results to clients and shelter staff
 - Provide given educational information on how to remain negative and stay vigilant, available in **DHS-59e**: "COVID-19 Prevention" from the DOHMH website, also provide this information for staff
 - For shelter staff who test positive for COVID-19, Shelter Directors or other designated leadership staff must communicate the results
 - Leadership staff must use the script in **DHS-59c** as a guideline when communicating positive results to their shelter staff members
 - Leadership staff should instruct any employees who tested positive to go home immediately (or not to come in), contact their primary care physician, and provide employees with the H+H Hotline phone number (844-NYC-4NYC) for questions
 - Employees cannot return to work for 14 days. If an employee is unable to safely isolate at home, they may be eligible to stay at a NYC Emergency Management hotel
 - For more information, employees can visit <https://www1.nyc.gov/site/helpnownyc/get-help/covid-19-hotel-program.page>
 - Employees and clients may return to the shelter when they meet the criteria listed in **DHS-59f**: "Isolation Best Practices."
 - For clients who test positive for COVID-19, Shelter Directors or other designated leadership staff will call the client to communicate the results
 - If a client does not have a cell phone, all staff must be on the lookout for the client upon return to the shelter, especially during change of shift and mealtimes
 - Leadership staff must follow the script in **DHS-59c** when communicating positive results
 - After informing a client of their COVID-19 positive results, the Shelter Director must make arrangements for the client to be moved to a DHS isolation hotel
 - The client should pack their own belongings and any medications to take with them to the hotel; generally, clients may take one bag of belongings and the rest of their personal items will be safely secured at their shelter
 - If necessary, a shelter staff can assist by carefully bagging client's belongings with gloved hands, avoid 'hugging' the belongings, then practicing meticulous hand hygiene after handling the belongings
 - Staff must continue to reassure clients that their beds and lockers will be held for them, and at the isolation site they will continue to receive DHS services

- Three nutritious meals daily delivered to their room along with water and drinking cups
- Daily wellness checks from a nurse to measure temperature, blood oxygen levels, mental health checks, and any other concerns
- Existing shelter operations, best practices and case management
- Medication management, access to medication delivery from local pharmacies, and monitoring of self-medication by medical staff, for example substance abuse medication including naloxone administration, methadone delivery, etc.
- Personal hygiene items, cleaning products, and face masks
- Thorough housekeeping along with clean linens and towels
- Enhanced COVID-19 medical intake and education on COVID isolation
 - Staff must explain the criteria for release from the isolation hotel, available in **DHS-59f: Isolation Plan Best Practices**
 - The shelter director must contact the Serious Incident Unit at (212) 361-5590 and request a hotel room for isolation; the director can request all clients from the same shelter isolate in the same hotel if possible
- SIU can arrange transportation, but shelters are encouraged to use their own vans and drivers especially during normal business hours. See “COVID-19 Isolation Plan and Best Practices for DHS Shelters” in **DHS-59f** for details
 - Until transportation arrives, the client should remain in a closed room/office with a cot (if available) and advise to stay in until pick up
 - If possible, reserve a bathroom for use only by clients who tested positive; provide cleaning supplies and encourage clients to clean after each use
 - Arrange to have a meal delivered to the client if pick up takes some time
 - The client should wear a face mask during transfer in a private vehicle and the vehicle must be cleaned after the transfer is completed
- The Shelter Director must contact Vacancy Control to reserve the client’s bed while they are in isolation
- Clients will return to their shelter when they have met the criteria for discharge from isolation and must bring their discharge papers with them

Attachments:

DHS-59	Best Practices for Marketing and Recruitment
DHS-59a	Consent Form & Patient Information
DHS-59b	Suggested Script for Consenting
DHS-59c	COVID-19 Test Result Scripts
DHS-59d	PHL eOrder system Look Up Guides
DHS-59e	COVID-19 Prevention from the DOHOMH website
DHS-59f	Isolation Plan Best Practices
DHS-59g	COVID Testing Team Roles and Responsibilities
FLY-1054	COVID-19 Testing Flyer

Best Practices for Marketing and Recruiting for Client COVID-19 Testing

A. Timeline:

Begin marketing a week prior to testing.

B. Staff Training:

Provide staff with FAQ about the test and training on how to answer clients' questions about the test.

C. Education:

- a. Hand out COVID-19 testing postcards/sheets that explain the purpose of the test, how it is performed, side-effects, how results are delivered, and what happens if someone tests positive (room and locker are safe, client will get to stay in a hotel room for 2 weeks).
- b. On CCTV or over PA system, provide general information about the test as well as the dates and times of the onsite testing, information about incentives, and the importance of being tested (even for those experiencing no symptoms).
- c. Provide general information about COVID-19, including statistics on how many people may be asymptomatic, and why isolation is important if someone is COVID-19 positive.
- d. Dispel myths and rumors about the test by having staff and shelter leadership answer questions throughout the week prior to testing.
- e. If clients do not want to be tested, ask why to see if it may be due to misinformation, fear or stigma.

D. Familiarity:

- a. Invite those who will conduct testing (doctors/nurses) to visit the shelter in days leading up to testing to introduce themselves to clients (during cafeteria hours or during a stop at each dorm or room).
- b. Mention who else has been tested – celebrities, politicians, staff, shelter leadership, etc.

E. Reminders and Commitment:

- a. Ask clients during days leading up to testing whether they will be tested. Try to get a “yes.”
- b. Remind clients the day before and day of about testing – and remind those clients who said “yes” they would be tested of this previously stated verbal commitment.
- c. The staff will be tested, as well. It is important that the staff takes care of themselves just as much as the clients.

F. Incentives:

Provide clients with incentives after testing.

G. After Testing:

Ask clients to encourage their friends to get tested.

Sign-in Sheet # _____

COVID-19 Screening and Testing Consent Form

DEMOGRAPHIC INFORMATION															
CARES ID (Clients only)															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>															
Last Name				First Name				M.I.							
Date of Birth		M M		/ D D		/ Y Y Y Y		Age		Gender					
Male				Female				Other							

INFORMED CONSENT
<p><u>HIPAA PRIVACY NOTICE</u></p> <p>DHS-affiliated Testing Provider, in accordance with HIPAA, can disclose patient medical information only for the reasons of treatment, inter-office operation and to receive payment for services, or as otherwise authorized by you. As a patient, you have the right to inspect and retain copies of all medical records. You have the right to request in writing an amendment of your records, and any decision and action taken as a result of your request. You also have the right to restrict disclosure of medical information released and to whom it is released. We will record and provide to you, upon request, information about any release of your information other than the use of your information for the purposes listed above. You have the right to receive a paper copy of our complete Notice of Privacy Practices and may receive that copy at the time of your visit or by written request to the attention of the Compliance Officer.</p>

(Turn Page)

Sign-in Sheet # _____

INFORMED CONSENT (continued)

INFORMED CONSENT

I understand that a mucus sample is to be taken by nasal swab, and/or saliva collection and that DHS personnel will provide me with my individual results. I am aware of the possible risks associated with taking a blood/mucus sample including, but not limited to, the risk of discomfort and bruising.

I am aware that I am here voluntarily, and the results of my test will be forwarded to my shelter director or the director of social services and to the DHS Office of the Medical Director I acknowledge that by signing this release of information, the testing clinic has provided me the Patient Information Sheet and answered any questions I have regarding this testing.

I understand and agree that my signature below constitutes my informed consent to the testing procedures described herein.

Participant Signature _____ Date _____

Witness Name (Print) _____ Witness Signature _____

SAMPLE

TESTING/SCREENING

Patient Telephone

Notes: _____

SCREENING COMPLETED

Clinician Signature _____ Date _____

(Turn Page)

Sign-in Sheet # _____

COVID-19 (Coronavirus) Testing Information Sheet

The New York City Department of Homeless Services (DHS) is implementing an initiative with its partners to detect if its clients have the Coronavirus or COVID-19 infection. We are doing these tests to help limit the spread of COVID-19 during the pandemic. The DHS Medical Director or your shelter clinic will order the test.

If you consent and participate in testing, we will obtain either three specimens (1 nasopharyngeal swab, 1 self-collected nasal swab and 1 saliva) or 1 nasopharyngeal swab from you. We will also ask you a few related questions.

■ Who is being tested?

All shelter clients and staff will be tested.

■ Are there any benefits?

Yes, you will be able to know if you have the infection and watch for symptoms and seek care if needed. If you test positive, you will also be able to be isolated and lower the chance of spreading the COVID-19 virus to others or your loved ones.

■ Are there any risks?

The test is non-invasive and involves minimal risks. The nasopharyngeal swab may be slightly painful.

■ What about privacy?

Your information is protected by privacy laws. Your information will be kept confidential and secure and will only be shared for purposes directly related to your COVID-19 testing such as measuring rates at each shelter, planning clients' isolation and general mitigation procedures. We may also share aggregate data about all testing, which will not individually identify you.

■ What are the costs?

The test will be done at no cost to you. Your insurance may be billed.

■ Is the COVID-19 testing voluntary?

This testing is voluntary. If you refuse to participate, you will still be able to use and receive all DHS services with no changes.

(Turn Page)

Sign-in Sheet # _____

COVID-19 (Coronavirus) Testing Information Sheet (*continued*)

■ How will I get the results?

Your shelter director or director of social services will give you the results as soon as they are available.

■ What will happen if I have the virus?

You will be isolated, meaning, asked to stay in place for 2 weeks, a nurse monitor your health and have your meals brought to you.

■ What will happen if I have the virus?

You will be isolated, meaning, asked to stay in place for 2 weeks, a nurse monitor your health and have your meals brought to you.

Shelter staff will help you get linked to care in a local clinic or make a phone appointment to talk with your medical provider.

■ Whom do I call if I have questions?

If you have COVID-19 related questions, please call **1-844-NYC-4NYC**.

SAMPLE

RECRUITMENT FOR CONSENTING SCRIPT

We are fortunate enough to have access to testing for Coronavirus. We are offering it to all of our shelter staff and to our clients equally. We ask that everybody sign up and get tested so that we know who needs help.

As you know, when we are strong and healthy, we can combat this virus but if we have underlying health issues this virus can be deadly. If we can identify those that are sick, we can isolate them for a little while to stop the spread of the illness.

We would isolate anybody that is positive for 2 weeks and then bring them right back. Nobody would lose their bed or locker and will be taken care of in the isolation hotel.

Please sign up now!

SAMPLE

COVID-19 TEST RESULTS SCRIPTS FOR DHS CLIENTS

POSITIVE TEST RESULTS SCRIPT

For clients who test positive for COVID-19, staff delivering the results must follow the script below:

Hello,

You were recently tested for COVID-19. **The test results show that you have tested positive for COVID-19.**

Due to your COVID-19 diagnosis, you will be placed in temporary isolation. If you are asymptomatic, or have no symptoms, you will be isolated for at least 14 days. If you have symptoms of COVID-19, such as fever, cough, or shortness of breath, you will be isolated for at least 14 days after the start of your symptoms and until you are fever-free for 3 days (without medication) and your symptoms are improving. You will be transferred to a DHS isolation site to prevent further spread of COVID-19 to others.

During isolation, your health will be routinely monitored by nurses. You can expect to receive regular temperature and oxygen level checks and will be asked about your symptoms daily. Nurses will monitor any changes in your health to verify that your condition is improving. If you become significantly ill, you will be transferred to the hospital for additional evaluation. If you take any medication on a daily basis, please take this medication with you into temporary isolation. If you are currently prescribed methadone, we will arrange for delivery, so you continue to have access to this medication during your temporary stay in isolation. As a reminder, you will not lose your bed at your assigned shelter while in isolation. After completing your temporary isolation, you will return to your assigned shelter.

To minimize spread of COVID-19 to others, please take these extra steps:

- Wear a face mask or face covering over your nose and mouth.
- Wash hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
- **Monitor your health and alert staff if you develop symptoms or if your current COVID symptoms or your condition worsens.**

For 24/7 access to emotional support and crisis counseling if you are experiencing distress or mental health concerns related to your COVID-19 diagnosis, you can call 888-NYC-WELL (888-692-9355), or text "WELL" to 65173 for a confidential help line.

If you have questions about your condition, test results, or stay in isolation, please speak with the nurse at the isolation site. DHS will continue to monitor any clients who test positive for COVID-19 to verify your health and safety during this time.

COVID-19 TEST RESULTS SCRIPTS FOR DHS CLIENTS *(continued)*

NEGATIVE TEST RESULTS SCRIPT

For clients who test negative for COVID-19, staff delivering the results must follow the script below:

Hello,

You were recently tested for COVID-19. **The test results show that you have tested negative for COVID-19.**

The negative test means that you do NOT have COVID-19, and you can remain in your assigned shelter.

Although you tested negative for COVID-19 at the time of the test, you can still be exposed to COVID-19 as it is still fairly common in NYC, and also to other respiratory illnesses. To protect yourself, please take these extra steps:

- Wear a face mask or face covering over your nose and mouth.
- Wash hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
- Avoid close contact with people who are sick.
- **Do NOT touch your eyes, nose and mouth with unwashed hands.**
- Avoid touching frequently-touched objects and surfaces.
- If you are not wearing a mask, cover your mouth when coughing or sneezing with flexed elbow or tissue, then throw the tissue in the trash.

For 24/7 access to emotional support and crisis counseling if you are experiencing distress or mental health concerns related to the COVID-19 outbreak, you can call 888-NYC-WELL (888-692-9355), or text "WELL" to 65173 for a confidential help line.

If you feel like you've been in close contact with someone you know has COVID-19, see a medical provider to discuss testing.

How to Retrieve COVID Test Results from the Public Health Library (PHL)

- 1 PHL log-in link: <https://www1.nyc.gov/account/login.htm?spName=a816-phleorder.nyc.gov-PHLeOrder&samlContext=04c588b6-2162-4f04-acfc-42c59338af54>; save on your browser bookmark bar as **DOHM Laboratory**.
- 2 Log in:
 - a. If DHS staff, click on NYC Employees button on right side of screen **(in red)**
 - b. If non-DHS provider staff, enter credentials on left hand side **(in blue)**. You should have received those credentials from your assistant, associate or deputy commissioner. If you do not have or do not recall the credentials, email: PHLeOrdersupport@health.nyc.gov.
- 3 Enter your user email and password on the appropriate side and click Log In

The image shows a screenshot of the PHL login page. On the left, there is a 'Login' section with a blue box around it. It contains the text 'Log in using your NYC account.' followed by 'Email Address or Username: *' and a text input field. Below the input field is the text 'This field is required.' followed by 'Password: *' and a password input field. At the bottom of this section is a blue 'Log in' button. On the right, there is a section with a red box around it. It contains the text 'Log in using one of these options:' followed by a button labeled 'NYC Employees'. The word 'SAMPLE' is overlaid in large blue letters across the entire form area.

- 4 Once logged in, on the right-hand side, you will see **My Results**, enter the date range that your shelter was tested at. A list of results will appear.

- 5 Select PHL lab number to download the results. Select the downloaded item to open it. It will open in a new window. Print it for the client.

MY RESULTS:

Select Test Order ID to retrieve order requisition form.

Test Order ID	PHL Lab Number	Created On	Facility Name	Location Name	Submitter Full Name	Patient Full Name	Ordering Provider Full Name	Specimen Source	Specimen Container	Test Name	Status	Last Report seen
700747	500549054-01	4/8/2020 9:52:00 AM	Best Testing Site	Perfect Testing Site	User Testing	MICKEY MOUSE		NASPX	VTMSW	INFLUENZA by rRT-PCR	Final Report	

Select PHL Lab Number to view test results.

- 6 You can also enter the PHL lab number and/or name in the search bar at the bottom of the page to select the desired result for your clients.

 eOrder Support E-Mail: PHLeOrderSupport@health.nyc.gov

COVID-19: PREVENTION

This information is straight from NYS's Department of Health webpage. This information and much more can be accessed using the link located at the bottom of the page.

■ Preventing Infection

All New Yorkers — healthy or sick — must stay home at much as possible.

If you are not sick, you can leave your home for work (if you work for an essential business or entity), getting groceries and supplies, or essential medical care. You may also leave for solitary exercise. When you need to leave home, wear a face covering and keep at least 6 feet of distance between yourself and others.

Here are more ways you and your loved ones can stay safe each day:

- Wash your hands with soap and water often, for at least 20 seconds every time, or use an alcohol-based hand sanitizer.
- Do **NOT** touch your face unless you recently washed your hands.
- Cover your nose and mouth with a tissue or sleeve when sneezing or coughing. Do **NOT** use your hands.
- Do **NOT** shake hands. Instead, wave.

■ Face Coverings

People who do not have symptoms may still be able to spread COVID-19. A face covering can help prevent you from spreading COVID-19 to other people, so you must wear one whenever you leave home and cannot maintain at least 6 feet of distance from others.

A face covering can include anything that covers your nose and mouth, including dust masks, scarves and bandanas. Do not use medical grade masks, such as N95 or surgical masks, as those must be reserved for people in the health care system. Health care workers are at high risk for COVID-19 and need these masks to stay safe and keep serving New Yorkers who are very sick.

Even when wearing a face covering, continue to practice good hand hygiene and physical distancing, including maintaining at least 6 feet of distance between yourself and others when possible.

<https://www1.nyc.gov/site/doh/covid/covid-19-prevention-and-care.page>

COVID-19 ISOLATION PLAN AND BEST PRACTICES FOR DHS SHELTERS

PURPOSE

This document provides the suggested guidance for minimizing COVID-19 transmission due to COVID-19 among New Yorkers experiencing homelessness, and guidance for how to manage individual cases and outbreaks of COVID-19 and COVID-like illness in facilities housing homeless New Yorkers. The details below are best practices, which in implementation should take into account differences among shelters.

DEFINITIONS

COVID-19 positive, confirmed case: positive laboratory test.

COVID-like illness (CLI): new onset of either fever (>100.4F or subjective fever, feeling feverish), or cough, or shortness of breath, or sore throat.

PUI: “person under investigation” who has CLI and whose test for COVID-19 is pending.

Exposed: had close contact, <6 ft and for >10 minutes, with COVID-19 positive or individual with CLI.

Isolation: separation of ill persons from others until the ill person is no longer considered infectious.

Quarantine: separation of exposed persons from others to reduce the risk of transmission of the virus from known exposed persons to other susceptible individuals in the community.

Moderate/Severe illness: illness due to suspected or confirmed COVID-19 that requires medical evaluation and possibly hospitalization.

Mild illness: illness due to suspected or confirmed COVID-19 that does not require medical evaluation. Most individuals with COVID-19 will have mild illness.

Infectious person: person who has CLI or COVID-19 and can transmit the virus to others.

Isolation: separation of ill persons from others until the ill person is no longer considered infectious.

End of infectious period: 14 days since symptoms onset AND fever-free for 72 hours without fever-reducing medications AND resolving respiratory symptoms, whichever is longer.

Physical distancing: avoiding group activities, staying as far away from other people as possible, ideally more than 6 feet at all times.

RECOMMENDATIONS

Screening and Testing:

- Sign at entrance to shelter instructing clients and staff to inform greeting staff (security or front desk staff) whether they feel ill and/or have symptoms of CLI.
- Clients with symptoms should be given a face mask or face covering, and isolated in designated screening area, ideally in a separate room away from other staff or clients.
- Follow protocol issued by DHS about calling 911 or H+H hotline (see attached).
- Request that clients notify shelter staff immediately if they develop CLI. Ask staff to be alert for clients who appear ill or who have fever or respiratory symptoms and to report them to shelter director who will report follow screening shelter protocol issued by DHS.
- If DHS or OMD/DHS learn of a person with COVID or COVID-like illness, the relevant provider will be notified and action recommended.

ISOLATION TRIAGE

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 are able to follow home-based isolation and quarantine guidance when necessary.

Single adults or families without access to private bathrooms:

For single adults or families who share a bathroom with other families, congregate living environments create a risk for increased community transmission. DHS will determine placement for individuals in these settings to be moved to isolation sites based on patient type and will follow below protocol.

COVID-19 positive or pending COVID-19 test results:

- Clients with mild illness: transferred to DHS isolation or designated facility.
- Clients with moderate/severe illness: Client will be sent to the hospital.

COVID-19 positive with hospitalization:

- Clients hospitalized but now stable: transferred to DHS isolation or designated facility.
 - Clients with moderate/severe illness: Client will be sent to the hospital.

Transferring to DHS isolation facility:

- Transportation to an isolation facility may take time to coordinate.
 - Client should remain in a closed room/office with a cot (if available) and advise to stay in until pick up.
 - If possible, reserve a bathroom for use by just these clients; clean between uses and provide cleaning supplies to clients to clean after themselves.
 - Arrange to have a meal delivered to the client if pick up takes some time.
- Client should wear a face mask during transferring.

ISOLATION TRIAGE

Transferring to DHS isolation facility (continued):

- Transportation to an isolation facility may take time to coordinate.
- If the client is in shelter when a determination to transfer to DHS isolation facility is made, the client should pack their own belongings and any medications to take with them. If not, a DHS staff person can assist by carefully bagging client's belongings. The staff member should then practice meticulous hand hygiene after handling any of the person's belongings.
- The client should be transported by private vehicle to the facility and vehicle should be cleaned afterward

All clients requiring isolation should be placed in either the designated isolation facility or individual unit in their existing shelter.

- Call 911 if client's illness worsens.
- Isolate until the greater of:
 - 14 days following onset of illness.
 - 72 hours after being consistently without fever without use of antipyretics (anti-fever medications such as Motrin or Tylenol) and with resolving respiratory symptoms.
- Shelters cannot enforce quarantine or isolation.
 - Clients cannot access their prior shelter until clear from isolation. Shelters, other than isolation shelters, cannot enforce quarantine or isolation.
 - Clients in isolation should be strongly encouraged to remain in the isolation area until they are declared to be no longer infectious, and should be given information about how long that may be based on advice from a doctor.
- Isolated clients should be provided with or access facilitated for:
 - Meals/food.
 - Personal care items.
 - Medicine.
 - Provide access to their medications during isolation.
 - Access to opioid treatment during isolation including Methadone.

EXPOSURE

- Exposure to COVID-19 is assumed for anyone in New York City at this time. Exposed clients are not recommended to quarantine.
 - All clients should practice social distancing as much as possible and self-monitor for symptoms.
 - All clients are encouraged self-monitor for symptoms and staff should continue to follow screening protocol issued by DHS.
 - Self-monitoring guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions>.

(Turn Page)

OTHER BEST PRACTICES

- Shelters are recommended to adopt social distancing measures in all shelters.
- Beds rearranged head-to-toe or toe-to-toe and 3 ft apart; or if possible 6 ft apart.
- Meals must be staggered to reduce crowding/stagger kitchen time.
- Stagger bathroom times and create a schedule.
- Encourage frequent handwashing.
- Clean and sanitize frequently touched surfaces several times per shift, especially: doorknobs, elevator buttons, phones, banisters, tabletops, handrails.
- Clients (both in isolation and not) should be treated with respect and be actively informed about the measures being put in place and why, and the importance of their role in this effort;

SAMPLE

COVID-19 TESTING TEAM ROLES AND RESPONSIBILITIES

TESTING TEAM STRUCTURE AND ROLES

Note that in most cases, the testing team will be provided by DHS via the agency's centralized contracts. Shelters with on-site clinics may fill some or all of these roles (see below).

- **Medical Director:** Communicates and coordinates with DHS Medical Office and other relevant City agencies; Shelter staff; ensures goals are met.
- **Project Coordinator:** Management of all teams; recruitment; supervision; coordinates all involved agencies; link and coordinates contact tracers.
- **Team Coordinator:** Schedules testing start date, ensures availability of supplies, advertises testing and recruit clients, arranges the delivery and pick up of testing kits and PPE prior to testing date.
- **Team Leading Physician/Nurse Practitioner:** Organizes client follow up and testing day clinical evaluation if necessary, provides information, collects specimens; and answer clients' questions.
- **Nursing Staff and/or MDs:** Perform specimen collection and ensure proper preparation and storage of specimens.
- **Medical Assistants and/or Medical Scribes or Support Staff:** Wash hands with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
- **Data Staff:** Track testing and results; produce and disseminate reports.

ROLE OF SHELTER-BASED CLINIC IF SHELTER HAS A CLINIC ASSISTING WITH TESTING

- Determine testing capacity and available staffing and request additional staffing from DHS as needed.
- Coordinate with shelter to estimate the total number of clients and staff to be tested.
- Obtain testing kits from their partner private laboratories. For those who do not have this partnership or have insufficient testing supplies, the clinic can request kits from DHS.
- Collect specimens, label and store appropriately and coordinate delivery of specimens to the lab (often 1-3 times per day).
- Identify test kit and PPE needs one week in advance, communicating needs with DHS and securing the necessary clinical supplies beforehand to ensure smooth set up the morning of testing.
- Provide antiviral wipes, hand sanitizer, tissues, etc.

ROLE OF SHELTER STAFF

- Identify a lead for testing coordination.
- Collaborate closely with DHS and the testing agency and participate in planning calls.
- Actively market the importance of testing, boost interest and consent clients before the day of testing.
- On day of testing, rally clients and bring them in small groups to the testing area, while maintaining physical distancing.
- Station a staff at the entrance of the testing area to assist with flow and provide security to the area.
- Ensure proper flow of clients from waiting area to different stations.
- Assist with photocopies and any other duties that might be performed in office space away from testing area.



GET TESTED FOR COVID-19 HELP PREVENT THE SPREAD

The New York City Department of Homeless Services (DHS), your shelter and clinic are partnering to detect if clients or staff have COVID-19.

Help us limit the spread of COVID-19 and save lives!



**All Clients and
Staff Can Be
Tested**

**Testing is FREE and
Only Involves
Minor Discomfort**

**Complete a
Consent Form to
Voluntarily
Participate**

**Confidential and
Secure Testing**

**Get Your Results in
a Few Days**

**For COVID-19
questions, please call
311 or ask your
shelter for a
factsheet**