Several of the questions below ask if the way to interact safely with a client in these various scenarios requires gloves or masks. Our providers don’t have any or have very limited amounts of either. If one of the tasks below should be completed with gloves or a mask or if there is an alternative way, please be sure to let the providers know.

Outreach

1. Social distancing recommendations are that you should stand 6 feet away from someone. It can be very hard to hear/interact with a client from that distance outside. If staff will be 3 feet or less from a client, should my staff be wearing gloves or masks?
   - Because Outreach is not a controlled environment, it is recommended that staff wear masks & gloves (masks can be under chin until needed).
   - If you’re standing within 6 ft from someone for longer than 6 minutes, then you are considered to be “close contact”.
   - If you’re handing someone something and they don’t touch you or sneeze on you, you’re almost at zero risk of contracting the virus.
     - If they hand you something, there’s a chance that the virus may be on it.
2. Regarding masks:
   - It’s OK to wear the same one the entire shift
   - Don’t discard mask after every interaction unless
     - It gets wet
     - It’s contaminated
     - It’s falling apart
3. Regarding gloves:
   - Wear them if clients will hand you something
   - Don’t touch your face
   - Gloves don’t have to be discarded unless you touch something that may be contaminated.
   - If you forget don’t worry, just clean the surface of what you touched with the glove.
   - If you are handing out hand sanitizer and a piece of paper, you don’t necessarily have to wear gloves. Wear them only if you feel like the person might touch you.
4. Viruses are “non-living biologicals”. In order for something to be alive, it has to be able to breathe, eat, move, grow, & reproduce. Viruses do not do this. They cannot move across a piece of paper. It stays where it lands.
5. When would outreach need to wear a face shield?
   - If someone will be spitting or coughing at you. Masks don’t protect your eyes. Any kind of safety glasses are fine for this.
6. If someone should go up to an outreach worker and say, “I am symptomatic, what should the worker do?
   - The 6 ft rule still pertains.
7. Is meeting outside any safer than meeting inside? A little bit. If someone coughs outside the wind can dissipate as opposed to inside where it can stay around more. However, the droplets drop straight down to the ground.

Case Management

1. Should staff be entering a client’s apartment for a home visit?
   - If yes, what precautions do you recommend.
   - Make the assumption that they are infected so take precautions.
   - Minimize the time that you are in clients’ homes.
o Don’t sit down if you don’t have to.
o Shorten the visit as much as possible and don’t touch anything.
o It is essential that case management continue during this crisis, especially for those that have lost income or become sick. However, virtual visits may work better during this time, especially for clients that have symptoms.

2. If staff do a home visit and only stand in a client’s doorway, do they need to wear a mask?
o No, as long as you’re practicing social distancing and staying at least 6 ft away. Droplets from coughing or sneezing can travel at least 5 ft so having a regular conversation with someone 6 ft away does not require a mask.

3. Should staff be wearing gloves when completing documentation with a client?
o Only if they will be handing you something.

4. What are safe precautions to take while meeting with a client indoors with 10 people or less in a room?
o What about 20 people or less?
o There’s not a scientific basis for this number, it was just one picked by government leaders. The idea is that the more people there are, the greater the chance that one will have the virus and spread it to others. Social distancing is key and as well as the amount of time spent in groups.

Shelter/ TH/SRO

1. In our shelters, it can be near impossible to distance people following the social distancing guidelines. Do staff need PPE to interact with clients?
o Difficult question to answer. If there’s no one showing symptoms, there’s no need for PPEs. In a world of unlimited PPEs the answer would be “yes”. But these supplies are limited and should only be used if NEEDED. The need would be for staff that are maybe working with clients with symptoms that have been placed in isolation. Practice social distancing as much as possible. Clients that are showing symptoms should be given surgical masks & staff dealing with them should use N-95.

2. At what point should my facility consider shutting down and performing a shelter in place for all our clients?
o If there’s a situation where there is communal living (like small bunks), everyone else in that room would meet the definition of close contact. The symptomatic people should be separated from the others, but everyone else should self-isolate for 14 days.
o The building itself is not infected. It can be sanitized with bleach and water.

3. Since the incubation period for the virus can last for 2-14 days, should staff working in shelters wear PPE with clients whether they have symptoms or not?

4. What happens if one person in an SRO gets the virus? Would ALL residents have to self-isolate? Would staff? What happens if the person refuses?
o The person with the virus should self-isolate in their unit.
o Staff or other residents should not do this unless they meet the definition of close contact with that person. If this is the case, then those people should self-isolate for 14 days.
o If the person refuses a doctor’s order, a judge will enforce it with a Constable or Sheriff’s Deputy.
For all

1. If a staff member is over the age of 60 and/or has a compromised immune system or a health history that might make them more vulnerable to the virus, can they safely interact with clients?
   o If yes, what does that look like?
   o Everyone, regardless of age, has the same likelihood of getting infected.
   o Those that are 55 years or older have a greater chance of having serious complications from the infect. So, it’s best to minimize as much as possible these individuals having contact with others.
   o Young people are just as likely to get infected, but they don’t get as terribly ill as older people. This is dangerous because they can be infecting others without knowing it.

2. Should staff be wearing gloves when interacting with all clients?
   o No, the skin is a great barrier. The virus likes mucous membranes. If someone with symptoms touches you, just wash your hands for a minimum of 20 seconds.

3. Should staff be wearing a mask when interacting with clients?
   o No, you can walk by someone with the virus and not be infected. If they cough on you it would be different depending on the location. If it happens outside, the wind would immediately disperse and dilute the droplets. If it happens inside, the droplets would remain in one place longer. So, there’s not really a risk of someone breathing but rather of sneezing, coughing, etc.