

Preventing Aerosol Transmissible Disease

A Reference Guide for Homeless Shelters and Residential Treatment Facilities

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This guide is to be used by homeless service providers to assist in preparing your facility, staff, and clients for possible cases of **aerosol transmissible diseases (ATD)**—infectious diseases like influenza or tuberculosis that spread through the air. This is a manual, not an official policy, but can be used with HSA’s ATD Program to adopt policies for your facility. These recommendations should help you prevent exposure to ATD, respond to exposure incidents, and protect your staff.

Definitions

Aerosol Transmissible Disease (ATD)

A disease or pathogen that spreads through the air (such as chickenpox, measles, and TB) or through droplets (such as influenza, meningitis, and whooping cough). These are the types of diseases this guide is meant to protect against.

Exposure Incident

When an employee(s) is exposed to an ATD either from contact with an ill client or from working around contaminated surfaces and it seems very likely the employee(s) will need medical evaluation.

Health Care Provider

Any medical professional, such as a doctor (MD), nurse practitioner (NP), physician's assistant (PA), or nurse (RN).

Referral

Directing or transporting a suspected ATD case to another facility or service for transport, diagnosis, treatment, isolation, housing, or care.

Screening

The identification of potential ATD cases through easy-to-spot symptoms, simple questionnaires, and the self-report of symptoms by clients.

Social Distancing and Isolation

Used to minimize contact with possible ATD cases. Social distancing decreases the number of clients present in one location at any one time, and isolation removes possible ATD cases from any contact with other clients and staff.

Surge

A rapid spread of an ATD that overwhelms normal services, especially public health services. Every site needs a plan to handle a large number of ill clients if a surge occurs.

OSHA Requirements

In August, 2009 new regulations from California's Occupational Safety and Health Administration (Cal-OSHA) regarding Aerosol Transmissible Diseases (ATD) came into effect. These regulations exist to protect workers in health care settings and in settings identified as being at higher risk for ATD infection, such as correctional facilities, drug treatment programs, and **homeless shelters**. Settings that don't house or treat potentially ill clients but might refer or transport these clients, such as **resource centers** and **homeless transport services**, must also follow parts of the regulations.

Aerosol Transmissible Diseases refer to diseases that require either airborne infection isolation or droplet precautions to prevent infection. These diseases can be spread through coughing and sneezing. A few of the more common infections are listed below. For a full list of covered diseases refer to the [ATD Standard](#) at the Cal-OSHA website.

Airborne

- Tuberculosis (TB)
- Measles
- Varicella (chickenpox and shingles)

Droplet

- Influenza
- Whooping Cough
- Meningitis

Employers are required to provide all safety measures covered in the ATD regulation, including the provision of personal protective equipment, respirators, training, and medical services, free of charge for all staff members that may be exposed to ATD during their jobs.

Failure to follow procedures or provide services could result in severe fines from Cal-OSHA. The first citations were issued in April, 2010 after a meningitis case in Oakland, with fines ranging from \$30,000 to over \$100,000. To avoid citations and protect your workers, apply the ATD regulations to your facility to quickly identify potentially ill clients, prevent illness outbreaks, and protect your staff.

Most of the practical applications of the ATD Regulations are covered in this guide, but along with the practical applications each facility needs to have written policies and procedures detailing its preparedness to deal with ATD exposure, called an **ATD Program**. HSA will be developing an ATD Program based off of the Program primary care clinics use. More work needs to be done with your agency and contractors to adapt the sample ATD Program for your facility, and this will be happening in the coming months.

Prevention

Facility Preparation

To prevent the spread of Aerosol Transmissible Diseases at your facility, provide basic hygiene supplies to staff and clients, clean and decontaminate regularly, and post information on how to reduce transmission. This will reduce the spread of diseases spread through the air and through droplets, but will also reduce diseases spread through contact, like MRSA.

Supplies:

- Hand sanitizer (must be at least 60% alcohol), located at
 - All entries
 - Dining areas
 - Public phones
 - Computer stations
 - Elevators
 - By the doors of community rooms
 - By the bedsides of ill individuals
- Liquid hand soap
- Paper hand towels
- Facial tissues– place at entrances and community areas
- Disposable surgical masks
 - For clients who are coughing or sneezing
 - For staff working closely with sick clients
- Plastic-lined wastebaskets (for used tissues and masks)
- Gloves in a variety of sizes
- Disposable gowns
- Signs

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

Cleaning and Decontamination:

- Provide staff with Personal Protective Equipment (PPE) and train to use Standard Precautions when cleaning and decontaminating
 - [Click here](#) for Standard Precautions for Cleaning up Spills
 - [Click here](#) for instructions on using PPE
 - [More instructions](#) for using PPE
- Use products that are least harmful while still being effective.
 - How to [mix bleach cleaning solution](#) for different surfaces
- Clean and sanitize frequently touched surfaces several times per shift. Pay special attention to:
 - Doorknobs
 - Elevator buttons
 - Public phones
 - Banisters
 - Tabletops
 - Handrails
- Clean all common areas within the facility daily.
- Empty trash receptacles frequently during the day
- Clean toys daily, and discourage sharing of plush toys (such as teddy bears) between children
- Regularly clean air vents and replace filters, especially on air purifiers (like HEPA filters)

Signs:

Posting signs around your facility is a great way to spread information, and to teach or remind staff and clients how to practicing good hygiene.

- Hand washing ([Clean hands save lives! Wash your hands](#))
- Use of hand sanitizer ([Hand Sanitizer Use Sign](#))
- Cough etiquette ([Cover your Cough](#), [Cubra su tos](#))
- The need to alert staff to when feeling ill (*See Appendix G*)
- www.sfcddcp.org/infectmaterials.html has more signs and materials.

Signs should be posted at

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

Employee Health Services

Employers must provide the following health services for their staff that could potentially be exposed to ATD in their working environment. These services should be provided free of charge and during the staff member's working hours.

Required Health Services	
1) Tuberculosis Screening	
<ul style="list-style-type: none">• TB tests must be provided within 10 days of beginning employment, and annually, if not more frequently (such as after an exposure incident).• Staff members with a known positive TB test will need an annual TB symptom screening instead of a skin or blood test.• Staff members can get TB tests at<ul style="list-style-type: none">▪ Their personal doctor's office▪ On-site shelter clinics (only if the staff member does not have a primary care provider.)▪ If a staff member has their TB test done at an on-site shelter clinic and has a new positive result, they may be referred to the TB Clinic at SFGH.• Every site needs to keep track of its staff's TB testing records, both positive and negative results• <i>For more information on TB Screening, click here</i>	
2) Vaccinations	
<ul style="list-style-type: none">• Recommended vaccinations include	
Vaccine	Schedule
Influenza (seasonal)	One dose annually, during flu season
Measles	Two doses
Mumps	Two doses
Rubella	One dose
Tetanus, Diphtheria, and Acellular Pertussis (Tdap)	One dose, booster as recommended
Varicella-zoster (VZV)	Two doses
Hepatitis B	Three doses
Hepatitis A	Two doses

And any new disease outbreaks that occur (such as H1N1 influenza)

- Staff must be offered vaccines within 10 days of beginning work, unless
 - Staff member has already been vaccinated and is not due for an update
 - A healthcare provider determines the staff member has immunity
 - A healthcare provider determines the vaccine is not recommended for a staff member for medical reasons
- Staff can refuse recommended vaccines by signing a Vaccination Declination Statement.
 - *See Appendix F for a sample declination statement*
- Staff can get vaccines at
 - Their personal doctor's office
 - Dept of Public Health [mass vaccination events](#) (such as for H1N1, or pertussis)
 - The Dept of Public Health [Immunization Clinic](#) at 101 Grove
 - [Click here](#) for information on vaccination sites in SF
- Every site needs to track vaccinations and proof of immunity, recording
 - Staff name and date of vaccine (or determination of immunity)
 - If the staff member is immune, or if the staff member has restrictions on exposure or ability to receive vaccine
 - If additional doses of vaccine are required, and when

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3) After Disease Outbreaks in Shelters

- If there is a case of an ATD at your site then staff members need access to certain medical services, including
 - Evaluation by a healthcare provider
 - Appropriate vaccinations
 - Prophylaxis/Prevention medicine
 - Treatment

Employee Training

Employers need to provide staff trainings on the following topics when staff members begin working at their site or are reassigned, annually thereafter, and whenever the site's ATD policies or source control procedures are updated.

Training Modules	Specifics	Training venues <i>*preparation phase*</i>
ATD Policy & Procedures	<ul style="list-style-type: none"> • A copy of the ATD regulation and an explanation of its contents • Exposure Control Plan 	<i>Give to staff at orientation, discuss this document</i>
	<ul style="list-style-type: none"> • Exposure Incident Plan (for an ATD case) • Surge Plan (for large outbreaks) • TB Surveillance (like Cough Alert) 	<i>HSA and OSH are developing, can be included in orientation training</i>
Information on Aerosol Transmissible Disease	<ul style="list-style-type: none"> • General explanation of ATD • Which diseases are included • Signs and symptoms • Modes of transmission 	<i>DPH is developing a packet for orientation, and will provide information for mini-lessons on these topics</i>
Workplace Safety & Exposure Prevention	<ul style="list-style-type: none"> • How to recognize tasks that may expose staff to ATD • How to limit and prevent exposure including <ul style="list-style-type: none"> ○ Standard precautions ○ Decontamination and disinfection ○ Personal protective equipment (PPE) ○ Respirators 	<i>DPH is developing a packet for orientation, and will provide information for mini-lessons on these topics</i>

When a client is sick with an ATD

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

Identify

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

Self-screening refers to clients identifying themselves as possibly having an ATD.

- Post signs with general symptoms of ATD near the entrance to your site and in other key locations, such as bathrooms.
 - *Symptoms signs still being developed*
- Post signs with instructions to notify staff if clients are feeling unwell.
 - *See Appendix G for sign*
- Remind clients upon check-in and at community meetings of common symptoms of infectious diseases, and how to notify staff.
- When clients tell staff that they are feeling ill, have staff record the clients' names, symptoms, and bed numbers so they can be followed up with later by a supervisor (unless the situation is urgent and needs immediate medical attention)
 - *See Appendix E for sample Sick Client Monitoring Form*

Screening questionnaires are short and simple surveys that quickly determine if a client may be sick.

- At check-in, ask every client questions to screen them for possible ATD
 - Do you have a cough or sore throat?
 - Do you feel like you've been having fevers or chills?
 - Do you have any rashes or extreme itchiness on your skin?
- If clients answer positively to any of the questions, have the front-desk staff note their names, symptoms, and bed numbers down so they can be followed up with later by designated staff members, such as floor supervisors.
 - If a client is coughing or sneezing, give client a mask at check-in.
 - *See Appendix E for sample Sick Client Monitoring Form*

Follow Up is done by a designated staff member (such as the floor supervisor) after a client self-reports being ill or if a staff member screens a client and finds he/she might have an ATD.

- If the client has a cough, sore throat, or fever
 - If coughing, make sure the client has been given a mask.
 - Use the Cough Alert Policy and the Sick Client Decision Guide to determine if the client has an ATD.
 - Use the Sick Client Decision Guide to refer the client to the appropriate level of medical care.
 - *See Appendix A and Appendix B*
- If the client has a rash or extreme skin itchiness
 - Determine if the cause is most likely an **ATD** (spots or bumps, like chicken pox or measles), a **skin infection** (patches of irritated skin or open sores), or **bugs** (visible critters or bite marks).
 - For ATD cases, use the Sick Client Decision Guide to refer the client to the appropriate level of medical care
 - Spots must go to the ER or to urgent care (with a mask on transport). Call ahead and let them know a possibly infectious client is coming.
 - For skin infections, have the client clean the area with soap and water, then cover the area with a bandage (or gauze and tape). Make sure the client is seeing a medical provider, or refer them to a doctor during business hours.

- For bugs, follow your site's protocol, which should include
 - Bagging all belongings and sealing bags
 - Showering with soap
 - Changing clothes and laundering
 - Seeing a doctor within 36 hours (and helping with referral)

Isolate

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

- Clients that are coughing and/or have spots should be asked to wear a mask while indoors or in a vehicle
 - If a client refuses to wear a mask, practice social distancing with the client and have staff members wear masks when interacting with the ill client.
- Practice social distancing with any ill client
 - Limit the number of people in one place at any given time, such as having sick clients eat separately or sleep in a different section than non-sick clients.
 - *See Appendix C for more instructions on social distancing and isolation*
- If ill clients cannot be immediately transferred for medical evaluation, or do not need further medical care
 - Limit their movement throughout the facility and community
 - Have them stay in a separate room from others as much as possible
 - Allow them to rest, drink plenty of fluids, and have easy access to tissues and hand sanitizer

Transfer

Once a client has been identified as having a possible ATD and has been isolated from other people at your site, the client needs to be transferred to the appropriate medical facility

as soon as possible. Use the Sick Client Decision Guide to determine the appropriate level of medical care for the sick client. The three levels of care are

- 911 Emergency Room
- Urgent Care
- Primary Care
- *See Appendix A for the Sick Client Decision Guide*

If you send a client to urgent care or primary care make sure the client has a mask to wear during the transfer (or that staff have masks if a client refuses to wear one). Do not send clients to the doctor on public transportation—try to use the MAP van, taxis, or other individual transportation methods.

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

1. **Medical Facility Transportation Log:** Record every time a client leaves the site for medical reasons, regardless of which level of care the client is going to.
2. **Medical Facility Communication Sheet:** Complete the first page of the Communication Sheet and send with client or with staff/medical professionals who are transporting the client. If transferring client to urgent or primary care, call ahead to let the site know a potentially infectious client is coming.
3. **Critical Incident Report:** If 911 is called for the client, follow protocol and submit a Critical Incident Report. Make sure to also record the transfer in the Transportation Log.

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

After an ATD Case

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

1. Find out if the client had an ATD
 - a. The hospital or clinic may call you based on the information provided in the Medical Facility Communication Sheet, or
 - b. Call the hospital or clinic to follow up on your client
2. Call HSA to report an ATD
 - a. Call Briana Wirrom or Betsy Eddy
 - b. You can leave a message, but you must talk to a live person to report this, or you will need to complete step 4
3. File a Critical Incident Report
 - a. Include as much information as possible on how long the client has stayed at your site, and when he/she was sent to the hospital
4. If you have not been able to talk with HSA and the ATD case is a known TB case:
 - a. Report this directly to TB Control 415-206-8524 (not CDCU)
5. If you have not be able to talk with HSA and more than 20% of the clients and staff (and a minimum of 6 people) Have been sent out for medical evaluation for a suspected ATD/ILI.
 - a. Report directly to the Communicable Disease Control Unit (CDCU) by calling 145-554-2830. If the situation is urgent and after hours, follow the voice machine instructions for reaching the answering service which will contact the on-call communicable disease physician.
 - b. Individual cases of ATD that require CDCU involvement will be reported to the CDCU by health care providers

TB Control and CDCU can help determine if an investigation is need. HSA and TB Control can help conduct an investigation and CDCU can provide guidance for an investigation. An investigation can determine if other staff or clients have been exposed based on who has come into contact with the sick client. Ideally your site will have identified, isolated, and transferred

the ATD case quickly, and with regular prevention controls will have prevented the disease from spreading at your facility.

Recordkeeping

The previous sections have talked about the best ways to protect your site from diseases, but the best way to protect your facility from fines from Cal-OSHA is to keep detailed records of all transports, exposure incidents, trainings, medical services for staff, and anything else related to ATD. Below in the table are the main types of records you'll need to keep, and what minimum information you should be maintaining records on.

Type of Record	Info to Track
Medical records	<ul style="list-style-type: none"> • Employee name, ID • Vaccination status • Vaccination declination forms • Copies of any doctors' notes • TB assessment results • Doctors' assessments after exposure incidents
Training records	<ul style="list-style-type: none"> • Date(s) of training • Contents or summary of training • Names and qualifications of persons conducting training, or persons designated to respond to questions • Names and job titles of all staff who attended training
Implementation of ATD Program	Record of annual review of ATD Program (w/HSA) <ul style="list-style-type: none"> • Person conducting review • Dates the review was conducted and completed • Names and work areas of employees involved • Summary of conclusions
Exposure Incidents	<ul style="list-style-type: none"> • Date of incident • Names, employee IDs, included in exposure evaluation • Disease or pathogen to which employees may have been exposed • Name and job title of person performing evaluation • Identity of any local health officers and physicians consulted • Date of evaluation • Date of contact and contact info for any other employers involved
Unavailable Vaccinations	<ul style="list-style-type: none"> • Name of person who determined vaccine was not available • Name and affiliation of person providing vaccine availability

	information <ul style="list-style-type: none"> • Date of contact
Non-transfers	Records of decisions not to transfer client to another facility
Maintenance	Records of inspection, testing, and maintenance for <ul style="list-style-type: none"> • Ventilation and other air handling systems • Air filtration systems • Containment equipment • Biological safety cabinets • Waste treatment systems Record <ul style="list-style-type: none"> • Name and affiliation of persons performing the test, inspection, or maintenance • Date • Any significant findings and actions

All records (excepting confidential medical records) must be available to state and local health officers for examination and copying. Additionally all records must be available to employees upon request, and individual medical records must be available to the corresponding individual employees.

References and Links from Guide

Cal-OSHA ATD Regulation: <http://www.dir.ca.gov/title8/5199.html>

Information on specific Diseases:

Influenza: <http://www.sfcddcp.org/flu.html>

Measles: <http://www.sfcddcp.org/measles.html>

Meningococcal Disease: <http://www.sfcddcp.org/meningococcal.html>

Tuberculosis: <http://www.cdc.gov/tb/default.htm>

Pertussis (Whooping Cough): <http://sfcddcp.org/pertussis.html>

Varicella (Chicken Pox): <http://www.nlm.nih.gov/medlineplus/chickenpox.html>

SF Resources:

TB Clinic: <http://www.sfdph.org/dph/comupg/oservices/medSvs/TB/>

TB Screening: <http://www.sfdph.org/dph/comupg/oservices/medSvs/TB/TBScreen.asp>

Immunization Sites: <http://sfcddcp.org/IZlocations.html>

Protection and Cleaning:

Standard Precautions for Cleaning up Spills: <http://sutternva.kramesonline.com/HealthSheets/3,S,82544>

Instructions on using PPE: <http://sutternva.kramesonline.com/3,S,82545>

More instructions for using PPE: <http://www.cdc.gov/ncidod/dhqp/pdf/ppe/ppeposter1322.pdf>

How to mix bleach cleaning solution: http://www.clorox.com/products/usage.php?prod_id=clb&style=print

Signs:

SF DPH infect me not campaign: <http://www.sfcddcp.org/infectmaterials.html>

Clean hands save lives: <http://www.cdc.gov/h1n1flu/pdf/handwashing.pdf>

Wash your hands: <http://www.cdph.ca.gov/programs/immunize/Documents/IMM819.pdf>

Hand Sanitizer Use Sign: http://www.yorku.ca/epp/documents/sleeve_sneeze_hand_sanitizing.pdf

Cover your Cough: http://www.cdc.gov/flu/protect/pdf/covercough_hcp8-5x11.pdf

Cubra su tos: http://www.cdc.gov/flu/protect/espanol/pdf/covercough_hcp8-5x11span.pdf

Appendices Index

Appendix A—Sick Client Decision Guide and Urgent Care Information

Appendix B—Cough Alert Policy

Appendix C—Social Distancing and Isolation

Appendix D—Medical Facility Transportation Log and Communication Sheet

Appendix E—Sick Client Monitoring Form

Appendix F—Vaccination Declinations

Appendix G—Signs

Appendix A

Sick Client Decision Guide "When in doubt, transfer out"



Appendix A

San Francisco Urgent Care Centers

Tom Waddell Health Center Urgent Care

Address: 50 Lech Walesa (Ivy) St (near Polk & Grove intersection)

General Phone: 355-7400

Fax: 355-7468

Urgent Care Hours:

Monday-Friday 8am-6pm

Saturday 8:30am-5pm

SFGH Urgent Care Center

Address: 995 Potrero Ave, Bldg 80 1st floor

Phone: 206-8052

Fax: 206-8054

Urgent Care Hours:

Monday-Friday 8:00am-9:00pm

Saturday/Sunday/Holiday 8:00am-7:00pm

SFGH Pediatric Urgent Care

Address: 1001 Potrero Avenue, 6th floor

Phone: 206-8376

Fax: 206-6900

Urgent Care Hours:

Monday-Friday 8:30am-8:00pm

Saturday-Sunday 12pm-8:00pm





COUGH ALERT POLICY AND PROCEDURES For San Francisco Shelters & Resource Centers

Purpose: For the early identification and prevention of aerosol-transmissible disease (ATD) like influenza, whooping cough, or tuberculosis in clients in homeless shelters and residential treatment facilities.

Problem: Congregate settings pose an increased risk for the transmission of ATDs. Transmission occurs through droplets that are projected when an infected person coughs, sneezes, or talks, and another person breathes in these droplets or touches a surface that has been exposed to the droplets and then touches their eyes, nose, or mouth.

The cough alert policy has been developed to protect shelter and resource center clients and staff from ATDs. Staff plays a key role in detecting communicable diseases because of their familiarity with the clientele and facilities. This policy is to be implemented by facility staff working closely with clients or monitoring the sleeping rooms at night.

Definition: The cough alert procedures should be followed with all coughing clients.

Procedures: When a client is coughing:

1. Instruct client to follow cough etiquette, covering his/her nose and mouth with a tissue or sleeve when coughing, and washing his/her hands after coughing or touching the eyes, nose, or mouth. Show the client where hand sanitizer, tissues and trash bins are located.
2. Determine if the client has a fever:
 - a. With a thermometer, a fever is a temperature over 100.4°F.
 - b. Without a thermometer, a feverish client feels warm, appears flushed, and may be sweating or shivering.
3. If the client has a fever as well as a cough, give the client a mask to wear while indoors or using transportation.
4. Use the Sick Client Decision Guide to determine if and when the client should seek medical attention.
5. Notify supervisor and record the client's name, bed number, and the date on the floor's Sick Client Monitoring Form.

Appendix C

Social Distancing and Isolation Protocols

This contains information for shelter directors and shelter staff regarding **social distancing and isolation** as ways to *minimize the spread of certain infectious diseases to others*.

What is social distancing?

When there is evidence of a flu or another infectious illness in a congregate living facility (such as a shelter), social distancing is used to limit the number of people who are at the same place at the same time. This allows more physical space between people.

Depending on how many people are sick, social distancing can range from decreasing the number of people who can be together at one time, to stopping all activities that aren't necessary. It is important to explain to residents and staff why these changes are happening. This may help the clients who are ill from being stigmatized.

Recommendations for social distancing include:

- Ask a client with symptoms to stay in their bed until they have been fever-free for at least 24 hours (without the use of fever-reducing medication) to avoid contact with other people.
- For dorm-style shelters, beds should be arranged to ensure that the heads of the beds are at least 3 feet apart OR, if this isn't possible
 - Create temporary physical barriers between beds, using sheets or curtains. *This helps reduce droplet spread.*
- Other Social Distancing Recommendations:
 - Have meals brought in to the ill person's room or bed. OR
 - Have the ill resident eat at a different time or in an area separated from others.
 - Ask a client with symptoms who must leave their rooms/bed/area to wear facemasks.
 - Cancel the ill person's nonessential appointments at other agencies, group sessions, transfers between shelters, etc.
 - Create staggered schedules for residents with shared bathrooms.
 - If the client has medically necessary appointments, such as dialysis or chemotherapy, the sending facility should fill out a Medical Facility Communication Sheet; call the receiving facility ahead of time to notify them of the patient's infectious status and the patient should wear a facemask during transfer and his/her entire visit.
 - Limit the number of staff/visitors who enter the ill resident's room. Staff/visitors should be instructed on how to wear a facemask and how to perform hand hygiene
 - Improve ventilation in the room/floor to the extent possible
- If a large number of clients become ill (see isolation procedures):
 - Separate bathroom facilities may be designated
 - Beds/rooms may need to be rearranged
 - It may be necessary to close down common spaces altogether
- Residents with special needs may require additional support.
- See chart (next page) for more examples of social distancing:

Appendix C

Examples of Social Distancing in Congregate Settings

Sleeping Arrangements	<ul style="list-style-type: none"> • House fewer residents within a dorm/unit during flu season. • Arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use temporary barriers (foot lockers, curtains) to create distance between beds. • Move residents with ATD into separate rooms with closed doors, and provide a separate bathroom if possible. • If only shared rooms are available, consider housing the ill person in a room with the fewest number of other residents. • Do not house people with underlying conditions in the same room as people with ATD
Mealtimes	<ul style="list-style-type: none"> • Stagger mealtimes to reduce crowding in shared eating facilities. • Stagger the schedule for use of common/shared kitchens.
Bathrooms & Bathing	<ul style="list-style-type: none"> • Stagger bathroom schedule to reduce the number of people using the facilities at the same time. • Have one designated bathroom for ill persons (if possible something close to their rooms/beds)
Recreation/Common Areas	<ul style="list-style-type: none"> • Create a schedule for using common spaces. • Hold fewer large group activities such as “house meetings” in favor of smaller groups.
Transport	<ul style="list-style-type: none"> • Transport fewer people per trip so passengers don’t sit too close together. • Send clients in cab to medical care • Mask clients transport
Staff Activities	<ul style="list-style-type: none"> • Don’t hold large meetings when information can be communicated in other ways. • Consider conference calls instead of in-person meetings.

Table adapted from NYC’s Guidance for Preventing Transmission of Influenza in Congregate Care Facilities http://www.nyc.gov/html/doh/downloads/pdf/cd/h1n1_flu_congregate_faq.pdf

Isolation Procedures

For single cases

- Place the ill client at as much distance as possible from the rest of the shelter population
- Refer to recommendations for social distancing.
- Place ill client closest to the bathroom.

Appendix C

For a group of cases that is <20% of shelter population

- Isolate ill clients in a designated room (TV room, smoking room, community area)
- Designate one rest room for ill clients to use.
- Increase ventilation in the facility to the extent possible.
- Designate dedicated staff member(s) to be caregiver to persons in isolation. This staff member should wear a mask when providing direct care to the sick clients.
- Have client wear a surgical mask, and have staff wear a surgical mask when providing direct care within 3 feet.
- Have hand sanitizer, facial tissue and waste can or bag at each bedside of the sick.

For a group of cases that is >20% of shelter population

- Isolate clients on a floor or in a separate area of the building.
- OR Isolate ill clients at one shelter site.
- Increase ventilation in the facility to the extent possible.
- Designate dedicated staff member(s) to be caregiver to persons in isolation. This staff member should wear a mask when providing direct care to the sick clients.
- Have client wear a surgical mask, and have staff wear a surgical mask when providing direct care within 3 feet.
- Have hand sanitizer, facial tissue and waste can or bag at each bedside of the sick.

- Residents with special needs may require additional support.

Appendix C

	Less than 20% of the floor sick	More than 20% of the floor sick	Most of the floor sick
Most ideal  	Isolate separately in separate room (s)	Isolate in a common area or section	Designate one end of the floor as an isolation area
	Isolate together in a large room	Designate one end of the floor as an isolation area	Designate the floor as an isolation area
Least ideal	Isolate in a common area		

Adapted from Seattle & King County's An Influenza Pandemic Planning Guide for Homeless and Housing Service Providers http://www.nhchc.org/panflu_guidelines_homeless.pdf

Appendix D

Appendix D



City and County of San Francisco

Department of Public Health

Medical Facility Communication Sheet

Instructions:

- ✓ SENDING FACILITY (Shelter/Resource Center Supervisor): *Please fill out page 1 and fax to urgent care, send with ambulance, or instruct client to give to medical provider. Record client information in Medical Facility Transportation Log.*
- ✓ RECEIVING FACILITY (Urgent Care/ER/Inpatient): *This client has been referred to you from a homeless shelter or resource center. Please contact the agency below if the patient is admitted or held for >12hrs. Upon discharge, please fill out page 2, fax to shelter/resource center, and give copy to client.*

Date: _____

Sending agency information:

Name of agency sending the patient: _____

Name of person filling out this form: _____

Agency phone number: _____ Agency fax number: _____

Agency Type: Shelter-24hrs Shelter-night only Resource Center

Client information

Client's full name: _____

Client's date of birth (mm/dd/yyyy): _____

Name of shelter where client is staying: _____ Bed number: _____

If not in shelter where is client staying? _____

****IMPORTANT—Medical provider please take note**** The client will lose his/her bed at _____ and will need to be sent to a resource center to find new shelter.

TIME, DATE

Transfer information

Client is being sent to _____ at _____ AM/PM
NAME OF MEDICAL FACILITY EXACT TIME

Client is being sent by: Ambulance MAP van Taxi Other _____

☛ If client is coughing, client needs to be masked during transfer

Urgent Care Fax Information:

Tom Waddell 355-7468

SFGH Adults 206-8054

SFGH Pediatrics 206-6900

Updated 5/25/2010

Appendix D



City and County of San Francisco

Department of Public Health

Medical Facility Communication Sheet

Discharge information:

Patient was seen and is being discharged from: _____
MEDICAL FACILITY

Contact name: _____

Contact phone number: _____ Fax number: _____

Transfer information:

***NOTE: To discharge to shelter, the client must meet the criteria of being sent to shelter, as outlined by Medical Social Services Department Practice Guideline Number 1.9.*

Client is being sent to _____ at _____ AM/PM
SHELTER/RESOURCE CENTER EXACT TIME

Client is being sent by: MAP van Taxi Other _____

Discharge instructions (to be filled out by medical provider)
Please check all that apply:

- Please allow daytime bed rest (Rest & Recline Program) if available for ____ days.
- Client is still contagious. Client should be in private room if possible, and needs to wear a mask when in public spaces until _____.
- Client has a follow up appointment on _____ at _____.
- Client needs to call for a follow up appointment at _____ clinic.
- Client has an (please circle) electronic / written prescription that needs to be filled at _____ pharmacy.

SF Shelter and Resource Center Fax Information:

Next Door 292-2174
Hospitality House 749-2136
Providence 642-0156
Mission Neighborhood 241-9758
St. Joseph's Family 550-4479

MSC South 597-7946
Dolores Street 282-2826
Lark Inn 749-2967
United Council 822-3436
Compass Family 644-0380

ESC Sanctuary 487-3729
A Woman's Place 703-9657
150 Otis 577-6033
Hamilton Family 292-9951
Connecting Point 442-5138

Appendix F

Vaccination Declination Statement

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with _____ (name of disease or pathogen). I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring _____, a serious disease. If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

Employee Signature

Date

Seasonal Influenza Vaccination Declination Statement

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring seasonal influenza. I have been given the opportunity to be vaccinated against this infection at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at increased risk of acquiring influenza. If, during the season for which the CDC recommends administration of the influenza vaccine, I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

Employee Signature

Date

Let staff know if you're feeling sick!



Do you have a

- ✓ Fever
- ✓ Sore throat
- ✓ Cough
- ✓ Rash



Then you may have the flu or another sickness! Tell a staff member so they can help you figure out if you need to see a doctor.



**Don't worry, letting staff know
you're sick will not make you lose
your bed!!**



Avísele al personal si se siente enfermo!



Tiene...

- ✓ *Fiebre*
- ✓ *Dolor en la garganta*
- ✓ *Tos*
- ✓ *Erupción*



*Entonces Usted puede tener la Gripe u otr enfermedad!
Avísele a un miembro del personal para que determinen si
usted necesita ver a un medico.*



No se preocupe, ¡¡no perdiera su cama!!, si le avisa al personal que no se siente bien

