

Shelter Health and Wellness San Francisco DPH

Public Health Nurse Perspective

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Shelter System in San Francisco

- Over 21 emergency shelters
- 1,155 city-funded beds for single adults and families
- Human Services Agency contracts eight different agencies to provide shelter services, including:
 - Government
 - Non-profit
 - Faith-based organizations



SF Shelter System

- Overseen by Human Service Agency
- DPH assists with recommendations for health and safety issues
 - Shelter Health (teaching, support, policies, dietary consultation)
 - Environmental Health (bedbug recommendations)
 - Disease Control (ATD Guidelines)
 - Tuberculosis Control Unit (Shelter guidelines and ongoing disease control)

CHANGES System

- Tracking system using fingerprint images
 - Contains:
 - Demographics with a photo
 - Where you are (what shelter, what bed)
 - History in the system
 - Some Narrative information
 - **Annual Tb clearance information**
 - Turns orange one month before expiration then turns red when expired.
 - Daily bed rosters show all expired Tb clearance in red
 - If expired clients cannot renew their reservation until cleared
 - Existing reservations are not cancelled but clients are given 10 days to renew
 - Critical alerts

Reservation System

- Reservation stations: In person at drop in centers for nightly beds and long term beds
- Now using 311 for 90 day bed reservations for people who are already in the CHANGES system.
 - Operator is prompted to discuss need for TB clearance and offers a list of testing sites

Adult Shelters



On-Site Clinics



- Offer PPD placement, readings and administer clearance cards. Referral to TB clinic for new positives/symptomatic clients.

Aerosol Transmissible Disease Guidelines

- All shelters are required to comply with California's Occupational Safety and Health Administration (Cal-OSHA) Aerosol Transmissible Disease Guidelines
- A user friendly manual specific for shelters and residential facilities.
 - Distribute manuals to all sites
 - Work with shelter directors individually to make sure each shelter understands how to comply with the OSHA ATD guidelines

Preventing Aerosol Transmittable 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.

Aerosol Transmissible Disease Guidelines



City and County of San Francisco

Department of Public Health

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

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

Aerosol Transmissible Disease Guidelines

Appendix G

**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.

**DOES THE CLIENT HAVE A FEVER GREATER THAN 100°
AND SORE THROAT, COUGH, or SPOTS**

NO

No Action
Required

EMERGENCY: TREATMENT NOW



DOES THE CLIENT HAVE?

- Shortness of breath
- Painful breathing
- Severe vomiting
- Unresponsive

YES

CALL 911



DOES THE CLIENT HAVE?

- Spots or bumps
- Pregnant
- Under 2 or older than 65
- Chronic heart, lung, kidney disease
- Diabetes, HIV, Cancer
- Long term aspirin therapy
- Severe weakness
- Coughing up blood

YES

Urgent Care

URGENT: TREATMENT SOON



DOES THE CLIENT HAVE?

- Aching muscles
- Headache
- Runny/stuff nose
- Feel tired
- Feels sick for more than three days

YES

Non-urgent
Call/visit primary care or call
advice nurse: Adult: 206-8053
Child: 206-8838

NON URGENT: CALL FOR ADVICE

NO

No Action
Required

Training Shelter Staff

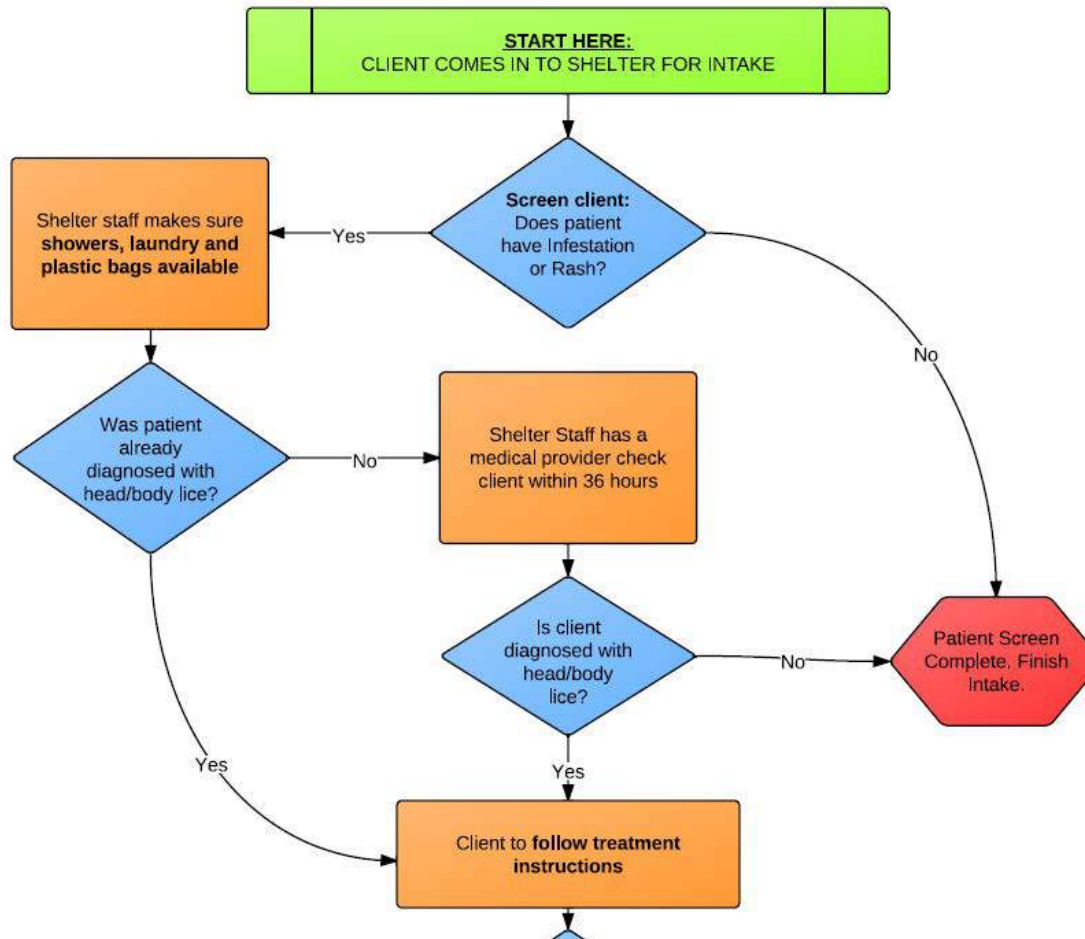
Challenges

- High staff turnover
- Short staff
- Training Costs \$\$\$ in staff time and coverage alone
- Most trainings are hard for staff to retain over time (and often boring)

Strategies

- Keep It Simple, Stupid (K.I.S.S. method)
- Make it funny/eye catching
- Make it sustainable
- Create guides for every level
 - *Directors* - Guidelines/Policies
 - *Supervisors* -Flow Charts
 - *Line staff* -Easy to read accessible messages
 - *Clients* -Handouts/Posters
- Revisit shelter frequently and review a few topics at a time
- Be available for ongoing support and advise

Add easy to follow flow sheets to policies



WHEN IN DOUBT, TRANSFER OUT

KNOW
SICK
WHEN YOU
SEE IT,
AND ACT

IF IT DOESN'T SEEM RIGHT,
IT PROBABLY ISN'T



Screen clients at check-in time:

- Do you have a sore throat or a cough and fevers?
- Do you have any spots or a rash on your body?
- Shortness of breath?
- Severe vomiting?

If a client's behavior or health does not seem 'normal' to you, that's a good enough reason to look for medical care for that person.

Help arrange for clients to see a Medical Provider as soon as possible if you think they are sick.

There are many Urgent Care clinics in San Francisco where clients can be seen the same day.

Don't hesitate to call 911 if your gut tells you to. Clients may refuse to go in the ambulance, but they can't refuse your decision make the call.

COVER
YOUR
COUGHS
AND
SNEEZES
WITH YOUR ARM
OR ELBOW
REMINDE
OTHERS
TO DO
THE SAME

Get in the habit of coughing and sneezing into your arm or elbow.
It's like wearing a seat belt; you will soon do it naturally.

Coughing or sneezing into your hands is grosser than spitting on them.

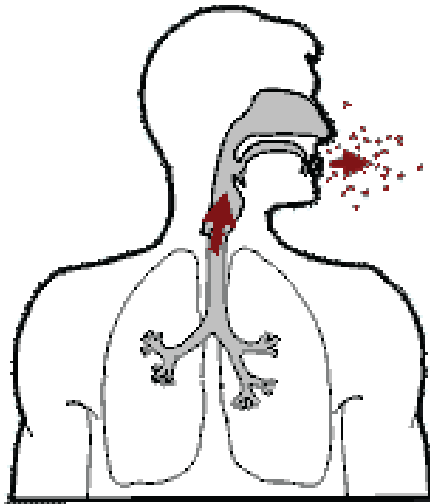
“Airborne Illnesses” are germs that spray into the air. If they hit a hard surface like your arm they will probably die.



BUGS YOU SHOULD KNOW

TB

TUBERCULOSIS



THE ILLNESSES: **TUBERCULOSIS (TB)**

THE SYMPTOMS:
Coughing, fevers, feeling tired, losing weight, soaking sweats at night

THE GERM:
A bacteria that can infect any part of the body, but usually likes the lungs

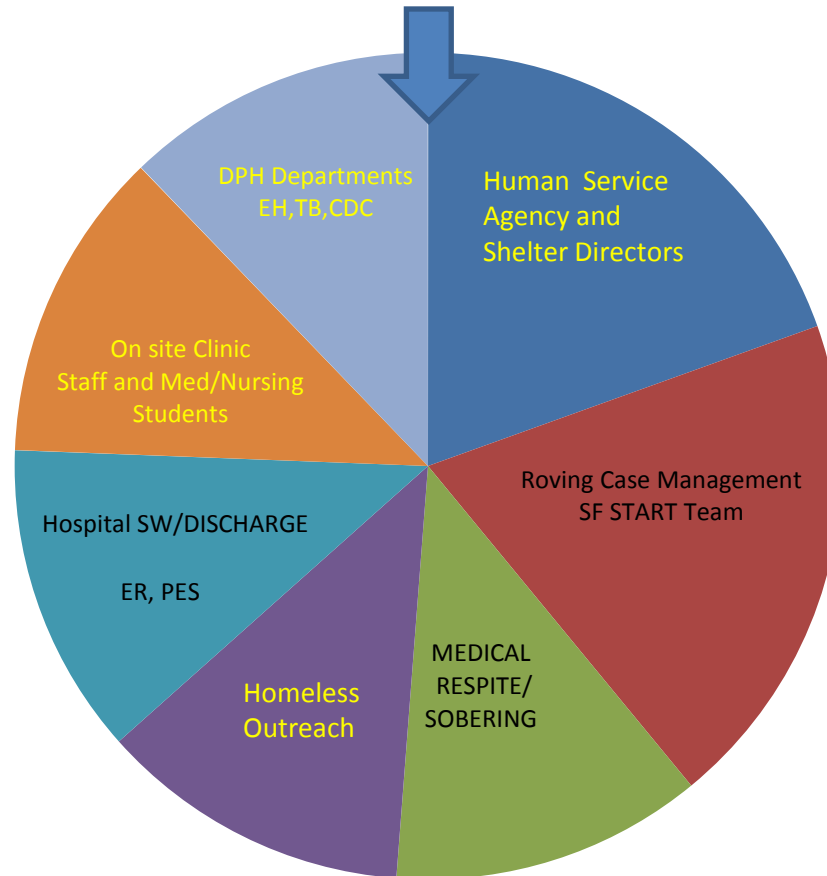
SPREAD:
Cough

HOW TO PREVENT SPREAD:
**Keep client's TB clearance up to date (that's yearly)
Get a TB test for yourself every year
And... cover coughs!**

MEDICATION:
Specially prescribed antibiotics taken over months

Collaboration is key

HOMELESS HEALTH AND WELLNESS TEAM



Resources

- Tb and ATD Guidelines for Shelters can be found at:
<http://www.sfcddcp.org> type in ATD in the search field
- For more information on SF Shelter Health and Wellness contact:

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Q & A