

Updated 3/31/2020: Interim Guidance for How to Conduct Street Outreach Safely During COVID-19 Response

The following information is a general guide and is not intended to take the place of medical advice from a healthcare provider. *Important Resource links at end of document*

Outreach Strategies:

- Limit outreach efforts to those medically necessary to treat existing active medical conditions or for COVID-19 containment purposes. Non-medical or foundational “relationship building” outreach can be limited or suspended at this time.
- Limit outreach to essential personnel for each visit. The deployment of volunteers or learners is not recommended unless vital to maintaining operations.

Staff Considerations Before Arriving at a Site:

In the event you arrive at a site and multiple persons are experiencing respiratory symptoms, invite staff to step away from the group with you for a brief (less than 10 minute) conversation about next steps:

- Provide the staff with masks to disseminate to sick clients.
- Encourage staff to separate sick clients from well clients.
- Encourage staff to remind clients to do hand washing.
- Inform them that Public Health Communicable Disease and Epidemiology (CD/Epi) will be informed of a possible need for direct assistance.
- Obtain contact information for the persons CD/Epi should follow up with.

In the event you encounter a single client who has symptoms consistent with COVID-19:

- Maintain 6 feet distance between you and the client.
- Give the client a mask to put on over their nose and mouth.
 - Place on table for client to pick up – maintain 6 ft distance
 - Put on your Personal Protective Equipment (PPE) (mask, gloves, eye protection and a gown- if you have it)
- Direct the client to move to a separate area away from other people.
- Call the COVID Call Center at 206-477-3977 for assistance.

In the event you need to respond to an overdose: Put on your PPE first (all that you have) and then respond to the overdose.

Approved PPE for Outreach Work:

The following guidance has been extracted from CDC's [strategies to optimize the PPE supply](#) and should not be used independently without reviewing the complete CDC guidance for context and recommendations.

During times of severe PPE shortages approved PPE may be not be available. For guidance on PPE conservation and alternatives when PPE is unavailable: www.kingcounty.gov/covid/PPE

For staff interacting with symptomatic or known COVID-infected clients (within 6 feet):

To preserve PPE, designate one staff member (or as few as possible) to have close contact with patients if this is required.

- Close contact includes being within 6 feet of a sick person with COVID-19 for about 10 minutes or being in direct contact with secretions from a sick person with COVID-19, for example being coughed on.
- If a staff member is interacting with multiple clients who are known to have COVID-19 - - and masks, eye protection or gowns are in short supply -- it is acceptable to use one mask, eye protection and gown with multiple clients. Gloves should always be changed, and hands washed or sanitized between clients.
- Surgical masks
 - For staff use when interacting with a client (within 6 feet).
 - For clients with symptoms of cough, cold, or fever to decrease transmission risk.
 - If extended beyond single use in the event of a shortage:
 - The facemask should be discarded if soiled, damaged, or hard to breathe through.
 - Do not touch the facemask. If staff touch or adjust their face mask, they must immediately perform hand hygiene.
- Gloves
 - Wear gloves when touching items from the facility or handling client belongings.
 - Change gloves between each client, after touching client belongings, and whenever you would normally sanitize your hands. Wash hands immediately after taking off gloves.
- Eye protection: Use if available whenever having close contact to a client (within 6 feet). If unavailable:
 - Consider using safety glasses (e.g., trauma glasses) that have extensions to cover the side of the eyes in addition to administrative and engineering controls described above.
 - Shift eye protection supplies from disposable to re-usable devices (i.e., goggles and reusable face shields).
 - Ensure appropriate cleaning and disinfection between users and between facilities.

- Clean and disinfect reusable eye protection upon exiting the facility and prior to entering another facility.
- Implement extended use of eye protection and remove it when soiled or difficult to see through; discard if damaged. Eye protection should not be touched, and hand hygiene should be performed immediately if eye protection is touched.
- Gowns: Use if available.
 - Gowns may be less essential than masks, gloves and eye protection, but ideally are used when you anticipate having direct contact with an ill person for essential services or responding to an overdose in the field.
 - Gowns help protect staff clothing from being contaminated. In settings where gowns are unavailable, consider using [gown alternatives](#), in addition to administrative and engineering controls described above. None of these options can be considered PPE, since their capability to protect staff members is unknown. Preferable features include long sleeves and closures (snaps, buttons) that can be fastened and secured.

For staff who are assessing or cleaning the environment without close contact (within 6 feet) to symptomatic or known COVID-infected clients:

- It is acceptable to use gloves and a face mask. Care should be taken to prevent clothing from touching surfaces in the facility or other potentially contaminated materials like bedding, laundry, etc.

Take care of yourself:

Your safety and health are the most important thing while doing outreach work.

- Younger people (<60 years old) without chronic medical conditions are less likely to have severe disease, be hospitalized or to die from COVID-19 compared to those who are 60 or older or who have chronic conditions, a weakened immune system or are pregnant.
- Are you at higher risk?
 - If you are pregnant, have a chronic or underlying health condition or a weakened immune system, check with your primary care provider to get guidance about how to take care of yourself during the COVID-19 outbreak and if participating in outreach work is recommended.
- Practice good hand hygiene and don't touch your face.
- Stay home if you have any symptoms of a respiratory infection (cough, shortness of breath, fever, sore throat, body aches, or runny nose).
- Get plenty of rest and sleep, drink plenty of fluids, eat healthy foods, exercise regularly, and manage your stress to keep your immunity strong.
- Stay up to date on COVID-19 information, check the Public Health- Seattle King County websites (links below).

- Review [COVID-19 Sanitation Guidelines](#) so you understand how to properly clean and disinfect.

Basic Field Safety:

- Try to have client interactions outside.
 - Maintain 6 feet distance between yourself and clients.
 - Have clients put on a mask on if they have any respiratory symptoms.
- Do not transport clients in vehicles. This should only be done by staff specially trained in use PPE.
- Try to stay 6 feet away from people whether they have symptoms or not.
- Clients who have symptoms of cough, cold, or fever should wear a mask.
- Avoid touching coworkers or clients (no handshaking, don't handle client belongings)
- If you need to have physical contact with the client or the client's belongings, wear gloves and then dispose of gloves appropriately. Wash hands immediately afterwards.
- Avoid sharing items such as pens and cell phones unless you can properly disinfect after sharing.
- Instruct clients to cover cough with tissue or have them cough into their sleeve.
- Properly sanitize equipment and supplies frequently (i.e. pens, cell phone, clip boards).
- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.

COVID-19 Screening Questions:

Be sure that client is wearing a mask if illness is suspected. Maintain 6 feet distance.

Ask COVID-19 screening questions:

- Have you had any of the following symptoms in the last two weeks?
 - Fever or feel feverish
 - Cough (especially a new or changed cough)
 - Shortness of Breath
 - Sore throat
 - Muscle aches (that are different from usual symptoms of opioid withdrawal, if applicable)

If client answers yes to any of the above call the COVID Call Center at 206-477-3977

- Encourage the client to call their PCP for further assessment.
- If client doesn't have a PCP, refer to medical provider and provide the CHAP line number 1-800-756-5437.

If you identify a client with severe symptoms of COVID-19, Call 911.

- **Severe symptoms include:**
 - Difficulty breathing, shortness of breath, fast breathing, or skin is paler than normal, or bluish in lighter skinned people and gray or whitish in darker skinned people
 - Coughing up blood
 - Pain or pressure in the chest or abdomen
 - Confusion or Does not respond or communicate appropriately
 - Has convulsions (seizures)
 - High fever
 - Severe or persistent vomiting
 - Sudden dizziness
 - Shows signs of dehydration and cannot take enough fluids
 - Is getting worse again after appearing to improve
 - Is an infant younger than 2 months old with fever, poor feeding, urinating less than 3 times per day or other signs of illness

Additional Resources:

For the latest information and guidance on COVID, please refer to:

- Public Health – Seattle & King County COVID Information: www.kingcounty.gov/covid
- Homeless related COVID information: www.kingcounty.gov/covid/homeless
- Sign up to receive updates on homeless related COVID issues: covidhomelessnessresponse@kingcounty.gov