

## Shelter Operations Plan (Phase II)

This plan covers changes to HHC operation that are intended to allow us to continue our services in the safest way for staff, guests, participants, volunteers and visitors. This plan is based on a community wide positive test rate of below 5% and daily new cases below 5 per 100,000. If the community level of infection increases, we will revise this plan.

### **1. Screening and General safety**

All staff and guests will be required to wear masks when on site at HHC except:

- when eating (allowed outdoors, in quarantine area or in private offices only),
- in a private office/rooms with four or fewer people maintaining social distancing,
- outdoors and maintaining at least six feet of social distance (including smoking),
- in bed or
- showering.

Masks will be available in the Help Center, Resource Center, front desk and staff offices.

Staff will conduct routine screening for symptoms of illness (see below) but all staff and guests are also encouraged to report any observations that might indicate illness to the shelter supervisor/manager for further review.

Staff, guests and volunteers will be expected to maintain appropriate social distancing when on HHC grounds. All HHC staff should be alert to overcrowding and notify a supervisor if they see conditions where people cannot (or are not) maintaining social distancing. Capacity signs will be posted in each area.

Special attention will be directed to managing in-person CAN/Diversion meetings. HHC staff conducting in person meetings with new people should begin each interview with a brief symptom/history screening questionnaire. If there is any cause for concern, staff should take needed precautions including converting to a virtual interview approach. Use of outdoor space (new tent area near shed) should be used where possible for initial interviews.

Designated staff will be responsible for routine cleaning but all staff are responsible for being alert for times/places where extra cleaning is warranted. All key HHC locations will be supplied

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with hand sanitizer and cleaning supplies for staff use. If supplies are missing, notify Shelter supervisor immediately.

All staff must play a role in safety but the shelter shift supervisor has primary responsibility for monitoring compliance with mask wearing and social distancing.

Staff working off-site are expected to follow basic Covid precautions when working with participants and to let his/her supervisor know if there are any issues/concerns.

## **2. QUARENTINE**

### **a. Quarantine target population**

The following people seeking supports from NLHHC will need to quarantine until negative test results can be secured.

- People coming to CT from states on the Governor's list
- People coming from a congregate setting such as incarceration or a nursing home (unless we can confirm that exposure risk in congregate setting was minimal).
- People who are not symptomatic but have been in close contact with an individual who has been confirmed Covid positive.

The following people seeking supports from NLHHC will need to isolate (see next section) until cleared by testing and medical staff.

- People who test positive for Covid-19.
- People with symptoms consistent with Covid-19.

Those who are assigned to Quarantine or Isolation will not be allowed to use the regular shelter or daytime hospitality center until cleared. Face-to-face meetings with HHC staff will also be minimized to essential conversations and carefully planned to maximize safety including meeting outdoors, careful use of PPE's and use of virtual meetings where possible.

### **b. Quarantine logistics**

Individuals who need to quarantine may choose to make their own arrangements off site. Those quarantining off-site will remain in contact with Rana/Dana by phone and can complete required testing and other tasks needed to complete the quarantine process.

For those who cannot quarantine off-site, HHC will offer an on-site quarantine option.

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Quarantine space for up to four individuals will be provided by converting current offices on the lower level to quarantine space. (The safe room will still be available if needed for low demand veterans and for use as a short-term quarantine room if needed overnight.) Individuals in quarantine will have an assigned sleeping space and will have access to a seating area outside the sleeping rooms. Individuals in quarantine will all use one designated bathroom on the lower level. (The other bathroom will be for respite guests. Bathrooms will be used by one person at a time and have signage and an indication that they are in use).

Individuals in quarantine will have designated times to shower and take smoke breaks.

Meals will be delivered to the quarantine area and individuals in quarantine will eat in the quarantine area.

Room assignment for people in Quarantine will be managed by Rana/Dana but will be recorded on the bed list. (People in Quarantine will not be formally admitted to shelter or do a shelter enrollment until they follow the regular shelter admission process.)

Individuals in quarantine will be supported by Rana during regular business hours to facilitate access to testing and help in addressing other issues that impact the individual's ability to observe quarantine procedures. HHC will invest in making quarantine as palatable as possible, staff will work one-on-one with people quarantined to discuss ways of making compliance possible and staff will facilitate access to the earliest appropriate testing so that people who test negative can be released from quarantine as quickly as possible. This support includes adopting a harm reduction approach that seeks to meet participant needs during quarantine where these actions do not endanger the safety of other guests or staff.

Shelter staff will be responsible for knowing who is in quarantine and for watching shelter grounds and other shelter spaces to identify individuals who fail to follow quarantine guidelines. People who do not follow quarantine protocols will be required to leave HHC grounds.

Individuals in quarantine who test negative for Covid or are cleared by medical staff (CHC, hospital, VNA) become eligible for regular shelter use. After need for quarantine is completed, the person is subject to normal shelter rules including attendance requirements and wait list.

### **c. Admission to quarantine**

Individuals required to quarantine could be identified from several sources but the initial process for admission to quarantine varies based on how the individual reaches HHC.

#### **Individuals referred from DOC to NLHHC case management**

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All individuals referred from DOC to NLHHC case management will need to remain off-site until cleared for quarantine. This could be a short hotel stay if needed. David Horst (or other housing support team) staff will be responsible for managing the transition from DOC custody to a safe off-site location on the day of discharge. On the next business day, David Horst (or other housing support team staff) will contact Rana Hamlin to discuss transfer to HHC quarantine if needed. Rana will consult with shelter staff to determine if transfer to HHC quarantine is appropriate (for example people on the banned list will require special approval to be admitted to quarantine). If cleared by shelter manager, Rana will admit the person to HHC quarantine and David Horst will facilitate the CAN assessment process including placing on the wait list if appropriate.

### **Other people who require quarantine.**

Individuals identified during the work day should be asked to wait in a safe location and then referred to Dana/Rana. The staff member who originally identifies the need for quarantine is responsible for assuring the individual has a place to safely wait for assistance. Dana/Rana will conduct a brief interview with the person identified and determine if they can be placed in quarantine space. If so, Rana/Dana will assign room and review quarantine guidelines (attached). If all quarantine capacity is occupied, individuals in need of quarantine will be provided with access to a hotel room until space is available at HHC.

Individuals identified after hours or on weekends will need to be directed immediately to Quarantine on-site in the designated quarantine rooms or the “safe room” if needed. The shelter supervisor on duty at the time the need for quarantine is identified is responsible for helping the person understand quarantine protocols, get set up in the quarantine room, alert staff on the need to provide meals and provide instructions on how to use the phone in the room to contact staff if needed. Staff should text Dana/Rana to let them know a new person has been placed in quarantine.

### **3. Isolation**

Individuals in need of isolation supports will be referred to the new Q&I contract managed by TVCCA. [insert process once we have it].

People waiting to be connected to TVCCA for isolation support should be transferred to a hotel by the Rana/Dana during daytime hours and shelter supervisor at other times. **[need some more work on this]**

### **4. Testing (Dana)**

- a. Comprehensive testing

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Our goal is to expanded testing to both guests and staff at least monthly.

Guest participation in testing will be required to remain in regular shelter. Anyone who misses scheduled testing will be provided two business days to get tested. People without symptoms may remain in shelter while they wait for test results. Failure to complete testing and confirm results will result in the person being barred from shelter and HHC grounds.

Staff will be asked to complete testing monthly (on site or at a location of their choice). Staff will be asked to report results verbally to Personnel Manager within 7 days of the monthly on-site testing scheduled with CHC.

b. As needed testing

Anyone who would like testing can seek support in getting access to testing from Dana. HHC will provide sick time for staff and make arrangements to cover any costs incurred.

## **5. Screening**

- Continue temp/symptom checks for all guests three nights a week (M-W-F) with appropriate PPE's. Any new guests should be screened the first night they are in shelter. Any guests showing or reporting symptoms would also be screened that same night. Shelter supervisors are responsible for assuring that screening is completed on each shift (new or symptomatic people every night/whole shelter three times a week).
- Individuals screened each night to be recorded on appropriate forms and placed on shelter manager's desk. If no one was screened indicate that on the shelter supervisor daily check list.
- Guests with symptoms should be placed in a quarantine room until their situation can be investigated. Staff identifying need for quarantine is responsible for assigning room and reviewing quarantine guidelines with guest if Dana/Rana are not available. Dana/Rana should be informed of and follow up with access to quarantine or clearance as appropriate.

## **6. REGULAR SHELTER OPERATION**

- Limit admit list (excluding respite and quarantine) to 37 (29 beds plus six assigned to main floor plus up to two same night emergency admissions). We will assign 29 beds. Anyone on the admit list who is not assigned a bed, will be provided access to a mat at night (on the main floor with social distancing and head/toe sleeping).
- We have indoor seating in the shelter building for 21 (excluding respite and quarantine). If more seating is required shelter staff will:

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- Open up sleeping areas during the daytime (20+)
  - Encourage use of outdoor space (20+)
  - Open up the Jarrett Center conference room at night (8)
  - Open up the Jarrett Center resource center at night (5)
- Shelter beds will be arranged to enforce head to toe sleeping. Shelter supervisors are responsible for checking compliance.
  - People with assigned beds must come in a minimum of six nights a week to retain their assigned bed. Anyone who has an assigned bed and does not come in will lose his/her assigned bed immediately **IF** he/she misses more than one night in a week. (i.e. the second night in a week the person does not come in the bed will be reassigned.)
    - The second shift shelter supervisor will be responsible for creating a list every evening of people who have not come in for a second night that week. Second shift supervisor also makes a notation on the bed list that the bed is no longer assigned.
    - The next day, daytime shelter supervisor makes arrangements to remove bedding, empty locker (placing all belongings in a bag with the person's name and moving to a temporary locker in the shed). Shelter supervisor alerts cleaning crew of need to clean sleeping area
    - Tori reassigns beds for that evening. (On Saturday/Sunday shelter supervisor may assign a bed that has been cleaned on a night by night basis.)

A person who loses his/her assigned bed may continue on the shelter admit list (if otherwise eligible) with access to a mat for one week. After one week of coming in at least six nights, the person may be eligible for an assigned bed again as one becomes available.

- Anyone on the admit list who comes in fewer than 5 nights a week will be discharged from shelter immediately (i.e. once a person misses a third night in any one week, they will be immediately dropped from the shelter admit list) but can go back on the wait list if he/she requests.
- In addition to the admit list, shelter staff will have the flexibility to allow up to two night by night emergency shelter stays on mats for very vulnerable people. Individuals admitted on a night by night basis should be offered sleeping space in a separate area (Help Center) rather than the main floor.
- Retain current one-way traffic flow in the shelter.

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- Limit shower use to one person at a time.
- No food/drink inside shelter.
- Allow access to sleeping areas until at least 10:00 am.
- Stop routine wandering at night but ask people to empty their pockets/bags for inspection. Wandering would continue on a case by case basis with appropriate PPE. Kate will maintain a supply of PPE's and assure that staff is trained in their use and that they are available to staff as needed.

#### **7. WINTER NO-FREEZE**

TBD

#### **8. Seating Capacity (Shelter supervisor)**

Space capacity monitored by staff:

Main floor: 3 60" tables with 4 seats each=12  
Help Center=9  
Resource center=5  
Jarrett Center Conference Room=8

In bad weather where this capacity is not enough for everyone on the shelter admit list, sleeping areas will be opened up during the day to allow people to spread out more. At night the shelter supervisor can also open up spaces in the Jarrett Center including the conference room and the Resource center

During the day, once inside the shelter capacity is reached, others allowed on-site will need to wait in the tent area until there is room for them indoors.

The shelter shift supervisor is responsible for managing capacity issues to assure maintenance of social distancing.

#### **9. CLEANING**

Continue frequent cleaning seven days a week (cleaning crew every day except Sunday plus David Young five days including Sunday)

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Don (or assigned covering staff) to supervise cleaning crew Monday-Saturday. Cleaning crews will have all required PPE's and training in safe and effective cleaning methods.

Shelter Supervisor on duty to check work of cleaning crew. Andy to assure that we have enough supplies including disinfectant available at all shared equipment (copier, phone) and in every office. Don (Dave on Sunday) to assure that all bathrooms etc. are properly stocked and let Andy know of any projected supply shortages.

Cleaning crew to complete cleaning tasks in accordance with check list Monday-Saturday. Dave Young completes key tasks on Sunday with support from shelter supervisor.

Shared spaces to be cleaned more frequently—after each use or twice a day.

Help Center computers/phones—Ada/Katherine  
Front Desk—Kate/shelter supervisor  
Resource Center—Lisa  
Small conference rooms—Lisa

Person assigning beds has responsibility for making a new name label for the locker that goes with the assigned bed. Also responsible for removing old name (and any old belongings), placing new name and leaving locker ready for use by new person.

## **10. LOCKERS**

Shelter Supervisor on duty is responsible for assigning lockers for people without an assigned bed.

- Every assigned bed has a locker—when bed is no longer assigned things must be removed from assigned locker the same day. Label with the person's name and keep up to one week in shed.
- People on admit list without an assigned bed should be assigned a locker in the shed. Note locker number assigned on the bed list, the master locker list (in locker tote) and make name label to go on locker. Again, once the person is off the admit list, locker must be cleared out immediately.
- Tori will use the bed list notes to update the admit list record of locker number.
- People on wait list may request a locker in the shed. Same process as those on the admit list without an assigned bed.

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- All personal belongings must be stored in lockers. Nothing may be left on or under the bed. Anything that is left out after 10:00 am is to be bagged with the bed number and removed. Hold for one week then discard.
- Stop using the following lockers in the shed for guest use: 343,346,342,345,341,344, 122,119,123,120,124,121 (Convert to lockers for HHC use)

Shelter supervisor on duty on Saturday first shift responsible for full check of lockers

- Check that all lockers with contents have name labels (if not investigate and label or remove items in locker to shed.)
- Reconcile names on lockers to admit list. Make corrections on Saturday bed list or remove items from lockers not properly assigned and place in shed. Update master locker list.

**11. Supplies/Facilities**

Install higher grade filter in shelter air handling system.

Andy will work with Shelter supervisor, Don and cleaning crew to keep HHC properly stocked with cleaning related supplies.

Andy will also work to acquire back up supplies to be stored off site as follows:

<b>Supply Item</b>	<b>Goal</b>
Toilet paper (large rolls)	120 rolls
Tri-fold towels	10,000 sheets
Hand soap	25 gallons
Hand sanitizer	120 bottles
Paper towels	300 rolls
Kleenex	100 boxes
Lysol/Disinfectant	100 gallons
Bleach	5 gallons
Laundry pods	1,000
Paper cups	5,000
Plates	3,500
Utensil sets	3,500
Gloves	1,000
Gowns (disposable)	50
Spray bottles	10
Masks	800

## **12. MEALS/FOOD**

All meals and food outdoors only until weather is too cold. [Plan for winter food still in the works with Meal Center.] In bad weather will use 16 seats under the tent with people eating in shifts. In good weather, people can spread out to outdoor tables and all eat at the same time.

Only people in quarantine will eat indoors.

Food service precautions—staff with gloves and mask, single serving utensils, disposable paper products, access to hand washing.

Food served from small tent.

Guests may not bring any food inside the shelter. Any guest with special medical needs that require access to food will be asked to meet with Deb to develop a plan. Shelter staff will also have access to emergency food supplies that will be kept in the staff kitchen to be used to meet unanticipated medical needs of diabetics and others with special medical needs.

## **13. SMOKING AREA and GROUNDS**

Limit smoking area to shelter guests or people from Covenant.

Max of two people in shed at a time

## **14. COORDINATED ACCESS AND DIVERSION**

Continue phone-based CAN assessments for regularly scheduled 211 appointments.

Same day appointments (3:00-5:00) will continue but will be done by phone if possible (by Barbara M or staff scheduled). If someone needs to be seen in person, Barbara Montrose has agreed to cover these situations.

Diversion continues both over the phone and in person.

Screening for people who need to quarantine and education on basic Covid precautions to be part of coordinated access process.

## **15. HELP CENTER AND RESOURCE CENTER**

Both the Help Center and the Resource Center are broadly available but still require a focused purpose for being there. People who are not staying in shelter will be able to access specific

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service in the Help Center and Resource Center but will be asked to leave property when their business is completed.

Full operation Monday-Friday

Weekend access to Help Center for shelter guests only

### Staffing

Help Center (Ada, Katherine)—employment, ID's, computer use for a specific purpose (not just email)

Resource Center (Lisa, Barbara M, Barbara P)—people coming for appointments with HHC staff, telehealth appointments, other video-based uses, mail, Coordinated Access Emergency appointments, Diversion, people completing RRH paperwork

### Capacity

Staff supervising spaces will be responsible for monitoring capacity.

    Triage conference room 3 using computers, 2-3 waiting plus Lisa and Barbara P.

    Jarrett Center small rooms—kitchen and basement room 1 person using computer, middle room staff plus one person.

    Help Center 9 guests/participants and up to 3 staff/volunteers.

Once spaces are at capacity any additional people with approved business to complete will need to wait outdoors until space is available. Resource Center has buzzer system to call people when we have space available.

As noted above staff monitoring these spaces will also be responsible for cleaning needed between uses.

Volunteers will be welcome as they feel comfortable returning and will be scheduled with capacity limits in mind.

## **16. STAFF SPACE**

Staff must wear masks unless they are in a private work space, meeting outdoors with at least six feet of social distance or meeting in the conference room with fewer than 5 people all socially distancing.

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Staff office space to be separated from space used for meeting with participants to the maximum extent possible to allow each space to be set up to meet safety guidelines.

No guests/participants on the second floor of the Jarrett Center. (People coming for appointments should report to Lisa in the Resource Center who will call staff to come down.)

Staff/participant meetings outdoors encouraged.

Housing location unit uses cubicles for office work—no guests/participants in this space.

The former housing location office has been converted to a shared meeting space. People here to see housing, check in at Resource Center and staff will come out to escort participant to meeting space. Case managers from housing team (PSH and RRH) may also use this space for meetings if needed.

Staff using shared meeting areas to meet with guests are responsible for appropriate cleaning as needed. Don/Shelter supervisor to assure that all areas are fully stocked with appropriate cleaning supplies.

Door to smoking area and from triage center to housing location unit will be locked to limit access. Staff will escort guests to meeting room.

Door to triage center will be open from 8:30-4:30 Monday to Friday to allow access to Triage center. This door will also be open 4:30-6:00 daily to provide bathroom access when shelter is closed for cleaning.

Install air purifiers in Jarrett Center offices as needed.

## **17. VEHICLES**

Staff may transport guests/participants by observing the following precautions.

- Do not transport guests/participants who report any symptoms.
- Both guest/participant and staff wear masks at all time.
- Staff member is responsible for thoroughly cleaning the vehicle after each use.

Add barriers to bus and at least one other vehicle to be used for transporting guests.

Andy to assure that each vehicle has appropriate cleaning supplies.

## Health Screening Form

Screener \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ HMIS #: \_\_\_\_\_

In order to make every effort to keep folks healthy and connect people to the care they need, we are asking everyone questions about their health.

1. **Do you have a fever? YES / NO IF YES reading: \_\_\_\_\_**  
(If you have access to a thermometer and appropriate PPE's, use that to confirm fever rather than relying on self-report. A fever is a temperature over 100.4 degrees.)
2. **Do you have a new or worsening cough? YES / NO**
3. **Do you have new or worsening shortness of breath / difficulty breathing / chest tightness? YES / NO**
4. **Do you have unexplained severe fatigue or muscle pain? YES / NO**
5. **Do you have a sore throat? YES / NO**
6. **Do you have a new headache? YES / NO**
7. **Do you have new loss of taste or smell? YES / NO**
8. **Do you have unexplained chills? YES / NO**
9. **Do you have repeated shaking with chills? YES / NO**
10. **Have you had contact with someone who is sick in the past 14 days? YES / NO**
11. **In the past week have you slept in a place with lots of people? YES / NO**  
  
If yes, please circle one: Nursing Home, Shelter (not NLHHC), DOC, Hospital, Other \_\_\_\_\_
12. **Do you have a blood disorder, kidney, liver, heart or lung disease, diabetes, high blood pressure, or any immunosuppressant condition? YES / NO**

**If any YES answers, see back of form for next steps**

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**If YES to any one of the questions 1 through 9**, investigate if the condition is pre-existing (e.g. “I have had headaches for years”) or has a clear explanation (e.g. aches associated with a recent fall).

**Notes:**

**If YES to question 10**, investigate if the symptoms of the person who was sick included any of those covered in 1-9 and were new or worsening.

**Notes:**

➡ If reported symptoms (theirs or someone they have been in close contact with) are **NEW** or **WORSENING** and unexplained ask the person to wear a mask and isolate as much as possible. During business hours staff should call Dana or Rana for next steps. At other times staff should assign person to a room in quarantine and ask them to stay isolated until their situation can be investigated more fully.

**If YES to question 11**, collect additional information to determine if possible Covid exposure.

**Notes:**

➡ For all people coming from these settings quarantine will be required. During business hours staff should call Dana or Rana for next steps. At other times staff should assign person to a room in quarantine and ask them to stay isolated until their situation can be investigated more fully.

**If YES to question 12**, this person may be at greater risk from infection. Please notify shelter manager so that we can arrange the most appropriate shelter placement.