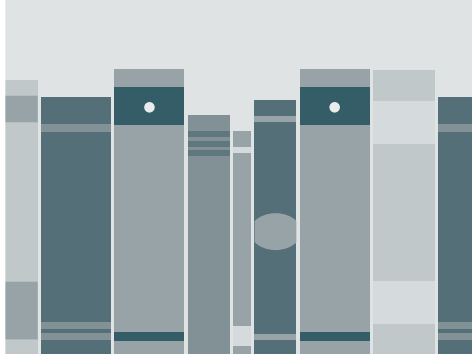


A Clinical Resource Guide

for Community Care Centers During the COVID-19 Pandemic

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VA



U.S. Department
of Veterans Affairs

NATIONAL
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for the
HOMELESS
COUNCIL

Preface

The COVID-19 pandemic is requiring a comprehensive infectious disease response. People experiencing homelessness are at a unique disadvantage in adhering to infectious diseases prevention and control directives. In response, many communities have created facilities that provide 24/7 shelter, urgent and medical respite care, and infection prevention and control measures. These facilities go by many names, including isolation/quarantine centers, assessment and recovery centers, and alternate care sites. This resource guide (“guide”) will refer to such facilities as “centers.” This guide will focus on the needs of homeless populations requiring a stay at centers because they have tested positive for COVID-19, have been exposed to it, or are thought to be particularly vulnerable to COVID-19 exposure. Because these centers include a wide range of residences, staffing models will vary markedly.

The success of these centers will depend, in large part, on the quality of care residents receive during their stay. This quality of care goes beyond infection prevention and control measures and includes many aspects of a person’s needs. This guide is intended to raise awareness of these needs among the administrators writing policies and protocols for their centers. This guide is divided into three volumes for ease of use. Volume I reviews elements needed to create a supportive and inclusive tone. Volume II provides information on basic medical care during the COVID-19 pandemic. Volume III reflects on health conditions prevalent among individuals experiencing homelessness, but it does not address every health condition and should not be considered an exhaustive resource. This guide is not intended to provide standard operating practices, policies, medical direction, or recommendations on facility layout, staffing, or other operational aspects, nor is it intended to replace an evaluation of each resident by a medical professional. Instead, this guide captures in one document the social and medical complexities that center staff will face. Ultimately, this guide aims to support the health and safety of vulnerable individuals while they are receiving care in a center and to encourage a holistic approach to connecting center residents with ongoing health care and social supports that can aid their long-term stability.

We are grateful for all the efforts being made to reduce the risks that the COVID-19 pandemic poses to people who are experiencing homelessness or have complex medical and social service needs, and we hope this guide will support fulfillment of that goal.

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Terms Used in This Guide

- **COVID-19:** Coronavirus Disease 2019.
- **Center:** A general term for the myriad facilities — isolation/quarantine centers, assessment and recovery centers, and alternate care sites — for those without a safe place to protect themselves from exposure to COVID-19, to isolate or quarantine if they have been exposed, or to recuperate if they have been infected but do not require hospital care.
- **Designated staff:** Center staff who have the capacity to provide a higher level of medical care.
- **Staff:** Those individuals who are working in centers to provide care and support to residents while they receive treatment or are in isolation or quarantine because of COVID-19. These staff may be licensed health care providers, students, retired clinicians, or people with no clinical training. Although volunteers are typically not considered to be staff, this guide considers volunteers as staff.
- **Residents:** Individuals residing at centers to receive treatment related to COVID-19 infection or to isolate or quarantine.

Key Takeaways for Those Using This Guide

- This guide was developed when no vaccinations against COVID-19 existed.
- This guide captures in one document the social and medical complexities that centers will face. Thus, center administrators will be better positioned to accommodate these needs when writing their center's policies and protocols. This guide is not intended to provide standard operating practices, specific program policies, medical direction, or recommendations on facility layout, staffing, or other operational aspects.
- Many of the center's residents are experiencing homelessness. This population has disproportionately high rates of chronic and acute illnesses. They often receive social services in congregate settings, which increases their risk for contracting COVID-19.
- Many coming to the center will have experienced significant trauma prior to or as a result of their homelessness and may have no experience living in the type of environment offered by their new temporary housing. This disruption, combined with broader stress and anxiety about COVID-19, may create a tense environment. Proactively addressing situations before they escalate and using conflict resolution approaches when they do will decrease this tension.
- Center staff are likely to encounter challenging medical and behavioral health situations and should understand the high likelihood of negative health outcomes for residents (suicide, stroke, heart attack, diabetic shock, overdose, etc.). Centers should be ready to respond quickly — and compassionately — to emergent needs and focus care on prevention strategies as much as possible.
- Residents may need case management services because unresolved social, economic, housing, and legal needs all play a role in a person's medical and behavioral health.
- Many of the strategies in this guide emphasize clear communication and engagement with residents. The anticipated consequences are that residents will

actively participate in their own care and that a supportive environment of mutual respect and compassion will ensue.

- Balancing public health and individual civil liberties is hard work. Centers should be designed and staffed to use [harm reduction principles](#) to help maintain residents in care and use [an ethical and legal approach](#) to working with residents.
- Although this document is a product of the U.S Department of Veterans Affairs (VA) and contains numerous resources aimed at Veteran populations, most residents will not be Veterans. Hence, the guide is designed to help all center residents, regardless of Veteran status. VA's collaboration with the National Health Care for the Homeless Council emphasizes that this guide can be useful for the broad range of programs delivering care during the COVID-19 pandemic.
- Treating residents at centers provides an opportunity to connect them with the broader services they need to gain greater stability after they leave. Coordinating activities and care with established community health care providers, case managers, housing providers, and others can lead to longer-term solutions. If needed, center administrators should advocate for policies that do not result in residents returning to homelessness.

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Volume **I**



Setting the Center's Tone

Volume I: Setting the Center's Tone

Creating a supportive and inclusive culture for centers can be especially challenging for staff as it requires juggling multiple priorities, including concerns about infection prevention and control measures for the entire facility. Staff also have understandable concerns about protecting their own well-being while meeting the diversity of residents' needs. When outlining roles, responsibilities, and expectations of staff, administrators and staff should be aware of how these principles will impact the overall tone and quality of care at the center.

Effective team communication strategies and staff stress management approaches are important elements to incorporate into center policies and procedures. Preventing staff burnout and other factors that increase stress is critical to help everyone feel safe and to establish a healthy space. Furthermore, the center's expectations, policies, and procedures should not only take into consideration the diversity of residents' needs but should also identify appropriate methods to address them. Chapters 1-3 provide guidance on elements to consider in center policies and procedures to create a supportive and inclusive tone.

Chapter 1: Staff Wellness

Team Communication Strategies

Overview

Because centers are a new and evolving concept, their staffs might not view themselves as a team, especially if their membership is transitory. The reality is that people who come together to achieve a common goal are a team. An example is the Federal Emergency Management Agency's Incident Command System, which creates teams from different agencies with a common goal. Using effective communication strategies, creating a therapeutic milieu (see [Therapeutic Milieu](#)), and nurturing a psychologically safe work environment (see [Psychologically Safe Environment](#)) can help staff feel more like team members. Staff should conduct conversations in a manner that prevents people who are not on the team from overhearing information about residents.

Consolidating staff members into a team requires good communication among team members. Good communication depends on:

- A team spirit that is open to people expressing their viewpoints in a polite manner.
- Team members who form healthy professional relationships with each other.
- A common understanding of how the team communicates through different kinds of meetings and use of language.
- A common understanding of the approaches to care that will be used to ensure consistency across the team.

Team Briefings

A **team briefing** is a structured communication strategy that calls for team members to come together to make sure they are ready to move forward before implementing a plan, action, or decision. Below are some key characteristics of team briefings:

- They occur before a new action is taken.
- They have an agreed-upon leader, time, and frequency. Frequency depends on how many new plans, actions, or decisions the team is considering. If there are none, consider having more team debriefs in place of team briefings (see below).
- The focus is on reviewing the action the team expects to take to make sure that everyone is on board with the plan, decision, or action.
- The team explores and identifies areas where there might be problems and makes plans to deal with those problems if they come up.

Team Huddles

A **team huddle** is a “touch-base” meeting that can occur multiple times throughout the day — depending on the desires and needs of the team.

Below are some key characteristics of team huddles:

- They last from 5 to 15 minutes.
- They take place at an agreed-upon frequency and location and are called by a designated member of the team.
- They are called to discuss approaches for specific residents who may have complications or challenges.
- The team makes decisions about how to perform in a particular situation.

Team Debriefs

A **team debrief** brings team members together after a particular product or service has been offered or after an event has occurred to discuss how it can be improved. A supportive and open work environment will help team members feel comfortable providing open and honest feedback to each other on their team’s performance. The goal is continual improvement and adaptation to changing circumstances.

In general, during a team debrief the team members will:

- Intentionally reflect upon a recent work expectation, product, or experience.
- Answer these four key questions:
 - What did we expect to happen?
 - What actually happened?
 - What went well and why?
 - What can be improved and how?
- Document new approaches or agreements to ensure future success and team improvements.

Stress Management for Staff

Dealing With Stress During the COVID-19 Pandemic

During a crisis, staff who are experiencing stress might not ask for help for several reasons: a strong service orientation, lack of time, difficulty recognizing or expressing their own needs, or fear of losing their job. **Centers should proactively encourage supportive care in an atmosphere free of stigma and negative consequences.**

It can be hard for health care and housing service providers to take care of themselves because they may put other people's needs ahead of their own. It is important for them to **find ways to feel a sense of control and be effective without feeling unrealistically responsible for the lives of residents.** While at work, staff should do their best to:

- Monitor and pace their activities.
- Work with partners or in teams.
- Take brief relaxation or stress management breaks.
- Seek regular peer consultation and supervision.
- Take timeouts for basic bodily care and refreshment.
- Regularly seek out accurate information and advice from their supervisor.
- Limit their anxieties to actual threats.
- Maintain helpful self-talk and avoid overgeneralizing fears.
- Focus their efforts on actions that are within their power.
- Accept situations they can't change.
- Create a spirit of fortitude, patience, tolerance, and hope.
- Be aware of signs and symptoms of burnout in themselves and other team members.

At the same time, staff should try not to:

- Work too long by themselves without checking in with colleagues.
- Work around the clock with few breaks.
- Feel that they are not doing enough.
- Eat too many sweets or consume too much caffeine.
- Allow negative self-talk and attitudes that can block self-care, such as:
 - "It would be selfish to take time to rest."
 - "Others are working around the clock, so I should, too."
 - "I can contribute the most by working all the time."
 - "Only I can do . . ."

Maintaining Self-Care

Staff cannot serve residents well if they are not caring for themselves. However, caring for oneself is easier said than done. It is normal to feel a lot of emotions during this pandemic: anxiety, sadness, anger, frustration, guilt, grief. These emotions are likely to be felt — even if they are not always recognized — as staff are faced with many complex demands and stressful situations in both their personal and professional lives.

Self-care and wellness are different for each individual, but both start by acknowledging emotions and stressors, making time for oneself, and engaging in self-care activities, exercises, and reflections. Center staff should be encouraged to give themselves permission to address their own physical, mental, and behavioral health needs. As you look over resources in this section and [Appendix C: Wellness Resources](#), decide what is important and easy for you to practice within your day-to-day activities. A pandemic is not the time to begin brand-new practices with high goals, but rather a time to practice important but easy-to-maintain self-care routines. These same practices can also benefit center residents.

Here are 10 suggestions for daily practices to do anytime, anywhere:

- Find humor in each day.
- Find something to be grateful for each day.
- Engage in physical activity — walking, stretching, bicycling, yoga, tai chi.
- Eat healthy snacks — fruit, vegetables, and other plant-based, low-fat foods.
- Talk about your emotions with family members, friends, or co-workers.
- Be creative with your activities. Have fun.
- Stay connected with friends. Find virtual platforms if you cannot be together.
- Be kind to yourself and others.
- Remind yourself each and every day that it's OK to feel human.
- Practice patience.

A brief, low-intensity exercise is a good way to start developing a self-care routine. It can be as simple as a 10- to 30-second mindful moment or a 10- to 20-minute activity. The breathing exercise described below can be used anywhere — at a desk, in the car, or with a resident. This simple activity acts as a calming exercise when someone is feeling unsettled or stressed or needs to focus.

- Begin by taking a few deep breaths in and out.
- Continue to do this for a series of four to five deep breaths.
- With each breath, aim to take a deeper breath in and a longer breath out.
- Once you feel that you are present in the moment and focused on your breath, you can progress to the 4-7-8 breathing exercise, also known as “relaxing breath.” Breathe in quietly through your nose for 4 seconds, hold your breath for 7 seconds, then breathe out audibly through your mouth for 8 seconds.
- Repeat the cycle up to three more times.

Here are some additional suggestions for self-care to deal with the stress of caring for people with COVID-19 or people who have been affected by the pandemic:

- Seek out and share social support, which you may need to do virtually.
- Check in with co-workers to discuss work experiences.
- Schedule time off work to focus on your personal life.
- Prepare for changes in how you see the world that may not be shared by other people in your life.

- Avoid negative ways of coping with stress such as:
 - Using alcohol, illicit drugs, or too many prescription drugs, which all interfere with sleep cycles.
 - Suddenly making big life changes.
 - Assessing your work contributions negatively.
 - Keeping too busy.
 - Viewing helping others as more important than self-care.
 - Not talking about work experiences with others.

If your stress continues for more than two to three weeks and interferes with functioning, consider participating in formal behavioral health care. You can consult your primary care provider or a behavioral health care provider with whom you have an established relationship, or you can contact the Employee Assistance Program, if your center offers this resource, or the [National Suicide Prevention Lifeline](#).

Chapter 2: Establishing a Culture of Safety

Therapeutic Milieu

Overview

A therapeutic milieu is a treatment environment in which all aspects of care have purpose and are essential in the care of residents. Skillful development of a therapeutic milieu requires practice and ongoing feedback. Providing a therapeutic environment is a core function of center staff. The five essential components of a therapeutic milieu are safety, support, structure, social involvement, and validation and self-understanding. A psychologically safe environment contains and supports these components (see [Psychologically Safe Environment](#)).

Safety

- **Safety is provided by addressing environmental factors that affect everyone's safety and physical security.** Therapeutic engagement and decreasing the potential for conflict are components of safety. Staff should ask themselves these questions:
 - How can the tone of my voice, body language, and facial expressions contribute to safety?
 - Are there resources to assist me if I am uncomfortable around a resident?
 - Am I confident in my skills to manage resident behavior?
- **Staff should wear appropriate personal protective equipment for all interactions with residents.** When possible, all staff and residents should remain at least 6 feet away from one another. Residents should wear source control masks or face coverings.
- **Each staff member should be screened for symptoms of COVID-19 before entering the center.** [Per CDC guidelines](#), administrators should encourage staff to self-screen prior to coming to the center and stay home if they have symptoms of COVID-19, have a fever equal to or higher than 100.4°F, are under evaluation

for COVID-19, or have been diagnosed with COVID-19 and not yet cleared to discontinue isolation. See [Infection Control and Prevention: How to Protect Yourself & Others](#)

- **Maintaining a safe environment for residents starts as soon as they are admitted.**
 - New residents should be [screened for COVID-19 symptoms](#) and tested, when appropriate, for COVID-19 (see [COVID-19 Symptoms and Care](#)).
 - Center policy should call for an initial check and inventory of the resident's belongings. Any potentially hazardous items should be identified and secured to prevent residents from gaining access to them.
 - New residents should be checked for bed bugs, and the center should have a policy for managing them. Staff should be respectful and sensitive to the resident's dignity.
 - Medically necessary items that could be hazardous within the environment include CPAP equipment, oxygen tanks and tubing, Foley tubing, hospital beds, and splints.
 - A space should be identified to store possessions that are not needed for immediate use by the residents. If that is not possible, staff should work with residents to find a way to limit clutter and keep their area clean and neat. Residents should always have access to their belongings that have been deemed safe.
- **The care environment should be reassessed regularly to ensure that it is safe.**
 - Each resident whose last screen for symptoms of COVID-19 was negative should be rescreened daily and, when appropriate, tested for COVID-19 (see [COVID-19 Symptoms and Care](#)).
 - Staff should be trained in disaster planning and other safety procedures, including fire safety.
 - Staff should minimize the risk of harm to residents and others through safety assessments, monitoring, and interventions. Staff should develop a process to routinely check for and address safety risks.
 - Furniture should not block doorways or hallways and should be checked for safe working condition.
 - Residents should be encouraged to inform staff of safety risks, wear shoes, and use prescribed safety or assistive devices as directed by their medical providers.
 - Residents' ability to leave the center should depend on several local factors. Many residents may have difficulty staying inside during their care. **A lockdown may contribute to residents decompensating, escalating behaviors, or leaving against medical advice.** If they do go out, residents should be instructed to keep at least 6 feet away from anyone else, avoid touching their face, and wear a mask. Upon returning to the center, they should immediately wash their hands with soap and water for at least 20 seconds or use a hand sanitizer that contains at least 60%

alcohol. (See [Infection Control and Prevention: How to Protect Yourself & Others](#) and [COVID-19 Symptoms and Care](#).)

- Safety practices need to be built into the care environment as a preventive measure.
- **Ultimately, safety relies on the constant awareness, action, and communication of staff.** Part of this communication includes being clear about consequences if staff or residents do not follow safety measures.

Support

Support consists of efforts to provide residents with comfort and security by offering assistance and assurance. Support includes provisions such as a pleasant physical environment, nourishing food, availability of clothing, access to medical and social services, and assistance in gaining independence. For residents experiencing homelessness, assistance with independence can take the form of connecting them with housing resources.

Support is balanced with safety through a nonthreatening and nonpunitive environment. Staff should ask themselves these questions:

- Is the environment pleasant? (Consider lighting and temperature.)
- Is the noise level managed?
- Is personal physical space provided? (Whenever possible, physical distancing of at least 6 feet in common areas is recommended.)
- Have the needed medical and social services been provided?
- Do residents have a mechanism to provide feedback to improve processes?
- Are residents aware of rules and expectations? Do they know their rights?
- Do residents feel safe?

Structure

Structure is unique to each center and is driven by staff. All aspects of the environment that provide predictability, such as schedules, assignments, and consistency, represent structure. While guidelines and consequences are safety measures, clarity of these guidelines and consequences is structure.

To ensure appropriate structure, staff should ask themselves these questions:

- How are residents informed of center guidelines?
- What feedback mechanism is in place to capture residents' comments or ideas for improvement?
- Is there adequate space for privacy?
- Do staff keep their commitments to residents within a reasonable time frame and let them know if they will be late?
- Are staff able to set reasonable limits (on boundaries, time, behavior, etc.)?
- What rules are in place for residents, such as curfews, noise, and visitors? How flexible are these and how are violations addressed so that residents are not forced back into homelessness?

Social Involvement

Social involvement promotes interpersonal interaction and residents' participation in their own care. Staff should ask themselves the following questions:

- Do residents have access to entertainment, the internet, and social supports while they are at the center?
- How are smoking and the use of alcohol addressed?
- Do staff encourage residents to understand challenging social interactions and help them adapt to the milieu?
- Do I reflect on my social interaction skills and their impact on the environment and on residents?

Validation and Self-Understanding

Validation and self-understanding affirm the uniqueness of each resident and their expressed concerns or feelings. To promote validation and self-understanding, staff should not label residents by their illness or dehumanize them in any way. Care should be individualized. Residents' strengths and competencies should be identified. Opportunities for individual expression should be made available.

Staff should ask themselves the following questions:

- How are cultural considerations incorporated into the program? Cultural considerations can impact various aspects of care, including residents' acceptance of COVID-19-related medical care and their desire to include friends and family in their care.
- Do staff use self-reflection to consider their own feelings about residents to develop an understanding of how their feelings may affect the care they provide?

Fall Prevention and Treatment

Reasons for Falls

- Tripping hazards (loose rugs, ill-placed furniture, etc.)
- Age-related decreases in balance
- Too-rapid change in position
- Return to activity after a period of being immobile
- Medication side effects
- Effects of taking four or more medications
- Poor eyesight or hearing impairment
- Medical conditions (e.g., Parkinson's, arthritis, dementia, low blood pressure)

Fall Prevention Tips

- Ensure that residents are getting care for their medical conditions and taking medications as directed.
- Keep floors free from clutter and throw rugs.
- Provide adequate lighting in the center 24 hours a day.
- Encourage residents to use handrails on stairs and in hallways.

- Arrange furniture and cords to avoid trip hazards. Make sure cords are not in walkways and that emergency exits, aisles, and walkways are free of obstruction.
- Provide chairs for residents that are easy to get out of, such as chairs with arms.
- Have residents wear nonslip shoes or slippers that fit well.
- Install toilet risers and grab bars in the bathrooms.
- Provide a bath bench and a nonslip bathmat for residents to use when showering.
- Have residents exercise to maintain balance and strength. Walking may help to increase muscle tone and improve balance.

Safety Measures for Residents

- Remind residents to ask for assistance in getting up if they feel weak, dizzy, or lightheaded.
- Have residents put on footwear with nonskid soles before getting out of bed.
- Teach residents to always move slowly when changing position from lying, sitting, or standing.
- Make sure residents avoid leaning on unstable tables or rolling objects.
- Remind residents to apply wheelchair brakes when not moving and before standing up.
- Keep all important items, such as the telephone or medical alert device, within easy reach of the resident.
- Encourage residents to wear their glasses and hearing aids.
- If residents need a cane or walker, encourage them to use it at all times when walking.
- Clean up any spills or dropped items promptly, and encourage residents to ask for help when they spill or drop something.

Treatment for Minor Injury From a Fall

- Use a sling for wrist or elbow injuries and crutches for ankle or knee injuries.
- For sprain (ligament or soft tissue injury around a joint) or strain (overstretching of muscle or tendon), follow the RICE protocol:
 - **Rest:** Avoid putting weight on the injury for 24 to 48 hours.
 - **Ice:** For the first 48 to 72 hours, apply cold or ice for 10 to 15 minutes at a time to decrease swelling and pain. Place a thin cloth between the skin and the ice pack. On the first day, try to apply ice or cold hourly. On each of the next two days, apply ice three times a day.
 - **Compression:** Use an elastic wrap bandage or compression sleeve to reduce swelling. You'll know the compression is too tight if the body part starts to feel numb, tingly, or cool.
 - **Elevation:** Place the body part that has been injured on a pillow when lying or sitting and keep it raised above the heart.
- Remember to remove watches, rings, or bracelets from an injured finger or hand; swelling could make it difficult to remove them later.

- If approved by a health care provider, administer acetaminophen or ibuprofen following the directions on the label.
- Normal activity can be resumed after the pain and swelling have subsided.
- Broken bones and dislocated joints need medical care.

Red Flags

- The injured part looks strange or is not in its normal position.
- The skin over the injury is broken.
- There is numbness or tingling in the injured part.
- Skin around the injury is pale, white, or blue or feels cooler to the touch than other parts of the body.
- The individual can't move the injured part because of pain.
- The individual can't put weight on the injured part because of pain.
- Pain is severe.
- Swelling hasn't improved after two days of treatment.
- There are signs of infection: redness, warmth, streaks of red near the injured part, fever.

Call 911 if:

- A bone has broken through the skin.
- The resident is unconscious.
- The resident has had a seizure.
- The resident can't get up after a fall.

(See [911: What You Need To Know.](#))

Psychologically Safe Environment

Definition of a Psychologically Safe Environment

Organizational behavioral scientist Amy Edmondson defines psychological safety as “a shared belief held by members of a team that the team is safe for interpersonal risk-taking.” Its core elements include a feeling of mutual acceptance and respect among all team members and a fostering of empowerment, trust, and confidentiality.

Relationship Between a Psychologically Safe Environment and the Therapeutic Milieu

Two essential components of the therapeutic milieu, or the environment of care, are (1) validation and understanding and (2) support (see [Therapeutic Milieu](#)). Neither is possible without the presence of a psychologically safe environment. The sense of safety provided by this environment needs to expand within and across groups. It is not enough for staff to feel this safety only among themselves; it is vital that all staff and all residents feel safe with one another.

Creating a Psychologically Safe Environment

It is no easy task to create a sense of safety, especially when people are stressed, working or living in new environments, and interacting with many different types or groups of people. However, it is still possible to create a psychologically safe environment once people have the confidence and the motivation to practice new approaches. Leaders and staff should model the following approaches so that everyone can help make the center a safe space to live and work:

- **Lay the foundation by setting an example and showing commitment to creating and maintaining a psychologically safe environment.**
- **Be true to the center’s mission**, which is usually “caring for those in need,” because it sets the tone for interactions.
- **Incorporate a “nothing about us without us” philosophy.** Create processes for residents to give constructive feedback about the care they are getting at the center.
- **Use person-centered communication** to nurture residents’ dignity (see [Person-Centered Communication Tips](#)).
- **Do not assume that everyone has the same thoughts** and feelings toward COVID-19 or any other experience.
- **Get to know the residents’ medical conditions and social needs.** For example, some residents have action plans from their existing providers.
- **Learn about residents’ past barriers** to completing their action plans and their concerns about being able to complete them now. Brainstorm with them about how to address potential barriers.
- **Use a Whole Health approach to health care.** It empowers and equips people to take charge of their health and well-being and to live their life to the fullest. The focus is on empowering the self-healing mechanisms within the whole person while co-creating a personalized, proactive, resident-driven experience. Whole health focuses on what matters to the person, not what is the matter with the person. This means the team will get to **know residents as people** and work with each of them to develop a personalized plan based on the resident’s values, needs, and goals.
- **Educate residents both orally and in writing about the center’s expectations.** This education starts at admission and continues throughout the resident’s stay. It is proactive and developed from a resident’s point of view — for example, how the center’s policies help residents.
- **Be aware of how the therapeutic milieu feels.** Address potential problems—anything that might make the environment feel psychologically unsafe—by discussing them upfront (see [Team Communication Strategies](#)). Make sure residents understand center expectations before expecting them to meet them, and be open to their feedback.
- **Get to know the culture of individual residents**, including customs that impact their interactions. For example, some cultures avoid sustained eye contact as it is considered rude, whereas in other cultures maintaining eye contact is viewed as a sign of caring and honesty. Know the preferred language of residents.

- Actively **look for residents' abilities and strengths**. In times of stress, it is easy to overlook them.
- **Start with sympathy and strive for empathy**. Sympathy is feeling pity or compassion for someone else's hardships. Empathy is viewing the world from someone else's point of view — in other words, putting yourself in the shoes of another.
- **Be aware of your own biases** or prejudices, because we all have them. Not labeling people helps to lessen biases and prejudices. For example, instead of referring to a resident as "a schizophrenic," use "a person with schizophrenia." Instead of "alcoholic," use "person with alcohol use disorder."
- **Words and tone have meaning**. Choose words and a tone that will foster a sense of collaboration and hope. Know that nonverbal communication can have even greater impact than words.
- **Leave residents with the feeling that you care** and that you have heard and understood them by reflecting or restating their feelings.
- Be aware of the **impact that grief and loss may have on residents**. Residents have been uprooted from their normal environments, and some have lost dear ones. This experience of new loss and grief is on top of what they were already facing from their experience of homelessness.
- Be kind. **Treat others as you would like to be treated**.

Person-Centered Communication Tips

- **Ask the resident for permission to discuss specific topics.**
 - *May I talk with you about your current care needs?*
 - *It's important to review the COVID-19 precautions. Is now a good time?*
 - *It's common to feel overwhelmed by everything that is happening right now. I'd like to hear how you're doing, if you're willing to share.*
- **If the resident says yes, continue.** If not, respect their choice. Let them know that you are committed to helping them when they are ready and that you can get information on a specific issue for them if they would like assistance.
- **Use open-ended questions, such as the following, to explore residents' experience and readiness to talk:**
 - *What type of assistance do you think you need currently?*
 - *What do you already know about ways to lower your risk of getting or spreading COVID-19?*
 - *What are you already doing to manage your stress?*
 - *What ideas do you have for how to handle _____ (pain, stress, finances, etc.) better?*
 - *What do you already know about the services this center provides?*
- **Show support for any interests, benefits, current or past successes, and strengths.**
 - *You have worked really hard to maintain your independence.*
 - *You've made a lot of effort to avoid contact to protect yourself and others from COVID-19.*

- *It's good you have (interest in, knowledge about) ways to handle pain without medication.*
- *It is great that you have had some success in improving your diabetes.*
- **Share Information with permission and in small chunks.** If a resident spontaneously expresses readiness to participate in the service you are offering, move on to discussing next steps for that.
 - **Ask permission to share information about the topic you are trying to focus on.**
 - *Can we review the COVID-19 management strategies at this center together?*
 - *Would it be ok if I shared some information about how our center can help you with _____?*
 - *Can I share some ways that others have been successful in handling pain and improving their health?*
 - **Share tailored information based on the resident's history and goals.**
 - *The purpose of our center is to _____.*
 - *A small increase in practicing relaxation strategies (or regular use of medications, etc.) will help you _____ (specify benefits, e.g., improved function, mobility, energy).*
- **Get residents' reactions to shared information.**
 - *What are your thoughts about that?*
 - *Which of these options would you like to hear more about?*

Trauma-Informed Care

Psychological Trauma

Psychological trauma comes from something that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting negative effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. Homelessness can be traumatic and can be the result of other traumatic experiences, such as those listed below:

- Injury, illness, or the death of a loved one (including related to COVID-19)
- Violence or abuse:
 - Intimate partner violence
 - Nonpartner sexual violence
 - Community violence
 - Exposure to military combat
- Buildup of adversity due to racism, sexism, poverty, homelessness, or other social conditions

Use trauma-informed approaches when interacting with residents who have experienced homelessness. **You do not need to know an individual's trauma history or to verify an individual's trauma experiences to provide trauma-informed care.**

Effects of Psychological Trauma

Individuals can show a variety of mental health symptoms and behaviors that others may misinterpret as aggression, defiance, disconnection, or a lack of interest or caring. Substance abuse and addiction may occur as a result of or in conjunction with psychological trauma.

Aspects of Trauma-Informed Care

Trauma-informed care is an approach that:

- Realizes the widespread impact of trauma and understands the potential paths for recovery.
- Recognizes the signs and symptoms of trauma.
- Fully includes knowledge about trauma in policies, procedures, and practices.
- Tries to actively prevent re-traumatization.

Key Principles of a Trauma-Informed Approach

- Safety: Individuals need to feel both physically and psychologically safe in the environment and the system.
- Trustworthiness and transparency: It is important to build a culture of trust within and across the system.
- Peer support: Survivors of trauma can promote healing, safety, and trust for other survivors.
- Collaboration and positive relationships: The contributions of all individuals in a system should be valued. Staff must work to reduce any differences in power or authority to improve feelings of safety and trust.
- Empowerment, voice, and choice: Trauma experiences are deeply disempowering. Fostering empowerment and respecting individual perspectives and needs help to build strength and fight against the impacts of trauma. It is important to recognize that individuals are typically experts in their own experiences and needs.
- Recognition of cultural, historical, and gender issues: Oppression, bias, and discrimination contribute to disempowerment and trauma that can be passed down through generations. Recognizing this impact and avoiding additional aggression and oppression are critical.

Trauma-informed approaches are important for the staff, the system, and residents. Staff who do not feel safe and supported may have a more difficult time providing trauma-informed care for residents.

Each individual's experiences of trauma are unique. An individual's behaviors or appearance may be part of a psychological response to trauma. Staff must make the care environment feel safe and avoid words or actions that could cause a resident to experience a sense of re-traumatization. Creating such an environment requires balancing the resident's psychological needs with public health response to COVID-19

pandemic. (See [Psychologically Safe Environment](#) and [Infection Control and Prevention: How to Protect Yourself & Others.](#))

Crisis Support

- [National Suicide Prevention Lifeline](#): 1-800-273-8255
- [Veterans Crisis Line](#): 1-800-273-8255, press 1

Intimate Partner Violence

Overview

Intimate partner violence (IPV) can take the form of physical, sexual, emotional, or psychological violence or abuse. It can also include stalking and forceful control by a current or former intimate partner. IPV can happen in any intimate partner relationship and does not necessarily involve physical violence or physical injuries. IPV may — and often does — continue after a relationship has ended or after the affected individual leaves or tries to leave the relationship.

Having unstable or uncertain housing can increase the risk of IPV, and IPV can contribute to unstable or uncertain housing:

- 80% of women who have children and are experiencing homelessness have experienced IPV.
- 57% of all women experiencing homelessness report IPV as the immediate cause of their homelessness.

Considerations Regarding IPV

- Quarantining, isolating, and social distancing are the most effective tools we currently have to lessen the impacts of COVID-19; however, these behaviors can worsen IPV risks, especially for those living with a partner or former partner who uses violence.
- Stress caused by unemployment and financial strain or by other health and social conditions can also increase the risk of IPV.
- Reduced social interaction and economic resources make it harder to seek and receive help during the COVID-19 pandemic. However, interactions with center staff can provide opportunities to offer support to residents who have experienced IPV. For example, telephone counseling is available through national and local programs.

Help for Residents Who Have Experienced IPV

Ensure residents' safety and confidentiality. Partners who use violence might attempt to track and continue to abuse individuals in various locations. Safety measures should include not providing information about a resident to someone looking for them and allowing a resident to register using a pseudonym to protect their identity and confidentiality.

It is hard to have privacy in congregate settings in general. Try to have discussions regarding personal safety in areas that are more private. Practice physical distancing of at least 6 feet, if possible. If such space is rare, then ask personal safety questions on paper rather than orally (assuming there are no concerns about the resident's literacy).

Provide information about resources. Every community has local IPV resources. Isolation might be an opportunity for individuals experiencing IPV to get support while safely away from an abuser.

Other Considerations

- Abuser sabotage: Individuals who use violence might try to sabotage their partner's health or well-being in various ways, including providing false information to prevent the partner from accessing care or resources. A partner who uses violence could be a fellow resident even if the center serves only men or only women; IPV can occur in same-sex relationships.
- Vulnerability due to housing instability: Housing instability can increase vulnerability to violence if staying with the abuser is the only option for shelter. Helping individuals identify alternative housing options can increase access to safety.
- Trauma and other concerns: Many individuals experiencing IPV may have trauma-related conditions, such as anxiety or depression. Residents may be concerned about the well-being of children, pets, and belongings or documents that had to be left behind when they came to the center.
- Asking about IPV: Staff should ask about IPV only when they are alone with the resident, not when anyone over the age of 2 is present. If the resident cannot be seen privately, consider options such as written communication if literacy is not a concern. Some residents might not feel safe discussing their safety concerns in person or over the phone. Staff should be trained to notice the resident's body language and tone of voice when responding to safety questions. These nonverbal clues can indicate a need to ask the questions in a different way. For example, when talking with a resident over the phone, the staff member can ask, "Are you able to speak freely right now?" If the response is "No," the next question would be "Is the reason you can't speak freely right now because your abuser is in the room with you?" Centers could consider displaying signs or handing out information stating that residents who feel unsafe because of IPV should establish a specific code word or phrase to use when communicating with center staff.
- Resource information: Centers should make resource information available even if residents do not disclose experience with IPV. Various barriers to disclosure exist, but residents may still want and need information about resources.
- Risk of child maltreatment: If staff suspect that a resident's children are at risk of maltreatment, they should reach out to local child protective services for support. However, note that partners who use violence often use children and threats of

contacting child protective services as a tactic in abuse. Often, children are safest being with their parents, when their parent is also safe.

IPV Crisis Support

- [National Domestic Violence Hotline](#)
- [Veterans Crisis Line](#): 1-800-273-8255, press 1
- [VHA Intimate Partner Violence Assistance Program Website](#)

Managing Care

Overview

Many residents will have both acute and chronic medical and behavioral health conditions. Some can independently manage their conditions well, while others may need help, especially if they have multiple conditions that require medications or other care. Others may have conditions that have not yet been diagnosed. Many will also have unmet social service needs. **Helping residents manage their care is a complex service, and each resident will require an individual approach. One size does not fit all.**

Centers' policies will direct which staff manage which aspects of a resident's care. All staff and residents should be made aware of staff roles and responsibilities. If the makeup of a center's team is variable, then this discussion should occur whenever a new team member is brought on board and during a team huddle (see [Team Communication Strategies](#)). In some settings, this discussion may require coordination across programs — for example, when a team is not assigned to a specific center. For instance, when residents are living in scattered sites (e.g., hotels and motels), this virtual milieu may be coordinated by a single person who acts as a case manager or liaison with other services.

Best Practices

- Allow for continuity of care. Center staff should:
 - Be aware of any treatment plan that residents coming to the center may have and help them maintain it.
 - Help sustain improvements in each resident's health by facilitating a discharge plan that is person-centered and leads to further stability upon exiting the center, such as entering permanent supportive housing and having food security instead of returning to homelessness and food insecurity.
- Support and empower residents' work toward independence, wellness, improved functional capacity, and autonomy.

Key Steps for Success

- Engagement and outreach
- Assessment
- Care planning

- Facilitation
- Care coordination
- Advocacy
- Monitoring and evaluation

Skills and Qualities Needed To Effectively Manage Care

- Good interpersonal and communication skills, both written and oral, to serve residents directly and to build alliances with agencies that provide resources and needed items for residents.
- Teamwork skills, where the team consists of co-workers and community partners.
- Ability to constructively challenge residents if progress is not being made.
- Knowing when to seek help from or collaborate with supervisors or co-workers.
- Support for residents' autonomy and right to be involved in decision-making and the determination of their plan of care.
- Ability to show respect for residents' lifestyle choices and behaviors even when they conflict with professional recommendations or residents' health and wellness goals.
- Knowing how to counsel residents when their decisions or actions compromise their or others' safety.
- Recognition of staff's potential power over residents because they may control critical steps to a resident's success.
- Being a good role model and accepting accountability for all actions taken with residents.
- Maintaining boundaries — for example, never providing resources to a resident that might personally benefit staff or giving money to a resident.

Potential Sources of Health care

Federally Qualified Health Center

Administered by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services, federally qualified health centers (FQHCs) provide high-quality primary care, case management, and other support services to underserved populations. Often they also provide behavioral health care, dental care, and other types of services. While some FQHCs specialize in serving people experiencing homelessness, all FQHCs provide care without regard to insurance status or the ability to pay (offering services on a sliding fee scale). Approximately 1,400 FQHCs served over 28 million patients last year in locations across the United States.

To obtain care from an FQHC, go to "[Find an HRSA Health Center](#)" and enter your ZIP code or other location information to get a listing of the FQHCs in your area.

VA Care

- VA benefits eligibility: Former service members can determine their eligibility either [online](#) or by calling 877-222-8387 Monday through Friday between 8 a.m.

and 8 p.m. Eastern time. Potential health care benefits include physical, behavioral, surgical, and dental.

- **VA resource locator:** This online resource helps Veterans easily find VA resources in their area, including Suicide Prevention Coordinators, crisis centers, VA medical centers (VAMCs), community-based outpatient clinics, Veterans Benefits Administration offices, and Vet Centers. More information is available at the [resource locator](#).
- **VA Clinical Contact Centers:** Veterans who are enrolled in VA health care can obtain virtual urgent care. To access: Call 844-698-2311. Press 3. Enter your ZIP code. The system will autodial the local VAMC. At additional prompts, select “talk with a nurse” or “operator.”
- **National Call Center for Homeless Veterans:** Veterans who are homeless or at risk of homelessness, their family and friends, federal/state/local partners, and community agencies that serve Veterans who are homeless are encouraged to call 877-424-3838 (877-4AID-VET) or chat online at www.va.gov/homeless/nationalcallcenter.asp for confidential, 24/7 assistance by trained VA staff.

Medicare, Medicaid, and the Affordable Care Act

Information about health care enrollment can be found at health care and [state-based exchanges](#).

Chapter 3: Appreciating the Diversity of Residents’ Needs

Mental Health Recovery: Supporting Residents With Serious Mental Illness

Overview

Individuals with serious mental illness (SMI), including schizophrenia, bipolar disorder, posttraumatic stress disorder (PTSD), and chronic major depression, are more vulnerable to the psychological impact of the COVID-19 pandemic. Increased isolation and even a temporary loss of valuable supports and resources can result in a variety of stress reactions, including a likely increase in symptoms. Individuals with a diagnosis of schizophrenia, for example, can experience an increase in paranoid thoughts and hallucinations (the most common is hearing voices) in response to stress. Each person will react to uncertainty in different ways. It is important for center staff to be aware that residents with SMI are people first and foremost, members of their community, and deserve to be treated with compassion and kindness. **It is recommended that staff take a Mental Health Recovery approach to caring for residents, with a focus on self-care and healthy stress management.**

Definition of Mental Health Recovery

Recovery from mental health disorders or substance use disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to achieve their full potential.

Mental Health Recovery Approach to Care

There are many elements of a Mental Health Recovery approach to care that are important to remember at any time, but especially during a pandemic. These include:

- Being person-centered and including family and other supportive individuals in caring for the resident, as appropriate.
- Not stigmatizing the person because of the disorder.
- Understanding the importance of the community and community institutions to the person's well-being.
- Focusing on the positive and not the negative characteristics of the person.
- Respecting the person's background — where they are coming from.
- Knowing the important role that peers can play in Mental Health Recovery. Peer support occurs when individuals with a shared experience help and support each other.

Helping Residents With SMI Manage Stress

- Residents in Mental Health Recovery can benefit from the same stress management and coping skills that are helpful for everyone (see page 2 of [Appendix C](#)). However, for some residents with SMI, having too many options to manage their stress can be distracting and could negatively affect their self-care. Staff should seek a behavioral health consultation for the resident if such a concern arises.
- Some residents may find the center setting restrictive, and even institutional. For those who have a history of being involuntarily institutionalized, this could trigger a trauma response.
- It is helpful to ask residents what coping skills they have used in the past and how they have grown from difficulties they have faced. If residents are unable initially to think of past examples of coping skills they have used, staff can brainstorm with them about what could potentially help.
- Staff can help residents identify shared experiences and normal emotional reactions to uncertainty. They can also help residents recognize that all of us have overcome difficult situations and that we can do it again. We all have strengths that we can use to benefit ourselves and those around us. Residents just need to make sure they have a plan and actively participate in their care.
- For residents who have been working with a therapist, case manager, or other health care professional, center staff should seek to connect them with their provider, who can provide additional support as someone who has an established relationship with the resident.
- For residents who don't have established care providers, staff can connect them with a psychiatrist or other health care professional who can establish a more permanent care plan.

Principles of Spiritual Care in the COVID-19 Pandemic Response

Overview

Center staff are likely to see residents who are anxious, angry, upset, sad, or grieving. They are in an unfamiliar place, dealing with discomfort, fear, and uncertainty. Many have been suddenly uprooted from their usual routine, separated from their support systems, and may not even know where they are or for how long they will be there. Whether they are persons of faith or not, religious practitioners or not, they may not have access to the individuals or resources that they normally turn to in times of need or trouble. Staff who are called upon or in a position to provide spiritual care should remember to focus on the spiritual and religious needs of the residents and not on their own beliefs, convictions, or spiritual needs. Staff should never tell residents what to believe or how to practice. **Spiritual care that focuses on the resident's beliefs and needs is not evangelism or proselytization.**

Guidance for Offering Spiritual Care

- **Be present:** Being present means simply being there. Give your full attention to residents and what they have to say and share. Many people worry about knowing what to say. Sometimes the best thing to say is nothing at all. Being fully present with a person, showing empathy and human connection, is better than any words one could ever say.
- **Show empathy:** Empathy is not feeling sorry for someone. It is feeling with them; it is jumping down into the dark hole with them and sitting with them until they are climbing out on their own, strengthened by your empathic support.
- **Ask open-ended questions** (anything that cannot be answered with “Yes” or “No”): Sample questions could be, “How are you doing with all this today?” or “What helps you to cope with being here?”
- **Follow residents' lead in the conversation:** Try not to lead the conversation or have an agenda. Instead, respond to what you hear and observe from residents. For example, when residents say they are scared, you can ask, “What is most scary right now to you?” When residents say they are “tired of all this,” you can follow with, “What makes you most tired right now?” You can explain that humans feel four basic emotions — happiness, sadness, anger, and fear. Ask them what are they feeling most at the moment. Avoid giving advice and empty platitudes, which is like saying “Bless you” when someone sneezes. These phrases don't really mean anything or make anyone feel better.
- **Help residents connect with their religious leader or group by phone, if they want to do so.**
- **Pray with residents if they request it and you are comfortable doing so:** If a resident asks you to pray with them, ask what they want you to pray for and how they want you to pray. Do not assume to know what to pray for, even if it seems obvious, and ask how they would like you to end your prayer (e.g., “Amen,” “May it be,” “in Jesus' name”).

Suicide Prevention

Overview

Not all of us are mental health or medical professionals; however, we can all learn the warning signs of suicide, become comfortable with asking about suicide, and assist in finding resources to help someone who is thinking about suicide.

The fact that someone has felt comfortable enough to share with a staff member likely means that the staff member is a trusted support and should build their ability to help by knowing the warning signs of suicide and the resources that can help.

Warning Signs of Suicide

- Hopelessness; feeling like there is no way out
- Anxiety, agitation, sleeplessness, or mood swings
- Feeling like there is no reason to live
- Rage or anger
- Engaging in risky activities without thinking
- Increasing alcohol or drug use
- Withdrawing from family and friends
- Talking about wanting to die

Risk Factors for Suicide

- Prior suicide attempt
- Mental health issues
- Substance abuse
- Access to items or materials that could cause harm
- Recent loss
- Legal or financial challenges
- Relationship issues
- Unemployment
- Homelessness

Responding to Residents Who Share Suicidal Thoughts or Feelings

- Talk openly about suicide. Be willing to listen and allow residents to express their feelings.
- Recognize that the situation is serious.
- Do not pass judgment.
- Reassure the resident that help is available.

Asking Questions About Suicide

- Ask this question if you've observed warning signs and risk factors:
 "Are you having thoughts of harming or killing yourself?"
- Try to make the question flow naturally with the conversation.

“It sounds like you have several stressors right now. How are you handling them? Do you have thoughts of harming or killing yourself? Have you had any thoughts in the past of harming or killing yourself? If so, have you acted upon those thoughts? What did you do?”

If you believe someone is at high or immediate risk, consider helping them find a higher level of care (e.g., by arranging an emergency room visit). If you don't believe the person is at immediate risk, consider assisting them in developing a safety plan and connecting them with a mental health provider or crisis response counselor.

The Columbia Lighthouse Project

The [website](#) of the Columbia Lighthouse Project gives access to a tool (the Columbia-Suicide Severity Rating Scale) that teaches individuals to go deeper with their questions and makes the level of risk clearer. The tool is something that anyone in the community can learn how to use.

Helping a Resident Make a Safety Plan

A safety plan is a list of prioritized coping strategies and resources that people at risk for suicide can use in times of emotional distress or during a crisis. Safety plans are brief, written from the resident's perspective, and are easily accessible to the resident and selected family and friends at all times.

A safety plan should include these **six steps** for ensuring the resident's safety:

- Identify resident's warning signs and how to recognize them.
- Use the coping strategies the resident has developed.
- Identify people and social settings that can provide distraction.
- Turn to family members and trusted friends who could offer support.
- Contact professionals and agencies for help (e.g., National Suicide Prevention Lifeline).
- Make my environment safer (e.g., secure firearms).

Emergency Room Visits

It can be scary for some people to consider talking with a mental health professional. As a trusted source of support who can help explain the value of talking with a trained health care provider, a center staff member can assist in putting the person at ease.

Suicide Risk Assessment

A suicide risk assessment is the formal process by which a health care provider gathers clinical information to determine a patient's risk for suicide.

These are the key components of a suicide risk assessment:

- A suicide risk assessment should first check for the presence of warning signs in three domains: suicidal thoughts, intent, and behavior.

- The assessment should then identify risk factors and protective factors that may increase or decrease the patient's risk for suicide.
- The final component of the assessment is a collaborative discussion on how best to take care of the individual and keep them safe.

Lesbian, Gay, Bisexual, Transgender Health

LGBT

LGBT refers to people who identify as lesbian, gay, bisexual, transgender, or related identities. This term encompasses sexual and gender minority people. People who identify as LGBT or related identities share common experiences of stigma and discrimination but also differ in many ways. During the COVID-19 pandemic, it is essential that residents who identify as LGBT or related identities can equitably access high quality care, like all people.

Gender Identity

Gender identity refers to how an individual experiences their gender — for example, man, woman, transgender man, transgender woman, genderqueer. Some people may use other terms to express their gender identity. Everyone has a gender identity.

Sexual Orientation

Sexual orientation refers to a person's sexual attraction to people of the same or different sexes and how people identify themselves based on those attractions. Lesbian, gay, and bisexual individuals experience same-sex attractions. Bisexual refers to attraction to both males and females. Heterosexual or "straight" refers to different-sex attractions. Asexual refers to the absence of sexual attraction. People may also use other terms to label their sexual orientation, such as queer, pansexual, or ambisexual. Everyone has a sexual orientation.

LGBT Health

There are many reasons why LGBT health is an issue:

- People with LGBT or related identities experience many forms of discrimination, prejudice, marginalization, and barriers to care. As a result, they have higher rates of some health conditions than non-LGBT people. These conditions may put them at increased risk of complications from COVID-19.
- Because of social stigma, some people who identify as LGBT or related identities deal with stress in ways that are harmful to their health, such as smoking, drinking alcohol, or eating too much.
- People who identify as LGBT or related identities can have difficulty finding well-qualified and supportive health care providers who understand and respect their background and unique health needs.
- Historical social stigma related to LGBT health has led to health care professionals not receiving training in the health needs of people who identify as LGBT or related identities.

- Research shows that shaming people about their LGBT or related identities or encouraging them to change their identity is harmful and increases their health risks. It is important for providers to be respectful, supportive, and welcoming and encourage discussion of sexuality and health concerns.

Health Needs of People Who Identify as LGBT

People who identify as LGBT or related identities should be screened for health conditions based on how they identify themselves. For example, transgender people who have been prescribed hormone therapies may need access to syringes. Also, people who identify as LGBT or related identities, particularly ethnic minorities, have higher rates of depression, anxiety, suicidal ideation, tobacco use, and alcohol use than people who do not identify as LGBT. Veterans who identify as LGBT or related identities report having experienced military sexual assault at higher rates than Veterans who do not identify as LGBT or related identities.

- Gay and bisexual men, particularly ethnic minorities, have higher rates of substance abuse, eating disorders, HIV infection, and exposure to violence — including by romantic partners — than heterosexual men. They also experience higher rates of PTSD than heterosexual male Veterans.
- Lesbian and bisexual women, particularly ethnic minorities, have higher rates of obesity, heart disease, childhood sexual assault, and domestic violence than heterosexual women. They also experience higher rates of PTSD than heterosexual women Veterans.
- Transgender people, particularly ethnic minorities, have higher rates of substance abuse, HIV infection, exposure to violence — including domestic violence — and homelessness than non-transgender people.

Creating an Affirming Environment for People Who Identify as LGBT

People who identify as LGBT or related identities often do not feel welcome or safe in environments that fail to recognize their identity. Visible signs and symbols, such as LGBT-affirming posters and rainbow lanyards, communicate to people who identify as LGBT or related identities that they are respected and welcomed.

Staff can create an affirming, welcoming environment by:

- Asking about and using residents' preferred names.
- Routinely asking about birth sex and gender identity at intake.
- Referring to people by their identified gender regardless of appearance.
- Managing and making assignments to beds and restrooms based on infection control and prevention practices and a resident's identified gender.
- Following up assessment of gender identity and sexual orientation with appropriate health screens.
- Acknowledging that not everyone is heterosexual.
- Taking a proactive approach to deterring harassment, and correcting staff and residents who make anti-LGBT statements or jokes.

Asking About Gender Identity

Best practice is to follow this two-step process at intake:

- Ask, “What sex is listed on your original birth certificate?” Response options are typically “male” or “female.”
- Then ask, “Do you think of yourself as a man, woman, transgender man, transgender woman, genderqueer, or is there another term that you use?” The right answer is the one the individual provides. It is also OK if the individual chooses not to answer.

Asking About Sexual Orientation

Best practice is to ask at intake:

- “Do you think of yourself as lesbian, gay, heterosexual or straight, bisexual, or is there another term that you use to describe your sexuality?” It is also okay if the individual chooses not to answer.

Caring for People of Color During the COVID-19 Pandemic

Overview

A long history of structural and systemic racism in the U.S. has resulted in the COVID-19 pandemic taking an especially devastating toll on people of color and their communities. Several factors place many people of color at higher risk of getting COVID-19 and dying from it, including:

- **Structural barriers to obtaining health care**, including lack of insurance, lack of a regular health care provider, and lack of trust in the health care system. Undocumented immigrants may also delay treatment due to fear of deportation.
- **Reduced access to COVID-19 testing** due to financial limitations, placement of testing locations, lack of community resources, lack of transportation, and possible discrimination in who is approved to be tested.
- **High rates of other health conditions** among some racial and ethnic groups that place them at higher risk of infection and make it more difficult for them to recover from infection.
- **Job-related exposure to risk, which is higher among people of color.** Many people of color are essential workers who must continue to go out in public.

Approaches to Caring for Residents of Color

- Make a special effort to develop trusting relationships with residents of color, especially those from racial and ethnic groups that have been subjected to mistreatment, experimentation, and discrimination in the context of health care.
- Resist any potential urge to blame or shame residents of color who seek to be tested or who test positive for COVID-19. Risk factors for COVID-19 can be high for reasons beyond their control, such as:
 - Working in high-risk industries, such as health care, food supply, delivery services, public transportation, and ride-sharing services.

- Living in conditions that make isolation or social distancing difficult (e.g., shared bedrooms, bathrooms, or common areas; high-occupancy buildings; unstable housing; homeless shelters).
- Limited or no delivery options for essential supplies, forcing them to go to public places themselves, often by public transportation.
- Be mindful of implicit bias, stereotypes, or misconceptions that may interfere with your judgment or behavior. When in doubt, stick to the facts:
 - To date, there is **no evidence** that any racial or ethnic group is any more or less biologically susceptible to COVID-19 than others. While everyone is at risk of getting COVID-19, some people may be more likely to get it or experience severe illness from it. COVID-19 is a new disease. Scientists are learning more about it and how it affects people.
 - Long-standing systemic health and social inequities have put people of color at increased risk of getting COVID-19 or experiencing severe illness from it, regardless of age. For example, non-Hispanic Black, Hispanic, and American Indian and Alaska Native populations have higher rates of hospitalization or death from COVID-19 than the non-Hispanic white population. [According to the Centers for Disease Control and Prevention](#), as of June 12, 2020, age-adjusted hospitalization rates were highest among non-Hispanic American Indians and Alaska Natives and non-Hispanic Black people, followed by Hispanic people.
 - Risk is based on **level of exposure** to others who may be infected.
 - **Some groups may have more exposure than others** because of their living situation, type of employment, or other life circumstances.
 - You **cannot tell by looking at someone** whether they have COVID-19. The only way to determine whether someone has COVID-19 is to perform a diagnostic test.
- Recognize that the stress of racial or ethnic discrimination can make people sick, which can put people of color at higher risk for complications from COVID-19.
- Create a welcoming environment for people of color by:
 - Treating every resident with dignity and respect.
 - Acknowledging that residents of color are not to blame for higher rates of risk or COVID-19 infections among people of color.
 - Correcting staff and residents who make racist statements (even in the context of a so-called joke).
 - Connecting residents with social services, interpreters, palliative services, and chaplain services as requested by them or as required for their situation.
 - Encouraging residents to call people in their support systems (a partner, family member, or friend, as available) to help make their stay easier and to assist with key decisions when necessary.
 - Slowing down and sharing the thinking behind your decisions or recommendations, especially if they conflict with a resident's preferences.
 - Making every effort to understand each resident's circumstances and relate to them as a person going through a difficult situation.

- Collect basic demographic data (race, ethnicity, language, age, and sex) for all residents seeking COVID-19 testing or treatment.
- Assess COVID-19 testing, treatment, and outcomes by demographic groups and monitor on an ongoing basis to determine whether disparities are occurring within your center. Take corrective action when disparities are revealed.

Women's Health and Wellness During the COVID-19 Pandemic

Getting Routine Health Care

- During the COVID-19 pandemic, patients should ask their providers if routine health care screenings (e.g., pap smears and mammograms) should be delayed to reduce the number of patients engaging in person at health care centers and decrease the chance of spreading or contracting COVID-19. If patients have breast or pelvic complaints, they should not delay care.
- Routine prenatal care is still recommended. Women should check with their obstetric providers to find out if this care will be provided virtually or face-to-face.
- Patients should ask their health care providers via telephone or video when to resume routine screenings.

Managing Stress and Mental Health

During a pandemic, there are many reasons why people feel stressed:

- Fear of getting sick or dying
- Isolation
- Financial difficulties
- Trauma, such as almost dying, losing loved ones without being able to say goodbye, or witnessing suffering and death
- Inability to use their usual coping skills, like visiting a friend in person or going to the gym

Women who value social connection or are in the role of caretaker for other family members might find social distancing particularly stressful. To manage these challenges, center staff can encourage women to:

- Establish routines
- Connect online with friends
- Engage in physical activity
- Use brief relaxation exercises to help relieve tension (see [Appendix C: Wellness Resources](#))
- Seek professional mental health support

Trauma-Informed Care Considerations for Women

- Individuals who have experienced homelessness are more likely to have experienced trauma; experience with trauma is common among mothers who are homeless.

- Trauma and the experience of homelessness for a mother may be worsened by feelings of guilt and shame at not being able to provide for her children or being separated from them.
- Services for women should emphasize physical and emotional safety for both residents and staff.

Women Who Are Pregnant or Have Recently Given Birth

- Pregnant women may have worries about whether pregnancy makes them more likely to get sick from COVID-19, or whether the virus can impact the health of their fetus.
- They may have fewer routine prenatal care visits than during pre-pandemic times and may have to go through labor and delivery without as many loved ones or support people present. After giving birth, they may wonder if it's safe to breastfeed or hold their baby close.

Our understanding of the effects of the coronavirus on pregnancy and breastfeeding is changing rapidly. Recommendations on what to do are likely to change over time.

- Based on current knowledge, pregnant women may be at increased risk for severe illness from COVID-19 compared with nonpregnant women. Additionally, an increased risk of [adverse pregnancy outcomes](#), such as preterm birth, exists among pregnant women with COVID-19.
- [Evidence exists](#) that COVID-19 is very infrequently transmitted from pregnant women to their babies before they are born.
- Little to no evidence exists that COVID-19 is present in breast milk; however, women who have COVID-19 should take care to wash their hands frequently and consider wearing a mask while breastfeeding to reduce the risk of exposing their newborn.
- It is too early to know if there are risks to the fetus (such as fetal abnormalities) associated with mothers having COVID-19 in the first trimester.

What Pregnant or Recently Pregnant Women Should Know About Their Health Care

- They should attend routine prenatal, postpartum, or post miscarriage appointments as appropriate.
- Pregnant women were considered a high-risk group for infection even before COVID-19. It is important that they have access to spaces for handwashing, be offered space physically separate from people with confirmed or suspected infection, and be given necessary hygiene supplies (e.g., tissues, hand sanitizer).
- The COVID-19 pandemic is straining local health care systems. Availability of maternity care providers and inpatient obstetric units may change or become limited. Pregnant women can prepare by:
 - Getting a paper copy of their prenatal records and keeping it with them.
 - Knowing the on-call or after-hours phone number of their maternity care providers.

- Getting access to a mobile device that can be brought into labor and delivery to connect with a partner or support person (e.g., using FaceTime or Zoom).
- Communicating with their obstetric team to understand what current policies are.
- Using a dedicated breast pump (i.e., one that is used by only one individual) if they have tested positive for COVID-19 and are temporarily separated from their infant. They should still be able to pump breast milk to be fed to their baby during this time.

Parenting Stress

Caring for children and teens can be especially stressful during a pandemic. Sometimes the stress can become so intense that mothers yell at their children or hit them. Parents can reduce parenting stress by:

- Engaging in positive activities with their children, such as playing a game, reading a book, or coloring together.
- Telling children what is expected of them.
- Maintaining realistic routines.
- Praising children when warranted.
- Modeling self-care when possible.
- Taking a 10-second break when angry.

Access to Contraception

- Even during isolation, it is important to consider access to contraception. Ensure that all residents can continue their prescribed contraception medication.
- Provide access to condoms to protect against sexually transmitted infections and prevent unplanned pregnancies.
- Provide access to emergency contraception in the case of unplanned sexual intercourse.

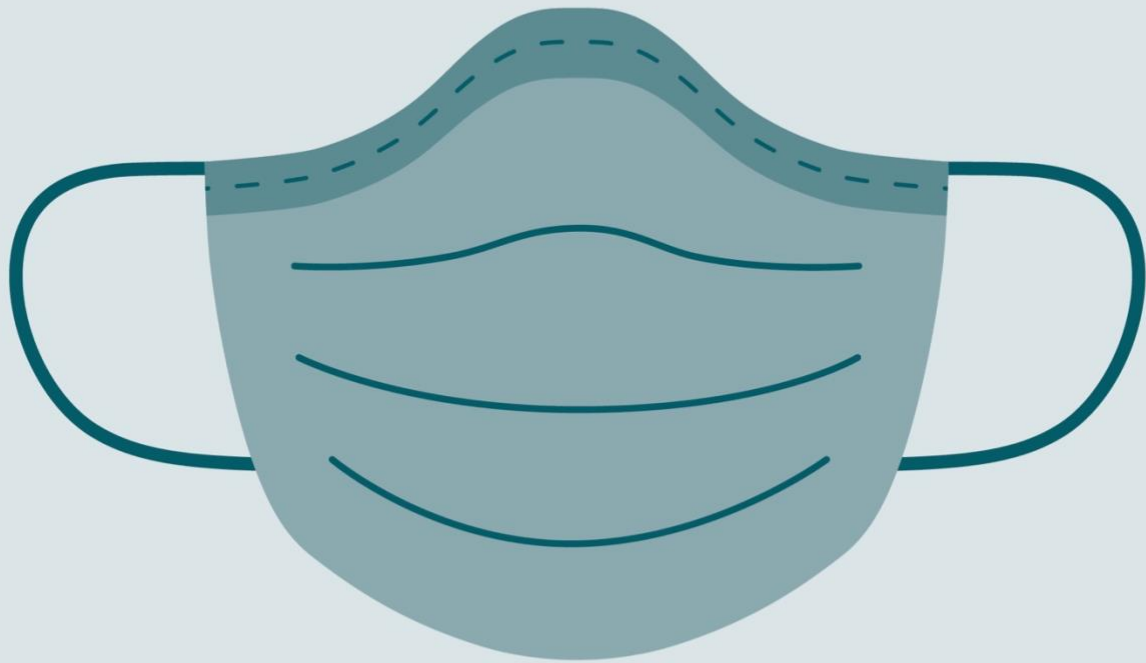
Access to Hygiene Products

- Ensure that the center is stocked with tampons, pads, and other hygiene supplies.
- Ensure that women can access these items **without needing to ask permission** for them.

Women Veterans Call Center

- Call or text 855-VA-WOMEN (855-829-6636) to reach the Women Veterans Call Center (WVCC). The call is free. You can call as often as you like until you have answers to all your questions.
- The WVCC staff is trained to provide women Veterans, their families, and caregivers information about VA services and resources.
- The call center is available Monday through Friday between 8 a.m. and 10 p.m. Eastern time, and on Saturdays between 8 a.m. and 6:30 p.m. Eastern time.

Volume **II**



Basics of Medical Care During COVID-19 Pandemic

Volume II: Basics of Medical Care During the COVID-19 Pandemic

This volume is designed to guide centers that provide urgent and medical respite care but do not have physicians, nurse practitioners, or physician assistants on site 24/7. It is important that center policies and procedures provide information on basic urgent and emergent care. Furthermore, center policies and procedures should address COVID-19 symptoms and treatment along with infection prevention and control measures. The degree of interventions needed will vary depending on a specific center's purpose, given that a range of care exists within urgent and medical respite levels of care. Chapters 4 and 5 provide guidance on elements to consider when creating center policies and procedures to address basic medical care during the COVID-19 pandemic. To get the latest guidance on providing basic medical care to individuals experiencing homelessness during the COVID-19 pandemic, please go to the website of the [Centers for Disease Control and Prevention](#) (CDC) or the [World Health Organization](#). See especially [CDC's Interim Guidance for Homeless Service Providers](#) and [Homelessness and COVID-19 FAQs](#). CDC updates this guidance as needed and as additional information becomes available.

Chapter 4: Urgent and Emergent Care

911: What You Need to Know

When To Call 911

- If a resident is unconscious, gasping for air or not breathing, experiencing an allergic reaction, having chest pain, bleeding uncontrollably, or showing any other symptoms that require immediate medical attention.
- Any time there's a threat to life or property — such as an accident, a crime, a fire, or a medical emergency.

What Information To Give a 911 Dispatcher

- That you are calling from a COVID-19 center
- Your name and the resident's name
- Your phone number in case you're disconnected
- Location of emergency: Provide a street address if possible
- Nature of emergency: Medical emergency? Fire? Crime?
- Number of victims and their condition
- Any environmental things you notice

Other Tips for Speaking With a 911 Dispatcher

- Do not hang up until the 911 dispatcher instructs you to do so.
- Stay calm.

- Speak clearly, loudly, and slowly: Sounds in your environment can affect the 911 dispatcher's ability to hear you.
- Be prepared to follow the instructions that the 911 dispatcher gives you.
- Let the 911 dispatcher guide the conversation. They will record the information you provide. Often, they are sending assistance as you are speaking.

911 With Smartphones

- You don't need a passcode to dial 911. Tap the home button, which launches the lock screen that asks for a passcode or PIN. In the bottom lower left of the screen, tap "Emergency," then dial 911.
- Any cell phone with a signal can call 911, even if it's not activated. All you need is a location activated by cell towers.
- In some places, you can text 911 if you have a hearing impairment or if you're in a situation where you don't want to draw attention to your voice or you can't speak. If you attempt a 911 text and it's unsupported, you will receive a bounce back notifying you of the failure. **Voice is preferred over text.**
- Smart speaker digital assistants (Alexa, Siri, etc.) cannot call 911.

Other Important Phone Numbers

- Poison Control: 1-800-222-1222
- Local police department (for non-emergencies)
- Local hospital or health department
- Crisis services response

Cardiopulmonary Resuscitation

Cardiopulmonary resuscitation (CPR) is an emergency lifesaving procedure performed when the heart stops beating. Immediate CPR can double or triple the chances of survival after the heart stops beating.

- Every year, 475,000 people die from cardiac arrest in the U.S.
- Even partial CPR can make a difference!

Centers should create a plan and training for staff on how to provide CPR in accordance with COVID-19 infection control recommendations. For example, staff should know how to quickly access and use personal protective equipment (PPE), CPR masks, shields, or bag valve masks.

Guidance for Health Care Providers

Before giving CPR when you think an adult is in trouble:

1. Assess scene safety. Check your surroundings and the person. Make sure the scene is safe.
2. Tap the person on the shoulder and shout "Are you OK?" to make sure that the person needs help. If the individual is unresponsive, activate your center's emergency management response system and call 911 (see [911: What You Need to Know](#)). If you are not alone, tell one specific person to call 911. **Send someone else to get an automated external defibrillator (AED).**

3. Check for breathing. Do not listen or feel for breathing — simply look to see if the person is breathing. Occasional gasping sounds do not mean the person is breathing. At the same time, check for a pulse. If there are no signs breathing, or if there is only gasping and no pulse, begin CPR.
4. Push hard, push fast 30 TIMES. Place your hands, one on top of the other, in the middle of the person's chest. Use your body weight to help you administer compressions that are at least two inches deep, and allow the chest to rise completely between compressions. Deliver compressions at a rate of at least 100 per minute. Try doing it to the beat of "Stayin' Alive" by the Bee Gees.

Continue CPR steps. Keep performing cycles of chest compressions and breathing (30:2) until the person starts breathing, an AED becomes available, or a trained medical responder arrives on scene. Stop if the scene becomes unsafe or you cannot continue performing CPR due to exhaustion.

Guidance for Staff Who Are Not Health Care Providers

When a staff member witnesses an adult suddenly collapsing, they should perform **hands-only (compression-only) CPR**. The order of events is as follows:

1. Assess scene safety. Check your surroundings and the person. Make sure the scene is safe.
2. Tap the person on the shoulder and shout "Are you OK?" to make sure that the person needs help. If the person is unresponsive, activate your center's emergency management response system and call 911 (see [911: What You Need to Know](#)). If you are not alone, tell one specific person to call 911.
3. Check for breathing. Listen carefully for sounds of breathing. Occasional gasping sounds do not mean the person is breathing. At the same time, check for a pulse. If there are no signs breathing, or there is only gasping and no pulse, begin CPR.
4. **Place a surgical mask or barrier over the mouth and nose of the person.**
5. Push hard and fast in the center of the chest to the beat of a familiar song that has 100 to 120 beats per minute (e.g., "Stayin' Alive" by the Bee Gees).
 - a. Kneel beside the person who needs help.
 - b. Place the heel of one of your hands on the center of the person's chest.
 - c. Place the heel of your other hand on top of the first hand, then lace your fingers together.
 - d. Position your body so that your shoulders are directly over your hands and keep your arms straight.
 - e. Push hard, push fast. Use your body weight to help you do compressions that are at least two inches deep, and allow the chest to rise completely between compressions. Deliver compressions at a rate of at least 100 per minute.
 - f. Keep pushing. Continue hands-only CPR until you see obvious signs of life (like breathing), another person can take over, you're too exhausted to continue, an automated external defibrillator becomes available, or the scene becomes unsafe.

Resources for Performing CPR

- [Video of Hands-Only CPR](#)
- [Video of “Stayin’ Alive” by the Bee Gees](#)

Basic First Aid

Centers should create a process to treat conditions that cannot be treated using basic first aid. Each center will have its own process. In this section, “designated staff” refers to those staff who are identified as providing a higher level of medical care. (See [911: What You Need to Know.](#))

General Guidance for Injuries

- **Wear [appropriate PPE](#) (minimum of face mask and eye protection) for all encounters with residents within 6 feet of distance.**
- Remain calm.
- Call 911 if serious injury occurs. Be sure to tell the 911 dispatcher that you are in a COVID-19 center.
- After calling 911, have another person wait at the center’s entrance to direct emergency responders to the emergency’s location.

Anaphylaxis

- Anaphylaxis is a severe, potentially life-threatening allergic reaction.
- It can occur within seconds or minutes of exposure to something to which an individual is allergic (e.g., peanuts, bee stings, latex, some medications, venom).
- Symptoms include a rapid or weak pulse; a skin rash, hives, or itching; flushed or pale skin; swelling of the face, eyes, lips, or throat; nausea and vomiting; difficulty breathing; shock (extremely low blood pressure); dizziness or fainting; or unconsciousness.
- The first course of treatment is to **call 911**; immediate medical attention is recommended. If the person has an epinephrine autoinjector, ask if they need help using it (usually by pressing the autoinjector against the persons’ thigh). Have the person lie down on their back, loosen any tight clothing for them, and cover them with a blanket if available. Do not give the person anything to drink. If there is vomiting, turn the person on their side to prevent choking. If there are no signs of breathing, coughing, or movement, begin CPR (see [CPR](#)).
- Anaphylaxis symptoms may recur; monitoring in a hospital for several hours is usually recommended.

Minor Bleeding

- Avoid physical contact with the resident if possible. Wear gloves, in addition to a face mask and eye protection, if physical contact is required.
- Hand the injured resident a clean gauze pad.
- Ask them to put mild pressure on the area.
- If the bleeding stops within 5 minutes, have the resident clean the area with mild soap and water and place a bandage over the wound.

- If bleeding begins again after the wound is washed, have the resident apply pressure with another clean gauze pad for an additional 15 minutes, and elevate the body part that's affected. If bleeding cannot be controlled after 15 minutes, call designated staff.

Nosebleed

- Have residents sit up straight and lean forward slightly. **DO NOT tilt their head back.**
- Have them firmly pinch their nose just below the bone and deep up against their face. They should apply this pressure for 10 minutes. Time it with a clock.
- If bleeding continues after 10 minutes of steady pressure, they should repeat the process.
- Notify designated staff if the nosebleed does not stop after 20 minutes.
- **Call 911 immediately if there is so much blood it is hard for the person to breathe.**

Muscle, Bone, and Joint Injuries

- If a person complains that they have a sprain, follow the RICE protocol:
 - REST: Rest the injured arm or leg and try not to use it.
 - ICE: Apply an ice pack for 20 minutes every few hours.
 - COMPRESSION: Have a medical provider apply a wrap bandage.
 - ELEVATION: Keep the injured limb above the heart whenever possible.
- If the injury is new, ask the resident how it occurred.
 - Tripping without hitting the head, stubbing the toe, and incurring minor wrist injuries usually require minimal intervention.
 - If the injury was caused by a fall, notify designated staff if:
 - The resident hit their head.
 - The fall was caused by fainting or passing out.
 - The center's environment of care contains a tripping hazard (see [Therapeutic Milieu](#)).

If the resident cannot move the affected limb or the limb looks abnormally bent, call 911.

Chapter 5: COVID-19 Management

COVID-19 Symptoms and Care

Although many people who get COVID-19 will either not experience severe problems or not experience any COVID-19 symptoms, some will get very sick and will need to be hospitalized. What we know about preventing and managing COVID-19 changes frequently. To get the latest information, please go to the websites of the [Centers for Disease Control and Prevention](#) or the [World Health Organization](#). See especially [CDC's Interim Guidance for Homeless Service Providers](#) and their webpage [People Experiencing Homelessness](#). CDC updates this guidance as needed and as additional information becomes available.

Other key CDC resources include:

- [COVID-19 Infection Control Inventory and Planning \(ICIP\) Tool](#) for Homeless Service Providers
- [Checklist for Homeless Service Providers](#) During Community Re-opening
- [Investigating and Responding to COVID-19 Cases at Homeless Service Provider Sites](#)
- [Printable Resources for People Experiencing Homelessness](#)
- [Guidance Related to Unsheltered Homelessness](#)
- [Homelessness and COVID-19 FAQs](#)

There are also resources available from the departments of Housing and Urban Development and Health and Human Services:

- HUD: [COVID-19 Resources](#)
- HHS (ASPR TRACIE): [Homeless Shelter Resources for COVID-19](#)

Designated staff may be required to perform the actions described in this section. CDC recommends the provision of training and educational materials related to COVID-19 to all center staff and volunteers. See CDC's COVID-19 [Homeless Shelter Worker Training](#).

Screening Residents and Staff for Symptoms

CDC recommends that staff regularly assess residents and other staff for [symptoms](#) of COVID-19. Assessing for symptoms is an important way to identify those who need medical care. Centers should create a screening process that fits their population. For example, centers whose residents all have confirmed COVID-19 infections should closely monitor for symptoms to identify those who need additional care. Centers whose residents are not known to be infected by COVID-19 should screen residents daily to identify those who may have developed symptoms after admission and who may now be suspected to have COVID-19. Residents or staff who screen positive for symptoms for COVID-19 may need to be linked to medical care or testing. Center staff should be screened prior to each entry into the center for duty to determine whether they should stay at home or seek medical care.

CDC also recommends minimizing the number of staff members who have face-to-face interactions with residents with respiratory symptoms; encouraging staff who have even mild symptoms of COVID-19 not to come to work until they meet CDC criteria to return; and developing and using contingency plans for increased absenteeism caused by illness in staff or their family members.

CDC recommends that staff and volunteers who are at [higher risk](#) for severe illness from COVID-19 not be designated as caregivers for sick residents. CDC recommends

identifying flexible job duties for these higher risk staff and volunteers so they can continue working while minimizing direct contact with residents.

A [screening tool developed by CDC](#) can be used to identify people with possible symptoms of COVID-19. The screening tool includes determining whether the resident or staff member has a fever and assessing for the presence of symptoms.

As noted in [CDC's Interim Guidance for Homeless Service Providers](#), staff who are checking [residents' temperatures](#) should use appropriate personal protective equipment, such as face masks and eye protection — especially if 6 feet of distance cannot be maintained — and, if possible, use a system that creates a physical barrier between the resident and the screener. [See "Staff considerations" on the CDC website](#) for additional details on establishing physical barriers and other infection control practices to limit transmission of the coronavirus when screening or interacting with residents who have any symptoms of COVID-19.

[See Interim Considerations for SARS-CoV-2 Testing in Homeless Shelters and Encampments](#) for guidance on testing for homeless service providers. As CDC notes, testing to diagnose COVID-19 is one component of a comprehensive COVID-19 prevention and management strategy and should be used in conjunction with [promoting](#) behaviors that reduce spread, [maintaining healthy operations](#), and preparing for when someone gets sick (see below). Current CDC recommendations suggest limiting access of visitors to centers to prevent COVID-19 transmission.

What Being Sick From COVID-19 Looks Like

It can be hard to tell COVID-19 apart from other infections caused by a virus, such as the flu or the common cold. Many people who have COVID-19 will have a fever, chills, muscle or body aches, and respiratory symptoms like coughing, shortness of breath, or difficulty breathing. However, people infected with the coronavirus may have no symptoms at all, or a [wide range of symptoms](#), including headache, fatigue, nausea or vomiting, diarrhea, and new loss of taste or smell. Symptoms may appear 2-14 days after exposure to the virus and range from mild symptoms to severe illness. CDC is continuing to update the list of symptoms as more is learned about COVID-19.

Standard facility procedures should be used to determine whether a resident needs immediate medical attention. Emergency signs include:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

As noted in [CDC guidance](#), decisions about whether residents with mild illness due to suspected or confirmed COVID-19 should remain in a shelter or be directed to

alternative housing sites should be made in coordination with local public health authorities. Community coalitions should identify additional temporary housing and shelter sites that are able to provide appropriate services, supplies, and staffing. Ideally, these additional sites should include:

- Overflow sites to accommodate shelter decompression (to reduce crowding) and higher shelter demands.
- Isolation sites for residents who are confirmed to be positive for the coronavirus. Quarantine sites for residents who are waiting to be tested, who are suspected of having COVID-19, or who know that they were exposed to the coronavirus.
- Protective housing for residents who are at [highest risk of severe COVID-19](#).

[Current CDC guidance](#) suggests that, depending on resources and staff availability, non-group housing options (such as hotels and motels) that have individual rooms should be considered for the overflow, quarantine, and protective housing sites. In addition, centers should plan for how to connect residents to housing opportunities after they have completed their stay in these temporary sites.

Management of Residents With COVID-19

- Monitor and reassess all residents with COVID-19 even if they have only mild symptoms to start (see [Monitor Changes and Increases in Symptoms](#)).
- Younger residents with mild disease and no other medical conditions generally will not require hospital interventions. However, because they can transmit the virus to other residents, they need to be placed in isolation if individual rooms are available, or be isolated as much as possible by modifying a facility's layout (see [CDC's Interim Guidance for Homeless Service Providers](#)) to prevent spread of COVID-19 to others.
- Older residents ([see CDC guidance](#)) and those with chronic health problems, such as cancer, chronic lung disease, chronic kidney disease, obesity, sickle cell disease, serious heart conditions (such as heart failure, coronary artery disease, and cardiomyopathy), or diabetes mellitus (see [Physical Health Conditions and CDC guidance on people at highest risk for COVID-19](#)) are at increased risk of severe problems from COVID-19, including death, even if their symptoms are mild at first. CDC has also identified a number of other underlying medical conditions that may increase the risk for severe disease. (See CDC's updated list [here](#)). Thus, it's especially important to continue to monitor the condition of these residents, including their underlying medical conditions. (See also CDC [Guidance for People With Certain Medical Conditions](#) for actions that residents and staff can take to monitor and manage their underlying medical conditions.)

Monitoring Changes and Increases in Symptoms

Residents who start off with no to mild symptoms of COVID-19 can get sicker. Staff should check on the well-being of each resident as often as directed by center policy. Because some residents with COVID-19 can worsen quickly, it is recommended to check on them at least twice a day, if not more often. When doing these checks, staff should wear personal protective equipment (PPE) as directed by the center and

following CDC guidance. If non-designated staff notice the following signs or problems, they should **notify designated staff**, because residents may need to be transferred to a higher level of care (see [Transferring Residents from the Center to a Hospital](#)).

- Worsening symptoms
 - Ask: “How are you feeling compared with when you first arrived at this center? Are you in general feeling better, worse, or the same?”
 - Is the person able to speak in full sentences? Must the person stop to take deep breaths or stop after speaking a few words?
 - Is the person making sense?
 - Is the person having any other symptoms, such as diarrhea or vomiting? Can they hold down food and water?
 - Ask: “When did you last urinate?”
 - People should urinate at least every 8 hours if they do not have kidney problems or if they are not dehydrated. If the resident has not urinated in the last 12 hours, check for signs of dehydration.
- Chest pain or pressure
 - Ask: “Are you having any chest pain? Is it a sharp stabbing pain, a heavy pressure, or pain with breathing? Please point to the pain.”
 - Increased chest pain or pressure without any relief, or pressure or pain that feels like an elephant is sitting on their chest might be signs of a heart attack.
- Fatigue or sleepiness
 - Ask: “About how many hours did you sleep last night? Do you feel like you need to rest or sleep after bathing or eating, or during the day? Are you able to stay awake for at least 4 hours?”
 - Compare what residents tell you to what you observe from them. Look for them having difficulty staying awake or paying attention to the questions you are asking.
- Shortness of breath or difficulty breathing
 - Ask: “Is your cough/trouble talking/trouble taking a deep breath getting better? Can you walk around the room without stopping to catch your breath?”
 - Potential worrisome signs include uncontrolled coughing, difficulty catching their breath, being hunched over, holding their knees while breathing, not being able to complete a sentence without taking a deep breath, not making any sense, or having a faint blue tinge around their mouth.

Checking for Problems With Vital Signs

Centers with the capacity to check vital signs should define vital sign parameters that prompt escalation in care. Designated staff should tailor the suggested parameters below, signaling a need to escalate the level of care, to meet the needs of their center. For example, fever alone in residents already suspected of or known to have COVID-19 would not signify an emergency.

- Temperature of 100.4°F or above after being afebrile for more than 24 hours. [If the resident is 65](#) years or older, a single reading higher than 100°F (37.8°C), multiple readings above 99°F (37.2°C), or a rise in temperature greater than 2°F (1.1°C) above the resident's normal (baseline) temperature may be a sign of infection.
- Pulse rate over 120 or more than 10 points above resident's normal rate.
- Blood pressure lower than 100/60 or more than 10 points lower than the resident's normal blood pressure or significantly lower than the most recent reading.
- Respiratory rate greater than 25.
- Peripheral oxygen saturation by pulse oximetry less than 93% or 2% lower than baseline. (Note that nail polish and fake nails may produce a falsely low reading.)

Checking for Other Signs of Respiratory Distress

Other signs of respiratory distress include, but are not limited to:

- Decreased ability to speak in sentences.
- Increased difficulty breathing (raised shoulders, heaving chest).
- Increased gasping for breath.
- Increased need for oxygen.

Discontinuation of Transmission-Based Infection Control Precautions

Please see CDC Guidance for Discontinuation of Isolations for Persons With COVID-19 Not in Health Care Settings for the most recent guidance on when isolation or other transmission-based infection control precautions can be discontinued. This guidance continues to be updated based on [emerging evidence](#).

Transferring Residents From the Center to a Hospital

Residents who start off with no to mild symptoms of COVID-19 can get sicker. If they start to have the following signs, think about transferring them to a hospital:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Can't easily be awakened
- Bluish lips or face

Centers should create a set process to transfer residents. This transfer process should include:

- Knowing which medical facility to transfer residents to.
- Having a point of contact for this medical facility who will accept center staff calls to transfer residents.
- Notifying the 911 operator, ambulance personnel, and the accepting medical facility that the resident is coming from a COVID-19 center.

- Transporting with the resident a list of current medications, allergies, diagnoses, health insurance information, medical location(s) where they obtain outpatient care, emergency contact information, and the center's contact number.
- Transporting with the resident any medical legal documents, such as a living will, a power of attorney for health care, other advance directives, and Physician Orders for Life-Sustaining Treatment (POLST) or Medical Orders for Life-Sustaining Treatment (MOLST).
- Transporting with the resident eyeglasses, hearing aids, and cellphone with charger, if the resident has these items.

For additional information, see [911: What You Need to Know](#).

After the transfer, clean and disinfect high-touch surfaces in the resident's room using approved disinfectants to protect against COVID-19 (see [Appendix B and CDC Guidance for Cleaning and Disinfecting Your Facility](#)). Use gloves and mask while cleaning. Wash your hands before putting on gloves and after removing them.

Transferring Residents From a Hospital to the Center

Centers should create a form that lists all the questions center staff should ask hospital staff before a patient arrives from the hospital to the center. These questions should include how long a resident needs to remain in isolation. For example, transmission-based infection control precautions will probably be different depending on how long a patient was hospitalized, the timing of symptom onset or a positive COVID-19 test, the severity of illness, and whether the resident is severely immunocompromised. Center staff should ask the hospital staff when infection control precautions can be stopped. Please see CDC Guidance for [Discontinuation of Isolation for Persons With COVID-19 Not in Health Care Settings](#) for the most recent guidance on when isolation or other transmission-based infection control precautions can be discontinued. This guidance continues to be updated based on [emerging evidence](#).

Residents who were directly transferred from hospitals should have their vital signs checked at least as often as the other residents in the Center.

Advance Directives

Advance directives are legal written instructions explaining a person's health care preferences in the event the person is unable to communicate their wishes. Two of the most common types of advance directives are health care proxies and living wills.

A health care proxy is a document in which an individual gives a durable medical power of attorney to someone they trust to make health decisions when they cannot make their own — for example, if they are in a coma.

A living will typically indicates the person's wishes concerning life-sustaining treatments when they are near the end of life and are unable to communicate for themselves.

Some examples of such treatment include kidney dialysis, assisted ventilation, CPR, and tube feeding.

Information on creating advance directives may be obtained from:

- Health care providers
- Attorneys
- The local area agency on aging
- The local or state health department

Ask residents when completing their health assessments if they have any advance directives or a POLST or MOLST. If they do, help them obtain a copy for their center records. Information from the advance directives, such as no CPR, should be clearly and timely communicated with other health care workers, including first responders, in accordance with the residents' wishes and direction and per the facility privacy policy in compliance with the Health Insurance Portability and Accountability Act.

Although most people infected by the coronavirus will not need life-sustaining treatments, having advance directives in place will aid in honoring the person's health care preferences should the need arise.

Quarantine Orders

People experiencing homelessness have a higher rate of mental health and substance use disorders, as well as histories of trauma and PTSD, than people who are stably housed. The stress and uncertainty of the pandemic environment may make these disorders worse.

The concerns of residents who may be unable or unwilling to follow strict isolation or quarantine requirements should be proactively addressed before conflict occurs. Conflict resolution approaches should be used to decrease conflict as it starts to occur. The use of these techniques can help avoid civil detention or involuntary commitment. At times, more than one technique may be needed. These techniques include:

- Creating a psychologically safe environment (see [Psychologically Safe Environment](#)).
- Educating residents about why they are at the center. Don't assume they know. A good way to start this conversation is by asking them why they think they are at the center. Behavioral health consultants can be brought in if residents are unable to understand why they are at the center.
- Being transparent with residents about how long it is recommended that they stay at the center. As part of this conversation, explain the reasoning behind this length of time.
- Informing residents about what to expect while they are at the center (see [Therapeutic Milieu](#)).
- Having center staff whom the resident trusts engage with the resident.

- Understanding what is driving the resident's behavior and attempting to address it.
- Changing room or bed assignments as appropriate or shifting the resident to another program that may be better suited to the unique needs of the resident.

In most situations, state law is the only authority that can involuntarily isolate or quarantine an individual. Thus, how individual centers approach residents who are unable or unwilling to follow quarantine recommendations, even after center staff have utilized conflict resolution approaches, depends on their state quarantine laws.

The U.S. surgeon general, with the approval of the secretary of the U.S. Department of Health and Human Services (HHS), has the authority to carry out a federal quarantine to control communicable diseases. Only HHS can enforce federal quarantine orders.

Infection Control and Prevention: How to Protect Yourself and Others

What We Know

- **The virus is spread mainly from person to person.**
 - Between people who are in close contact with one another (within about 6 feet).
 - Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
 - Even by people who are not showing symptoms.
- **There is also evidence that COVID-19 can be picked up from contaminated surfaces.**
 - Regularly clean and disinfect tabletops, countertops, and other surfaces. See [CDC Guidance for Cleaning and Disinfecting Your Facility](#). Approved disinfectants for COVID-19 can be found on the [U.S. Environmental Protection Agency website](#). (See *Clean and Disinfect* in [Reducing Exposure to COVID-19](#).)
- **Evidence exists that rooms remain infectious after being occupied by someone with COVID-19.**
 - Take measures to improve ventilation to help shorten the time it takes for respiratory droplets to be removed from the air.
 - Open outside doors and windows and use ventilating fans to increase air circulation. Wait the [recommended time](#) after the room has been vacated before beginning cleaning and disinfection.
 - See CDC guidance for [Cleaning and Disinfecting Your Facility](#) and [Interim Infection Prevention and Control Recommendations for Health Care Personnel During the COVID-19 Pandemic](#).

Reducing Exposure to COVID-19

- **Perform hand hygiene often.** Follow these five steps, as recommended by CDC, every time. Use hand sanitizer that contains 60% to 95% alcohol content when you can't use soap and water.

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
 2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
 3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
 4. Rinse your hands well under clean, running water.
 5. Dry your hands using a clean towel, or air dry them.
- **Minimize close contact.**
 - Minimize close contact with other people.
 - Put distance between yourself and other people (at least 6 feet).
 - Cover your mouth and nose with a mask or cloth face covering when around others.
 - **Wear PPE, including a face covering.**
 - Wear disposable gloves when you are in direct contact with a resident or in the space the resident is using. Wash your hands or use hand sanitizer before putting on the gloves and after taking them off. Change gloves between residents. Perform hand hygiene before and after direct contact with a resident or resident’s environment.
 - Wear a mask or a cloth face covering. There are a number of ways you can [make a mask](#) or your own face covering.
 - See [CDC instructions for wearing a mask or face covering](#). Masks or cloth face coverings should:
 - Fit snugly but comfortably against the side of the face.
 - Be secured with ties or ear loops.
 - Include multiple layers of fabric.
 - Allow for breathing without restriction.
 - Be [washed regularly](#) and machine dried without damage or change to shape.
 - When you’re taking off your face covering, first perform hand hygiene. Be careful not to touch your eyes, nose, or mouth. Perform hand hygiene again immediately when you’re done.
 - Keep your mask on when talking.
 - Even when you have your mask on, do not touch your face.
 - **Cover coughs and sneezes.**
 - If you’re not wearing your cloth face covering, always cover your mouth and nose with a tissue when you cough or sneeze, or use the inside of your elbow.
 - Throw used tissues in the trash.
 - Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains 60% to 95% alcohol content.
 - **Clean and disinfect.**

- Clean and disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
 - Cleaning removes germs, dirt, and impurities from surfaces. It doesn't kill germs, but it reduces how many there are and lowers the risk of spreading infection.
 - Disinfecting uses chemicals to kill germs on surfaces *after* cleaning them to further lower the risk of spreading infection.
- Prevent the spread of germs by washing your hands before and after cleaning and before and after wearing gloves. Wear a mask or cloth face covering if others are in the room while you are cleaning.
- See also [CDC Guidance for Cleaning and Disinfecting Your Facility](#).

Communication

- Stay updated on the local level of transmission of COVID-19 through your local and state health departments.
- Use health messages and materials developed by credible public health sources.
- Post signs at entrances and in strategic places providing instruction on hand washing and cough etiquette, use of cloth face coverings, and social distancing.
- Provide educational materials in formats that meet residents' needs, such as large print for residents with visual impairments or versions in the preferred language of residents who are not native speakers of English.
- Keep staff and residents up to date on changes in facility procedures.
- Inform staff, residents, and key partners about changes in program policies or changes in physical location.

Supplies

- Have supplies on hand for staff, residents, and volunteers, such as soap, hand sanitizers that contain 60% to 95% alcohol content, tissues, trash baskets, cloth face coverings, cleaning supplies, and — as needed for staff — personal protective equipment (e.g., gloves, face masks).

Facility Layout Considerations

- Use physical barriers to protect staff who have interactions with residents whose infection status is unknown.
- Create at least 6 feet of space between seats in meal service areas, or allow for food to be delivered to residents or for residents to take food away.
- Align mats or beds to have residents sleep head-to-toe and for those without respiratory symptoms to be separated by at least 6 feet.
- Do the following for residents with mild respiratory symptoms consistent with COVID-19:
 - Prioritize for individual rooms, if available. If not, consider using large, well-ventilated rooms.

- Align mats and beds to have residents sleep head-to-toe and be separated by at least 6 feet.
- Use temporary barriers, such as curtains, between mats and beds.
- Designate a separate bathroom for them, if possible.
- Facilitate transfer to a quarantine site if there is no quarantine area where these residents can stay in the center.
- Do the following for residents with confirmed COVID-19, regardless of symptoms:
 - Prioritize for individual rooms. Residents who have tested positive can be placed in the same area.
 - Designate a separate bathroom for them.
 - Facilitate transfer to an isolation site if isolation areas where these residents can stay are not available in the center.

Facility Procedure Considerations

- Limit external visitors.
- Do not require residents to have a negative COVID-19 test for entry unless otherwise directed by local or state health authorities.
- Identify residents at high risk for complications from COVID-19 or from other chronic or acute illnesses and encourage them to take extra precautions.
- Arrange for continuity and surge support for mental health, substance use, and general medical care.
- Identify a designated medical facility to refer residents who might have COVID-19.
- Create ways to make physical distancing between residents and staff easier, such as staggering meal services or having maximum occupancy limits for common rooms and bathrooms.
- Have all residents wear masks or [cloth face coverings](#) that cover the mouth and nose any time they are not in their room or on their bed or mat (in shared sleeping areas). Cloth face coverings should not be placed on children under age 2 or on anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Make sure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Provide hand sanitizers that contain 60% to 95% alcohol content at key points within the facility, including registration desks, entrances and exits, and eating areas.
- Launder [cloth face coverings](#) used by residents and staff [regularly](#).

Volume **III**



Health Conditions

Volume III: Health Conditions

Although these centers are established to mitigate the risks associated with the COVID-19 pandemic, many center residents will likely arrive with pre-existing health conditions compounded by the stress associated with COVID-19. This combination can create new health conditions or exacerbate existing ones. The center's policies and procedures should have a broader perspective than COVID-19 infection prevention and control measures and include prevalent health condition assessment and management. As a result, the center's policies and procedures will need to consider the degree of these interventions that they will be able to support, and centers will need to seek additional assistance for management of conditions that exceed this level of care. Chapters 6–8 provide guidance on elements to consider in centers' policies and procedures for prevalent health conditions.

Chapter 6: Behavioral Health Conditions

Anxiety

Most people feel anxious at various stages in their lives. Anxiety becomes a concern when a person's worries take over their lives. This state makes it hard to calm down to get things done. When it begins to interfere with daily living, a person may have an anxiety disorder, which is one of the most common mental health conditions.

Forty million Americans (19% of the U.S. population) have an anxiety disorder. Most people who have an anxiety disorder have their first symptoms before the age of 21. The stress of COVID-19 can trigger or worsen anxiety symptoms.

Emotional Symptoms

- Avoiding social connection
- Excessive or intrusive worry
- Lack of concentration
- Restlessness, irritability, or agitation
- Feelings that something bad will happen
- Feeling tense and jumpy
- Fearing the worst and being watchful for signs of danger
- Unrealistic fears

Physical Symptoms

- Pounding or racing heart and shortness of breath
- Upset stomach
- Sweating, tremors, and twitches
- Headaches, fatigue, and insomnia
- Upset stomach, frequent urination, or diarrhea
- Muscle tension

How To Help Residents With Anxiety

- The physical symptoms of anxiety can also be caused by physical conditions, such as heart disease, irritable bowel syndrome, or high blood pressure. Designated staff (staff who can provide a higher level of medical care) will determine if a physical condition is not the cause of feeling anxious.
- For mild forms, self-care practices like meditation and exercise can be helpful (see [Appendix C](#)).
- For more severe forms, care under the direction of a medical health provider is recommended.
- Center staff should talk with residents to see if they have been in treatment for anxiety. Staff members should ensure that residents have adequate supplies of their prescribed medications. They should also offer to connect the resident to their usual provider (if they have one).

Disaster Distress Helpline

Trained crisis counselors can be reached at [1-800-985-5990](tel:1-800-985-5990) or by texting TalkWithUs to 66746.

Depression

Most people feel sad or “down in the dumps” at some stage in their lives. These feelings become a concern when the sadness takes over their lives and interferes with work and relationships. At this point, a person may have a depressive disorder, which is a common mental health condition.

Seventeen million individuals (7% of the U.S. population) are diagnosed with at least one event of depression in a year. Depression can consume a person’s life, which can be disabling and overwhelming. The stress of COVID-19 can trigger or worsen depressive symptoms.

Common Signs of Depression

- Persistent feelings of sadness or hopelessness
- Sense of loss of self
- Lowered self-esteem
- Loss of joy or pleasure
- Lack of interest in daily activities
- Weight gain or weight loss
- Decreased appetite or increased appetite
- Sleeping a lot or not getting enough sleep
- Fatigue
- Irritability or agitation
- Decreased ability to concentrate or make decisions
- Increased aches or pains
- Thoughts of death or suicidal thoughts

What's the Cause of Depression?

Depression can be triggered by:

- Life stress, crisis, or trauma, such as marital status changes, relationship changes, financial stress, environmental factors, loss, homelessness, or current experiences associated with COVID-19
- Medical illness
- Chronic pain
- Altered brain function
- Drug and alcohol use or abuse
- Genetics

How To Help Residents With Depression

- Depression is treatable when an evaluation and treatment plan is created and followed.
- Designated staff will check to see if a physical condition is the cause of the depression or is making it worse.
- Center staff should talk with residents to see if they have been in treatment for depression. Staff members should ensure that residents have adequate supplies of their prescribed medications. They should also offer to connect the resident to their usual provider (if they have one).
- Treatments include psychotherapy (sometimes known as counseling or talk therapy), medications, exercise, and brain stimulation therapies (e.g., electroconvulsive therapy, repetitive transcranial magnetic stimulation, light therapy).
- Staff should consider complementary and integrative approaches, such as acupuncture, meditation, faith practice, and nutrition.
- A comprehensive treatment plan is the most successful.
- See the section on [suicide prevention](#) for more information.

Hoarding

What Is Hoarding?

Many people collect items. However, when the thought of getting rid of an item causes extreme distress, and the buildup of items causes problems with living, a hoarding disorder may be present. For example, the living environment may become unsafe or unhealthy, or the person may have emotional, physical, social, financial, or legal problems because of the behavior.

People experiencing trauma may exhibit hoarding-like behavior. They hold on to familiar objects to ease their anxiety. Once they are in a safe and secure environment, are able to take care of their basic needs, and consistently have what they need, these behaviors subside.

Common Signs of Collecting (Not a Problem)

- Sense of pride about their items

- Experience of joy in displaying them
- Enjoyment in talking about them
- Items are well organized
- Time and money for the items are budgeted appropriately

Common Symptoms of Hoarding (Problematic)

- Can't throw away items
- Gets anxious when trying to throw away items
- Can't decide what to keep
- Can't organize the items
- Feels embarrassed or overwhelmed by the number or amount of items
- Suspicious of people who touch their items

How To Help Residents Who Hoard

- Medication by itself does not treat hoarding disorder. Psychotherapy is needed to treat hoarding. Medications can treat depression and anxiety, conditions that worsen hoarding.
- Throwing away items for people who hoard usually doesn't work. It can be successful if the person who hoards is on board with the idea.

Posttraumatic Stress Disorder (PTSD)

What Is PTSD?

PTSD is a mental health disorder that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, IPV, domestic violence, child abuse, or sexual assault. While it's normal to have upsetting memories, feel on edge, or have trouble sleeping after a traumatic event, longer-term problems over more than a few months may indicate PTSD.

Who Develops PTSD?

Anyone can develop PTSD. Factors that increase the chance of developing PTSD include having a very intense or long-lasting traumatic event, previous traumatic exposure, or getting injured during the event. PTSD is also more common after certain types of trauma, like combat and sexual assault. **Many people experiencing homelessness have trauma histories and develop PTSD. Stress can also make PTSD more likely, which is important to note during the COVID-19 pandemic.**

What Are PTSD Symptoms?

There are four types of PTSD symptoms. They may not be exactly the same for everyone. Each person experiences symptoms in their own way.

- Reliving the event (also called re-experiencing symptoms)
- Avoiding situations that remind the person of the event
- Negative changes in beliefs and feelings
- Feeling keyed up (also called hyperarousal)

What Treatments Are Available?

There are two main types of treatment, psychotherapy and medication. Sometimes people combine psychotherapy and medication.

How To Help Residents With PTSD

- Unless a center staff member has the appropriate mental health training and will be the person to evaluate or treat the resident, they should not ask for a detailed account of the trauma or question the resident's experiences.
- If residents are upset, center staff should engage them in conversation (in private settings) and be sensitive to issues, people, and places around them that may trigger a PTSD response.
- Center staff should ask residents if they have a behavioral health provider they can call. If they do not, staff should connect them to available behavioral health care to help them feel safe.
- Center staff should consider moving residents to different locations within the center (a quieter place, one with a window, etc.) if it will help minimize triggers and relax them. It may be necessary to move the resident to another facility under more extreme circumstances.
- Staff should use harm reduction methods for those who smoke and use other substances. Staff should accommodate these activities if they do not result in dangerous behaviors, or staff should try to provide alternatives (such as nicotine replacement therapy; see [Smoking and Tobacco Use](#)).
- Staff should acknowledge any reported distress (e.g., "I'm sorry you have had such terrible nightmares").
- Center staff should show interest and concern. They should tell residents: "I'm glad you told me about your symptoms." Staff should offer empathic support.
- If needed, any health care provider may contact the [VA PTSD Consultation Program](#) at PTSDconsult@va.gov or 866-948-7880 to ask a question or request consultation. During the COVID-19 pandemic, consultation will be given to the care of any resident (Veteran or not) who is having a stress reaction related to COVID-19. Response time is usually within 24 hours.
- Any crisis situations should be referred to a crisis line, such as the National Suicide Prevention Lifeline at 800-273-8255.

Schizophrenia

Schizophrenia is a serious mental illness that interferes with a person's ability to think clearly, manage emotions, make decisions, and relate to others. It is a complex, long-term medical illness.

Although schizophrenia can occur at any age, the average age for symptoms tends to be in the late teens to the early 20s for men, and the late 20s to the early 30s for women. Around 1% of the general adult population has schizophrenia. As many as 20% of individuals experiencing homelessness may have schizophrenia.

Symptoms of Schizophrenia

With any condition, it's essential to get a comprehensive medical evaluation in order to obtain the best diagnosis. For a diagnosis of schizophrenia, some of the following symptoms are present for at least six months:

- **Hallucinations.** These include a person hearing voices, seeing things, or smelling things others don't. The hallucination is very real to the person experiencing it and may be very confusing to witness, as the person may talk or react to things that are not there. The voices in the hallucination can be critical or threatening. Voices may involve people who are known or unknown to the person hearing them.
- **Delusions.** These are false beliefs that don't change even when the person who holds them is given new ideas or facts. People who have delusions often also have problems concentrating, thinking straight, or accessing their thoughts. They may believe that everyone, multiple specific people, or agencies are out to get them.
- **Negative symptoms.** These decrease a person's abilities and often include being emotionally flat or speaking in a dull, disconnected way. People with the negative symptoms may be unable to start or follow through with activities, show little interest in life, or be unable to keep relationships going. They do not seem to get along with anyone or keep to themselves. These negative symptoms are sometimes confused with depression.
- **Cognitive issues and disorganized thinking.** People with the cognitive (thinking, memory, and attention) symptoms often struggle to remember things, to organize their thoughts, or to complete tasks. They may not or may not seem to be able to follow through with instructions. They sound normal when talking, but what is being said doesn't make any sense. Sometimes they aren't aware that they have these problems, which can make treating or working with them more challenging. Side effects from using methamphetamines, cocaine, or marijuana include these same symptoms. It can be helpful to find out if the person is using substances. If these symptoms go away when the person is not under the influence of substances, they probably do not have schizophrenia.

Available Treatments

There is no cure for schizophrenia. It can be treated and managed in several ways:

- Antipsychotic medications
- Psychotherapy, such as cognitive behavioral therapy, assertive community treatment, and supportive therapy
- Self-management strategies and education

How To Help Residents With Schizophrenia

- Find out if they are receiving behavioral health treatment in the community and make sure they are connected to their provider. People prescribed antipsychotic medications can require frequent medical checkups.

- Ensure they have an adequate supply of their prescribed medications. Encourage them to take medications as directed.
- If a resident is needing crisis intervention, contact behavioral health specialists to help the resident. If a resident has symptoms of schizophrenia without a formal diagnosis, contact behavioral health specialists to evaluate them.

Substance Use Disorders

- Stress that individuals may experience during an infectious disease outbreak may result in an increased use of alcohol, tobacco, or other drugs. Risks of overdose also may be higher during this time.
- Individuals who currently use substances may be at greater risk for exposure or complications associated with COVID-19.
- Individuals may find it harder to obtain their substance of choice, resulting in possible withdrawal. **Withdrawal from alcohol or benzodiazepines can be life-threatening.**
- Social distancing may result in the reduced likelihood that a bystander is available in the event of an overdose. **Immediate action to respond to an opioid overdose can save a life.**
- During this time when social supports that provide a foundation for recovery may be limited, it is critical to continue to address substance use concerns and to monitor for emergent treatment needs such as withdrawal management.
- Harm reduction strategies may be utilized as an alternative to discharge into homelessness.

Understanding Addiction

Addiction is a disease that does not care about socioeconomic status, race, or ethnicity. It has no bias. The initial choice to use a substance, be it legal like alcohol or illicit like cocaine, is often voluntary; however, the powerful effects of addiction often make it very hard to stop. This is true even when the individual wants to stop. Substance use changes the brain, including the parts that help exert self-control. This is why someone may not be able to stop using substances, even when they know the substance is causing harm, or when they are ready to stop. Some common indicators of a possible substance use disorder include:

- Trying to stop or cut down on substance use, but not being able to.
- Using substances because of being angry or upset with other people.
- Taking one substance to get over the effects of another.
- Substance use affecting school or work performance (e.g., missing school or work or making mistakes at school or work because of using substances).
- Substance use impacting or hurting relationships with family and friends.
- Being scared at the thought of running out of substances.
- Experiencing medical complications due to drug use or an overdose.
- Developing tolerance (needing larger amounts of drugs or alcohol to experience the same effect).

While a substance use disorder is a chronic disease, it is treatable. Like other medical concerns, individuals respond differently when beginning treatment. It may take some time to find the best treatment. Some individuals are eager to begin treatment and engage quickly. Others may struggle a great deal while they adjust to a life without substances and may experience a range of emotions throughout treatment.

Language Matters

Today, we try not to refer to a person by their diagnosis. This is true in the treatment of substance use. Terms such as “addict,” “alcoholic,” or “junkie” should not be used. Rather, refer to the individual as a person who has a specific disorder or behavior — for example, “a person who uses heroin” rather than “a heroin addict.” Not labeling individuals will help the relationships between staff and residents and will hopefully help residents engage in and continue treatment. Focus on meeting residents where they are, and use a motivational style that avoids labeling them. Emphasize shared decision-making and engagement.

Harm Reduction

Harm reduction is a set of strategies aimed at reducing negative consequences associated with substance use. During our current time, residents’ activities of daily living and traditional access to support systems for recovery have been disrupted. Resources and supports need to be available to reduce the negative consequences associated with substance use. In some communities, this may include access to syringe services providing additional supplies during this time; access to fentanyl test strips; and access to overdose education and naloxone to prevent overdose death. Harm reduction does not attempt to minimize or ignore the real harm associated with substance use. Harm reduction seeks to address the most immediate consequences associated with use while continuing to work toward engagement in care.

Treatment

There are many evidence-based options for treating substance use disorders. These include both inpatient and outpatient options.

- Because of the substantial risk of coronavirus spread in congregate settings, such as in an inpatient or residential facility, the Substance Abuse and Mental Health Services Administration (SAMHSA) advises using outpatient treatment options to the greatest extent possible.
- Inpatient and residential programs should be reserved for when outpatient measures are not considered an adequate clinical option.
- Outpatient treatment services are provided using telehealth to minimize the risk for exposure.
- Telehealth can be used to implement individual or group therapies.
- Telehealth can be used for initial evaluations, including for the use of buprenorphine to treat opioid use disorder.

Social support is a foundational component for treatment of substance use disorders and sustainment of recovery. During this time, many mutual support groups such as

Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and SMART Recovery have transitioned to online meetings.

[VetChange](#) is an app for Veterans and service members who are concerned about their drinking and how it relates to posttraumatic stress after deployment, and for all people who are interested in developing healthier drinking behaviors. This app provides tools for cutting down or quitting drinking, tools for managing stress symptoms, education about alcohol use and how it relates to PTSD symptoms, and guidance to find professional treatment.

SAMHSA has a detailed [list of virtual and online recovery supports](#), including information on both mutual support groups and other available apps to support recovery.

Alcohol and Benzodiazepines

Alcohol Withdrawal

Withdrawal from alcohol or benzodiazepines, such as alprazolam (Xanax) or lorazepam (Ativan), can be a life-threatening emergency. The information in this guide is meant to give general considerations and does not replace an evaluation by a medical professional.

SAMHSA has drafted [specific guidance on management of alcohol or benzodiazepine withdrawal](#) during this time. It addresses options for provision of outpatient withdrawal services whenever possible. An important consideration during this time is that as communities introduce restrictions on businesses, access to alcohol is expected to be limited. For individuals with an alcohol use disorder, this may result in a life-threatening emergency that requires medical intervention.

Additional considerations for alcohol and benzodiazepine withdrawal including the following:

- A triage plan should be established to detect and manage withdrawal symptoms, which may require transfer to a higher level of care.
- Additional supports should be explored for residents struggling to maintain abstinence from alcohol or not to take more than the prescribed amount of benzodiazepine.
- Alcohol withdrawal management, which can be provided in outpatient settings, may be a viable option with anti-convulsant medications (e.g., gabapentin, carbamazepine) instead of benzodiazepines.
- The Clinical Institute Withdrawal Assessment for Alcohol-Revised (CIWA-Ar) should be utilized to measure an individual's symptoms associated with alcohol withdrawal.
- Signs and symptoms of alcohol withdrawal may include:
 - Nausea or vomiting
 - Tremors (quivering movements a person can't control)
 - Paroxysmal sweats (e.g., sweating of the palms that can come and go)

- Anxiety; agitation (e.g., inability to sit still)
- Tactile disturbances (e.g., feelings of pins or needles, itching, numbness, feelings of bugs crawling on skin)
- Auditory disturbances (e.g., hearing issues)
- Visual disturbances (e.g., sensitivity to light, visual hallucinations)
- Headaches
- Difficulty with orientation (e.g., unsure as to time of day, who they are, where they are, what is going on)
- Seizures
- When an individual has a history of alcohol withdrawal symptoms, more in-depth evaluation is needed. A history of seizures associated with alcohol or benzodiazepine withdrawal or delirium tremens requires immediate referral for evaluation and withdrawal management.
- Signs and symptoms of benzodiazepine withdrawal include sleep disturbance, irritability, increased tension and anxiety, panic attacks, hand tremor, sweating, difficulty in concentration, dry retching and nausea, weight loss, palpitations, headache, muscular pain, stiffness, and perceptual changes. Withdrawal from higher doses can result in seizures and psychotic reactions.

Medication for Alcohol Use Disorder

Medications exist for the treatment of alcohol use disorder and should be considered as part of a comprehensive alcohol use disorder treatment approach. The medications assist individuals in their recovery by reducing cravings and preventing relapse.

Medications that can be prescribed include:

- Naltrexone (oral and extended-release injectable)
- Acamprosate
- Topiramate
- Disulfiram (Note: There is a nationwide shortage of disulfiram. It is recommended that one of the other medications be considered.)

Opioids

Preventing Overdoses

During this time, individuals may be using at higher rates or may return to use after a period of abstinence and as a result be at an increased risk for an accidental overdose. During an opioid overdose, breathing can stop or becomes dangerously slow. Other signs of an overdose include small, constricted “pinpoint pupils,” falling asleep or losing consciousness, choking or gurgling sounds, limp body, or pale, blue, or cold skin.

All centers should have an ample supply of naloxone to reverse the onset of an overdose as soon as possible. Naloxone formulations include intranasal, an autoinjector, and standard injection formulations. Intranasal and autoinjector formulations approved for a layperson include specific administration instructions.

With current stay-at-home orders and physical distancing expectations, it is likely that bystanders will not be available to administer naloxone in the event of an overdose. Therefore, centers should focus on overdose prevention and discuss with residents these strategies to reduce the likelihood of an overdose. Opioid overdose is more likely when opioids are combined with alcohol or when more opioids than the prescribed dose are taken. People who restart opioid use after a period of abstinence are also at higher risk for opioid overdose as their bodies are no longer tolerant (e.g., people in residential treatment, people being released from incarceration). The reason is that their bodies are no longer used to the impact of opioids resulting in a potential overdose to what may have been a typical dose previously. Other risk factors include being older than 65, having sleep apnea, or reduced kidney or liver function. Centers should also engage residents in opioid use disorder treatment as a long-term overdose prevention strategy, especially given the increased risk for opioid overdose once residents leave the center, as they had a period of abstinence and reduced tolerance while they were at the center.

Opioid Withdrawal

People who have become physically dependent on opioids go through withdrawal when they no longer use opioids. Timing and duration of withdrawal depends on the opioid used.

- Short-acting opioids (e.g., heroin): 8–24 hours after last use with 4–10 days' duration.
- Long-acting opioids (e.g., methadone): 12–48 hours after last use with 10–20 days' duration.

Withdrawal symptoms include nausea, vomiting, anxiety, insomnia, hot or cold flashes, sweating, muscle cramps, watery discharge from eyes and nose, and diarrhea. Medications can be used to treat these symptoms, such as loperamide for diarrhea management. Although opioid withdrawal can be very uncomfortable, it is not lethal. For individuals with an opioid use disorder, management of withdrawal should include an evaluation to initiate treatment using indicated first-line treatments, such as buprenorphine/naloxone.

Medications for Opioid Use Disorder

Medications exist to reduce the risk of overdose and all-cause mortality. They are strongly recommended as first-line treatments and include:

- Buprenorphine/naloxone (e.g., Suboxone®)
- Long-acting injectable form of buprenorphine (e.g., Sublocade™)
- Extended-release injectable naltrexone (e.g., Vivitrol®)
- Methadone

Except methadone, these medications can be prescribed by providers in an office setting and, at the current time, through telehealth for oral formulations. Prescribing buprenorphine requires that the provider have the appropriate Drug Enforcement Administration (DEA) X-waiver. At the current time, it is recommended that providers consider office-based outpatient treatment using buprenorphine/naloxone or extended-

release injectable naltrexone in lieu of referral to an opioid treatment program for methadone.

SAMHSA's website includes detailed [guidance regarding DEA regulations](#) allowing for the use of telehealth to prescribe buprenorphine.

Smoking and Tobacco Use

Smoking continues to be the leading cause of preventable death and disease in the U.S. Smoking-related illnesses also disproportionately affect behavioral health populations. Smoking-related illnesses account for approximately half of the deaths of individuals with schizophrenia, bipolar disorder, and depression. People who smoke are at increased risk for suicide. Quitting smoking is associated with significant improvements in mood and in anxiety symptoms and increased rates of abstinence for individuals in substance use disorder programs.

The National Institute on Drug Abuse and the World Health Organization have noted that people who smoke may be more vulnerable to COVID-19. The hand-to-mouth act of smoking may increase the likelihood of transmission of the virus. People who smoke are also more likely to have lung disease or reduced lung capacity, increasing the risk of serious illness from COVID-19. These factors, along with decreased access to cigarettes or other tobacco products during the COVID-19 pandemic, mean that more people who smoke may be seeking assistance with quitting tobacco. Furthermore, individuals who have successfully quit may need additional support to avoid relapse as they are coping with anxiety and major stressors or disruptions during this very challenging time.

Evidence-based smoking cessation treatment should include a combination of behavioral counseling and FDA-approved tobacco cessation medications, such as nicotine replacement therapy (e.g., patch, gum, lozenge), bupropion, and varenicline. Behavioral counseling is needed to support people who smoke in the development of a quit plan. This plan helps with identifying triggers to smoke and includes coping skills to manage triggers throughout the quit attempt. Medications are needed to address the physiological addiction to nicotine and the withdrawal that follows quitting. Nicotine withdrawal symptoms may include intense cravings for tobacco products, irritability, anger, anxiety, poor concentration, insomnia, hunger, and feeling depressed.

Veteran-Specific Treatment

- Evidence-based smoking and tobacco use treatment is available at all VAMCs and community-based outpatient clinics (CBOCs).
- Veterans can receive a prescription for any FDA-approved cessation medication through their primary care or behavioral health care providers. Medications available through VA include nicotine replacement therapy, bupropion, and varenicline.
- Brief counseling is available in primary care or tobacco cessation clinics or programs. Behavioral counseling includes support in developing a quit plan,

identifying potential triggers or challenges related to quitting, behavioral strategies to cope with triggers, and tools to help manage stress and changes in daily routines previously associated with tobacco use.

- Veterans in VA care can get additional information about these services by contacting their primary care team or behavioral health care provider. Many VAMCs and CBOCs are currently providing tobacco use treatment through telehealth and telephone clinics. [Find information on the VAMC nearest you.](#)

VA has additional tobacco use treatment resources that Veterans can access from their homes or the center:

- VA's free national quit line, 1-855-QUIT-VET (1-855-784-8838), provides tobacco cessation counseling to any Veteran who receives their care through VA. Quit VET is staffed by trained counselors who can assist Veterans who are at any stage of quitting — whether they are just thinking about it or ready to start, or if they are seeking help with managing relapse. Counseling is available Monday through Friday between 9 a.m. and 9 p.m. ET. After an initial call to 1-855-QUIT-VET, Veterans can receive follow-up counseling sessions, scheduled at their convenience, to support them throughout their quit plan. Counseling is also available in Spanish. For more information, go to [the Quit VET webpage](#).
 - Veterans can also receive daily messages of support and encouragement as well as tips for quitting smoking and smokeless tobacco through SmokefreeVET, an automated text messaging program. SmokefreeVET can be used on any mobile phone with texting capability and is available in English and Spanish. Veterans can sign up for SmokefreeVET by texting VET to 47848 or by going to [the SmokefreeVET website](#). For more information about SmokefreeVET, go to VA's [Tobacco and Health SmokefreeVET page](#).
- Health care providers and Veterans can find more information about tobacco use treatment as well as clinical resources on the [VA Office of Mental Health and Suicide Prevention Tobacco and Health website](#).
- Resources for Veterans, such as tools to help with building a quit plan and videos on how to use over-the-counter nicotine replacement therapy, can be found on the [SmokefreeVET website](#).

Locating Resources

- [Mental health and substance use treatment resources](#)
- [Non-VA substance use programs](#)
- [VA substance use programs](#)
- [VAMC listing](#)
- [VA Opioid Overdose Education and Naloxone Distribution program resources](#)

Chapter 7: Physical Health Conditions

Asthma and Chronic Obstructive Pulmonary Disease

Asthma and chronic obstructive pulmonary disease (COPD) are two different lung problems. They can occur together or separately. They can make breathing difficult because they cause airways to be inflamed (swollen and painful), damaged, and narrowed.

Signs and Symptoms

- Common symptoms are:
 - Shortness of breath, especially when moving around
 - Wheezing (a whistling sound when breathing)
 - Coughing
 - In asthma, a tight feeling in the chest
- When asthma or COPD symptoms are well controlled, people with asthma or COPD can feel fine.
- Asthma and COPD exacerbations (when symptoms suddenly become worse) can be life-threatening.

Monitoring

- Oxygen saturation is the amount of oxygen in people's bloodstream. A normal oxygen saturation is greater than 95%. A finger device exists to measure oxygen saturation and is called a digital finger pulse oximeter.
- During an asthma or COPD exacerbation, residents' oxygen saturation can decrease.
- A peak flow meter is a device that measures how hard and fast people can blow air. Designated staff should educate residents (especially those with asthma) to use peak flow meter results to judge what medications to take and when to seek emergency care. If residents have been educated on its use in the past but do not have one currently, attempt to obtain a meter for them.

How To Help Residents: No Medications

- For COPD: It is important to abstain from smoking. It is also important to exercise. These activities might not be easily done during the COVID-19 pandemic, so set doable goals.
- For asthma: It is crucial to avoid "triggers" that set off exacerbations. Each resident's triggers are different but might include cigarette smoke, exercise, dust, mold, certain animals, pollen, colds and flus, and stress.

How To Help Residents: Medications/Other Treatments

- A rescue inhaler could be provided for quick relief use when symptoms occur.
- With more advanced asthma or COPD, scheduled inhalers are used daily to keep good lung function and symptom control.

- With serious COPD, extra oxygen from a tank is used when walking and sometimes when at rest.
- COPD exacerbations are usually treated with steroid pills, with or without antibiotics, plus the usual rescue and scheduled inhalers.
- Asthma exacerbations are usually treated with steroid pills, plus the usual rescue and scheduled inhalers.

Red Flags

- Residents with worse than normal shortness of breath, wheezing, or coughing should consult their action plan and use their rescue inhalers. These symptoms might also mean that the resident has COVID-19 infection.
- Reasons to call emergency services include:
 - Lack of improvement with the initial treatment measures mentioned above (e.g., rescue inhaler)
 - Fast breathing (greater than 30 breaths per minute)
 - Sweating
 - Inability to speak in a full sentence
 - Inability to lie down due to heavy breathing
 - Loud wheezing when breathing in

Blood Pressure (Low and High)

What Is Normal Blood Pressure?

Normal blood pressure is from 90/60 to 120/80.

What Is Low Blood Pressure?

Low blood pressure (called hypotension) is a blood pressure below 90/60 mm Hg. Some people regularly have blood pressures below 90/60 and it doesn't cause them any problems. However, most adults whose blood pressure dips below 90/60 will have health problems and symptoms.

What Causes Low Blood Pressure?

More common causes are dehydration, medications, aging, diabetes, heart problems, Parkinson's disease, bleeding, infections, and pregnancy.

What Are Potential Signs and Symptoms of Low Blood Pressure?

- Falling or fainting
- Blurry vision
- Dizziness or lightheadedness
- Pale skin color
- Confusion
- Fatigue
- Shaking
- Sweating

- Weakness
- Neck and back pain
- Nausea
- Heart palpitations
- Shock: sweaty skin, rapid breathing, a blue skin tone, or a weak and rapid pulse

How To Help Residents With Low Blood Pressure

- Center staff should talk with residents about their blood pressure history and any pre-existing blood pressure care plans.
- Staff should ensure that residents have access to any prescribed medication and are taking it as directed.
- It is recommended that each center establish a process to evaluate blood pressure levels and act on them when needed. Blood pressure that drops too low may lead to shock. Shock is a medical emergency, as vital organs do not get enough oxygen and nutrients. Call 911 if a resident goes into shock (see [911: What You Need To Know](#)).
- If residents are feeling faint, center staff should have them lie down and prop their feet up. Staff should help the residents into a sitting or lying position to prevent them from falling. Staff should allow them to rest a few minutes prior to checking their blood pressure.
 - Check the resident's blood sugar, as feeling faint can also be a sign of low blood sugar.
 - Have the resident drink a few glasses of water (if they do not have fluid restriction).
 - If the individual takes prescribed blood pressure medication, review the prescription with the resident to see if the resident is correctly taking the medication.
- Staff should recheck the blood pressure after encouraging the resident to drink water, if applicable. Staff should have the resident change positions slowly, from lying to sitting to standing, to prevent them from becoming dizzy again or falling.
 - If the second blood pressure reading improves and the resident is feeling better, help them contact their health care provider to report the event and get guidance (which may include changes in blood pressure medications).
 - If the blood pressure does not increase after the resident has drunk water, if applicable, and has laid down and the resident reports feeling dizzy, that his/her heart feels as though it is racing, or that they feel as if they're going to pass out, seek emergency care.
- In addition to checking blood pressure, staff should know how to check heart rate at the wrist. A normal adult heart rate is 60–100 beats per minute. If the heart rate is below 60 or above 100 with a low blood pressure reading, this information should be reported to the emergency medical team.

What Is High Blood Pressure?

High blood pressure (called hypertension) is any blood pressure reading over 130/80. High blood pressure can be a “silent killer.” A person can have high blood pressure for years without knowing it. High blood pressure can cause heart attacks and other heart diseases, strokes, and kidney diseases.

Blood Pressure Categories

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 - 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 - 139	or	80 - 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or or	HIGHER THAN 120

Credit: American Heart Association

What Causes High Blood Pressure?

- Smoking
- Being overweight
- Physical inactivity
- Eating too much salt
- Being older
- Stress
- Genetics
- Drinking more than 1–2 alcoholic beverages per day
- Sleep apnea
- Chronic kidney disease
- Thyroid disease

What Are the Potential Signs and Symptoms of High Blood Pressure?

- Headache
- Palpitations (fast, forceful, or irregular heartbeat)
- Chest tightness, pressure, or pain

- Dizziness or lightheadedness
- Severe back pain
- Nausea or vomiting
- Sweating
- Vision changes
- Agitation
- Seizures
- Shortness of breath or trouble breathing

When To Check Blood Pressure

- Resident has been resting in a seated position with feet uncrossed for 5–15 minutes.
- No tobacco use 30 minutes prior to check.

How To Help Residents With High Blood Pressure

- Center staff should talk with residents about their blood pressure history and any pre-existing blood pressure care plans.
- Staff should ensure that residents have access to any prescribed medication and are taking it as directed.
- It is recommended that each center establish a process to evaluate blood pressure levels and act on them when needed. Untreated high blood pressure can lead to stroke or heart attack.
- If a blood pressure reading is higher than expected, recheck it after 5 minutes.
- Find potential causes for high blood pressure readings:
 - Stress or anxiety
 - Suggest some relaxation techniques (see [Appendix C](#)).
 - Dietary choices
 - Food's salt content increases blood pressure.
 - Salt content in packaged, processed, and canned food goods can be especially high.
 - Access to prescribed medications
 - Try to assist in obtaining prescribed blood pressure medications.
 - Correctly taking prescribed medications
 - Review how the resident is taking the medication as compared to the prescription's instructions.
 - Acute or chronic pain
 - Alcohol, caffeine, and tobacco use

Red Flags

- Blood pressure that is above 180/120 without any symptoms is called “hypertensive urgency.”
 - If a resident's blood pressure is over 180/120, wait 5 minutes and check the blood pressure again.

- If the second blood pressure reading is just as high or higher and the resident still does not have any symptoms (e.g., chest pain, shortness of breath, back pain, numbness or weakness, change in vision, difficulty speaking), help them contact their health care provider to adjust their medications.
- Blood pressure that is above 180/120 with the symptoms mentioned above is called a “hypertensive emergency.” Call 911 (see [911: What You Need To Know](#)).
 - When calling 911, be prepared to give blood pressure and heart rate readings and the symptoms the resident is reporting. If heart attack or stroke is suspected, the emergency dispatcher may recommend using chewable aspirin or nitroglycerin if available.

Communicable Diseases

A communicable disease is one that is spread from one person to another, such as coronavirus, HIV/AIDS, hepatitis, tuberculosis (TB), sexually transmitted infections, and other conditions. People experiencing homelessness are at higher risk of acquiring these diseases and developing more serious complications from them. Reasons include poor or congregate living conditions, limited access to non-emergent health care, and chronic untreated medical conditions.

How Are Communicable Diseases Spread?

Diseases spread in different ways, such as:

- Physical contact with an infected person via touch (staphylococcus), sex (gonorrhea, HIV/AIDS), fecal-oral transmission (hepatitis A), or droplets (influenza, tuberculosis)
- Contact with contaminated food (salmonella), blood (HIV/AIDS, hepatitis B, hepatitis C), or water (cholera)
- Animal, such as a mosquito (malaria)
- Travel through air (measles)

Rates of Infection Among Homeless Populations

Studies have found varying rates of infection in populations experiencing homelessness. Since March 2017, multiple hepatitis A outbreaks have occurred in various places in the United States. Rates for other communicable diseases are as follows:

- HIV/AIDS: 6–35%
- Hepatitis B virus: 17–30%
- Hepatitis C virus: 12–30%
- Active tuberculosis: 1–7%
- Scabies: 4–56%
- Body louse infestation: 7–22%

How To Help Residents Avoid Contracting Communicable Diseases

- COVID-19 infection control and prevention measures (see [Infection Control and Prevention: How To Protect Yourself and Others](#)) reduce the odds of acquiring and transmitting communicable diseases.
- Centers should create a system that asks residents about their vaccination status and links those who would benefit from further assessment to get vaccines for hepatitis A, hepatitis B, influenza, MMR (measles, mumps, and rubella), pneumococcal disease, tetanus, diphtheria, and/or pertussis.
- Residents and staff should be educated about communicable diseases and how to decrease their spread.
- Condoms should be easily available at no cost to protect against sexually transmitted infections (STIs), and education should be provided about the fact that sexual activity increases the risk for acquiring and transmitting coronavirus.
- Centers should offer a syringe services program (SSP) that includes access to and disposal of sterile syringes and injection equipment along with linkage to substance use disorder treatment. SSP is a harm reduction method associated with a 50% decrease in the number of people getting HIV and hepatitis C.
- Center staff should engage residents with substance use disorders in care. Alcohol use disorder is a risk factor for getting TB. Injection drug use is a risk factor for diseases transmitted by blood, such as hepatitis B, hepatitis C, and HIV/AIDS.
- Center staff should encourage and provide opportunities for communicable disease testing. When residents test positive for one STI, staff should encourage and provide testing for other STIs, including HIV. Staff should connect residents with pre-exposure prophylaxis (PrEP) services, when appropriate.

How To Help Residents Who Have Communicable Diseases

- Create a therapeutic milieu (see [Therapeutic Milieu](#)) that supports residents telling staff about any communicable disease-related symptoms they may have or communicable disease they have.
- Follow established TB guidelines that are posted on the [CDC website](#). In the U.S., 1% of the population experiences homelessness each year, but more than 5% of people with TB reported being homeless within the year prior to diagnosis.
- Ask residents if their health care provider has recommended that they take medications to treat any communicable diseases. If they did, address barriers to taking these medications as directed.
- Provide residents with easy access to all their medications, including those for communicable diseases. Missing doses of communicable disease medications (i.e., not taking them as prescribed) risks making the condition worse and reduces the medication's effectiveness.

Stigma Associated With Communicable Diseases

- Stigma is a mark of disgrace associated with a specific characteristic or circumstance and has been persistently associated with communicable diseases.

- People stigmatize others who present a real or perceived threat to their groups' effective functioning. The COVID-19 experience is showing us that this line of reasoning is not valid because people can have a communicable disease without having any of its symptoms.
- Center staff should be consciously aware that residents living with HIV/AIDS and other communicable diseases are subject to strong cultural stigma. While all health care conversations should take place in private, staff should be especially mindful about extra-sensitive topics like these.
- Staff should ask residents about the impact stigma has had on them, how they deal with it, and how the center can support them.
- Staff should create a nurturing therapeutic milieu that guards against stigmatizing people who are infected by COVID-19.

Dehydration

What Is Dehydration?

Dehydration is when the body does not have enough water and other fluids to do its job.

What Causes Dehydration?

Dehydration happens when you use or lose more fluid than you take in. Reasons include not drinking enough fluids, sweating a lot, or having diarrhea.

What Conditions Does Dehydration Cause?

- Lack of sweat; parched lips; dry, sticky mouth; or very dry skin
- Dark urine that is small in amount
- Lack of energy, or sleepiness
- Restlessness or irritability
- Fainting
- Muscle cramps
- Dry or sunken eyes, or blurred vision
- Fever
- Headaches
- For severe dehydration, feeling very dizzy or lightheaded, fast heartbeat, fast breathing, not alert, seizures, heart attack, and shock (dangerously low blood pressure, which can cause death)

How To Prevent Dehydration

- People whose medical providers have not told them to limit their fluid intake should drink every day between half an ounce and an ounce of water for each pound they weigh, or eight 8-ounce glasses = 2 liters = half a gallon per day.
- Centers should ensure easy access to drinking water for all residents. For residents with limited mobility, center staff should consider putting water pitchers and glasses in central locations or delivering these items to residents' rooms. COVID-19 infection control and prevention methods should be used for these practices.

How To Help Residents Who Are Dehydrated

- Staff should establish a process to evaluate residents for dehydration and act on it when needed.
- Staff should encourage hydration if a resident can drink fluids and does not have fluid restriction (e.g., those with heart failure may have directions to limit their fluid intake to 2 liters or lower per day) by sipping small amounts of water or sucking on ice chips.
- How long it takes to no longer be dehydrated depends on how bad the dehydration is.

Red Flags

- Seek medical attention if a resident:
 - Cannot keep fluids down.
 - Produces little or no urine in 8 hours (potential exception is when residents have end-stage kidney disease).
 - Is very dizzy or lightheaded, has a fast heartbeat or fast breathing, or is not alert.

Dental Care

Supporting Dental Care

- Center staff should ensure that residents have their own toothbrush and fluoride toothpaste and that they have regular access to washroom facilities.
- Centers should be stocked with dental supplies to give to residents who do not have their own.
- Staff should know that dental pain is common and that certain foods may exacerbate pain.

Causes of Tooth Pain

- Worn-down tooth
- Gums pulled away from tooth and root exposed
- Food stuck in the spaces around teeth
- Abscess or infection at the root of the tooth
- Trauma to the tooth, including grinding of the teeth
- New teeth forming
- Sinus infection
- Pain in the jaw from another source, such as the heart

How To Help Residents With Tooth Pain

- Residents should apply ice or a cold pack to the outside of the cheek for 10–15 minutes (place cloth between cheek and ice pack).
- Residents should rinse the mouth with a warm saltwater mixture 3–4 times per day, using about 1 teaspoon of salt in 1 cup of water.

- If food is stuck between the teeth, residents should use dental floss to remove any wedged particles.
- A medical provider might recommend taking over-the-counter pain medication as directed on the label.
- Residents should avoid hot and cold food or drinks if they increase pain.
- Residents should use toothpaste for sensitive teeth.
- Residents should not smoke or use chewing tobacco.

When To Seek a Higher Level of Care

- The pain is in the lower teeth, jaw, neck, chest, shoulder, or arm: Seek emergency care immediately. A heart attack could be causing these symptoms.
- The resident is unable to open their mouth
- The resident has trouble breathing or swallowing
- There are signs of infection:
 - Swelling, warmth, or redness or red streaks on the skin over the area.
 - Pus or blood that drains into the mouth (might occur with a sudden taste of salty fluid with a foul odor).
 - Fever greater than 100.4 °F .
 - Swollen lymph nodes: Lymph nodes are small glands located throughout the body, including in the neck and under the chin.
- Tooth pain is severe and does not get better after 2 hours.
- Tooth pain stops resident from sleeping or doing their usual activities.
- Tooth pain stops resident from eating or drinking.
- Tooth pain is present for 2 weeks or longer.

Diabetes and Blood Sugar (Low and High)

Overview

Diabetes is the disease of high blood sugar (glucose). It happens when the body cannot process sugar the way it should. An important part of managing diabetes is checking blood sugar levels. People with diabetes usually know how often to check their blood sugar and what their levels should be. Untreated or poorly managed diabetes can cause serious immediate and long-term health problems.

How To Help Residents With Diabetes

- Talk with residents about their care plan and make a plan for how they will manage their condition while at the center:
 - Center staff should ensure that residents have easy access to their prescribed insulin, other medications, and supplies and that they can administer their own medications. If they are unable to self-administer, staff should provide them with the appropriate assistance. Staff should ensure that medications are refilled in a timely manner so as not to run out. Some insulin requires refrigeration.
 - Staff should make sure residents know who and how to call if they are feeling ill.

- Center staff should discuss strategies for keeping residents' blood sugar well controlled.
- Staff should ask about effective adjustments to medication if the resident is not able to eat healthy meals often.
- An important part of managing diabetes is checking blood sugar levels. Center staff should request a glucometer (a machine for testing blood sugar) and accompanying glucose strips and discuss how to use them with residents, if residents are not already aware.
- Ensure that healthy food and clean drinking water are easily available. Provide three meals a day, if possible.
- Keep jellybeans, orange juice, or hard candy on hand to quickly respond to a resident whose blood sugar gets too low.
- Ask residents' friends or family members to check in with them daily by phone, text, Facebook, or in-person visit (with 6 feet or more distance).

Low Blood Sugar

The Basics

- Low blood sugar is when the blood sugar level **drops below 70 mg/dL (milligrams per deciliter)** and requires action to bring it back up. The medical term for low blood sugar is hypoglycemia.
- Causes of low blood sugar include not eating on time or enough food, taking too much medication to lower blood sugar or taking it at the wrong time (e.g., not with meals), and exercising too much (e.g., more than was planned).
- Low blood sugar can look like other life-threatening conditions, like heart attack or stroke.
- A blood sugar meter (glucometer) is used to test for low blood sugar.

What Does Low Blood Sugar Look Like?

- Sweaty, cold, clammy skin
- Irritability
- Confusion or inability to follow directions
- "Deer in headlights" look
- Slurred speech
- Fast heartbeat
- Color draining from the skin, or paleness
- Coordination problems or clumsiness
- Nightmares or crying out during sleep
- Difficulty with waking the person up
- Seizures

How Does a Person With Low Blood Sugar Feel?

- Shaky
- Nervous or anxious
- Irritable, with mood swings or personality changes

- Lightheaded or dizzy
- Hungry
- Nauseated
- Sleepy
- Weak, tired, or drowsy, or having no energy
- Unable to get their body to do what they want it to do (reduced motor skills)
- Visually impaired, with blurred vision or spots in vision
- Tingly or numb in the lips, tongue, or cheeks
- Headachy

How To Help Residents With Low Blood Sugar or When Residents Appear To Have Low Blood Sugar

It is recommended that centers establish a process to evaluate blood sugar levels and act on them when needed.

How To Treat Low Blood Sugar Between 50 and 70 mg/dL With the “15-15 Rule”

- Center staff should give the resident 15 grams of carbohydrates and recheck the blood sugar in 15 minutes, repeating until the blood sugar is slightly above 100 mg/dL or the resident starts feeling better.
- Examples of 15 grams of carbohydrates include:
 - 4 glucose tablets (most are 4 grams of carbohydrates per tablet)
 - 1 tube of glucose gel
 - 3 sugar packets
 - 4 ounces of fruit juice
 - 6 ounces of regular soda
 - 1 tablespoon of sugar, honey, or corn syrup
 - 2 tablespoons of raisins
 - 5–6 hard candies, jellybeans, or gum drops
- After the blood sugar is over 100 mg/dL or the resident’s symptoms have stopped, staff should feed the resident a small meal or snack to keep the blood sugar from getting low again.
- If the starting blood sugar level is less than 54 mg/dL and the resident is **conscious**, then staff should give 30 grams of carbohydrates (double the amount of sugar) and recheck the blood sugar in 15 minutes. Staff should keep giving 15 grams of carbohydrates and checking the blood sugar every 15 minutes until the blood sugar is over 100 mg/dL.

Red Flags (When To Call 911)

- Blood sugar is less than 54 mg/dL, and the resident is **unconscious**.
- The resident is showing signs of seizure, stroke, or coma.

For more information, see [911: What You Need To Know](#).

High Blood Sugar

The Basics

- High blood sugar is when blood sugar levels are **equal to or higher than 126 mg/dL (milligrams per deciliter) after an individual has not eaten anything for at least 8 hours**. The medical term for high blood sugar is hyperglycemia.
- The main causes of high blood sugar include diabetes and not taking enough of prescribed medications to treat diabetes or taking them incorrectly. Other causes include eating too much food or too much unhealthy food, exercising less than planned, illness, stress, infections (including COVID-19), use of steroids or certain medications, and the dawn phenomenon (surge of hormones that the body produces at around 4 or 5 a.m.).
- A blood sugar meter (glucometer) is used to test for high blood sugar.

What Does High Blood Sugar Look Like?

- Frequent urination
- Increased thirst
- Hunger or cravings for sweets
- Weight loss or weight gain (may be no change in weight)
- Fruity-smelling breath
- Vomiting
- High levels of sugar in the urine
- Shortness of breath
- Difficulty being awakened
- Coma (unconsciousness)

What Does a Person With High Blood Sugar Feel?

- Dry mouth
- Blurred vision or double vision
- Weakness
- Abdominal pain
- Nausea
- Confusion
- Sleepiness
- Fatigue, sluggishness, or lack of energy
- Irritability or unexplained mood swings
- Problem with sexual function
- Frequent vaginal infections

How To Help Residents With High Blood Sugar or When Residents Appear To Have High Blood Sugar

- Centers should establish a process to monitor and respond to high blood sugar levels and act on them when needed.

- Nonmedication treatment includes decreasing food intake and increasing exercise. However, for blood sugar levels above 240 mg/dL, center staff should check urine for ketones (see below) using urine ketones test strips. *If urine has ketones, the person should not exercise.* Exercising when ketones are present may further raise blood sugar levels.
- Staff should help residents contact their health care provider to address high blood sugar levels as quickly as possible, which may include adjusting their medications.

Red Flags

- Untreated high blood sugar can cause a life-threatening condition called ketoacidosis (diabetic coma, or DKA). It is caused by a buildup of metabolic waste products (ketones) when the body can't properly break down sugar and instead switches to breaking down fats for energy. Ketones build up in the blood, causing ketoacidosis.
- Ketoacidosis is life-threatening and needs immediate treatment. Symptoms include:
 - Shortness of breath
 - Breath that smells fruity
 - Nausea and vomiting
 - Stomach cramps
 - Very dry mouth
 - Flu-like symptoms
- If these symptoms occur, the patient may need to be transferred to a higher level of care for evaluation and management. The center's designated staff should be contacted for guidance.

Heart Attack

What Is a Heart Attack?

A heart attack is a medical emergency that occurs when the blood flow that brings oxygen to the heart muscle is severely reduced or cut off completely. A heart attack can be fatal.

How To Prevent Heart Attacks

Stress and residing in a center may be very taxing for some residents. While residing in a center, heart attacks can be prevented by the following actions:

- If residents have high blood pressure, ensuring they are easily able to take their medications as prescribed.
- Monitoring blood pressure. If blood pressure is over 130/80, staff should provide appropriate treatment for high blood pressure.
- Facilitating regular exercise and activity. The goal is 150 minutes per week for adults.
- Having healthy blood sugar levels (see [Diabetes and Blood Sugar \(Low and High\)](#)).

- Having a well-balanced diet.
- Providing residents who smoke with nicotine replacement therapy and other resources to stop smoking if they choose (see [Substance Use Disorders](#)).
- Managing stress (see [Stress Management for Staff](#))

What Are the Signs of a Heart Attack?

- **Chest discomfort:** This is discomfort in the center of the chest that lasts more than a few minutes — or it may go away and then return. It can feel like uncomfortable pressure, squeezing, fullness, or pain.
- **Discomfort in other areas of the upper body:** Symptoms can include pain or discomfort in one or both arms, the back, the neck, the jaw, teeth, or the stomach.
- **Shortness of breath:** This can occur with or without chest discomfort.
- **Other signs:** Other possible signs include breaking out in a cold sweat, nausea, indigestion, lightheadedness, anxiety, and unexplained fatigue.

Some heart attacks are sudden and intense. But most start slowly, with mild pain or discomfort.

Symptoms may be different for men and women. Women are somewhat more likely than men to experience shortness of breath, nausea or vomiting, and back or jaw pain.

How To Help Residents Who May Be Having a Heart Attack

- Treat a heart attack immediately but definitely within 1 or 2 hours after symptoms begin. Waiting longer means more damage to the heart and a lower chance of survival.
- Call 911 to activate emergency medical services (EMS) (see [911: What You Need To Know](#)). EMS personnel can start treatment quickly if residents become unresponsive or if their heart stops. If a resident becomes unresponsive, is not breathing, and has no pulse, initiate CPR (see [CPR](#)) while waiting for EMS to arrive.
- Have the resident stop all activity and sit down, lie down, or get into whatever position is most comfortable. Check the resident's blood pressure and pulse if possible.
- Gather any important medical history documents for EMS, including a current medication list, a completed POLST/MOLST form, or any advance directives.

Minutes matter. Fast action can save lives. Time is muscle.

Seasonal Allergies

Telling the difference between seasonal allergies and early COVID-19 symptoms can be hard. Allergies are caused by your body's immune response to an allergen (e.g., pollen, dander). COVID-19 is caused by a virus or viral infection.

Symptoms

Symptoms include itchy or watery eyes, runny nose (clear drainage), sneezing, postnasal drip, cough, sinus pressure, headache, and normal temperature.

If shortness of breath, flushing, or a temperature above 100.4 ° F occurs, or if coughing gets worse, COVID-19 or another infection might be the reason.

How To Help Residents With Seasonal Allergies

- Center staff should encourage residents to wash their hands frequently with warm water and soap for at least 20 seconds.
- Staff should encourage residents to wash their face, especially around the eyes, eyelashes, and nostrils, twice per day. Otherwise, residents should avoid touching their face.
- Staff should encourage residents to use a nasal saline rinse at least once per day. Residents should squirt the solution into their nostrils, then gently blow their nose.
- Many over-the-counter medications are available for seasonal allergies. Staff should check with a pharmacist about drug interactions and drowsiness as a potential side effect, or the resident should contact their medical provider for a consultation. A medical eye professional should be consulted for prescription allergy eyedrops.
- Residents should avoid rubbing their eyes. They should use artificial tears to hydrate their eyes (keep them moist). Visine or Murine tend to dry eyes out.
- Staff should encourage residents to wear a mask when going outdoors.
- Residents should avoid being outside during windy times as much as possible.
- Staff should remind residents to drink plenty of water (64 ounces per day), unless on fluid restriction.

Seizure

What Is a Seizure?

Seizures occur when the brain has flashes of uncontrolled electrical activity. A person may experience changes in behavior, body movements, and level of awareness.

What To Expect

Seizures happen in different forms. Seizures with the most obvious symptoms are called tonic-clonic (grand mal). Their symptoms include:

- Uncontrolled jerking movements of the body
- Stiff body muscles
- Loss of consciousness
- Loss of bladder and bowel control (incontinence)

How To Help Residents Having Seizures

Keep calm. Witnessing a seizure can be very frightening. However, it is important for center staff to stay focused and keep residents safe:

- **Stay with residents as the seizure starts.** Stay calm and reassure residents that you are there to help. If possible, time the seizure from beginning to end.
- **Keep residents safe.** Protect residents' heads from striking the ground. Move harmful or sharp objects away.
- **Turn residents on their side if not awake or alert.** This position prevents saliva from blocking the airway.
- **Do not put any objects in residents' mouths.** It is not possible to swallow your own tongue. During a seizure, the mouth and jaw can tighten, causing the resident to bite down. If there is something in a resident's mouth, it can damage the teeth, or the object can be swallowed.
- **Do not restrain residents.** Trying to stop movements or holding residents down will not stop the seizure. Also, you might get hurt while trying to restrain them.
- **Remain with the resident until they are awake and alert.** Most seizures last a few minutes. People can be confused when they wake up; some can be frightened or become aggressive. Keep yourself at a safe distance in case this occurs.
- **Educate yourself on the post-seizure recovery stage.** Some residents may experience an extended recovery phase known as the postictal stage. During this stage, a person may experience:
 - Confusion and agitation
 - Fatigue and drowsiness
 - Headache
 - Loss of consciousness or unresponsiveness
 - Inability to move or feel parts of the body

When To Call 911

(See [911: What You Need To Know](#))

- Resident has seizures lasting more than 5 minutes
- Resident experiences repeated seizures
- Seizure occurs soon after stopping consumption of alcohol or benzodiazepines (see [Substance Use Disorders](#))
- Resident has difficulty breathing
- Resident is injured, pregnant, or sick
- Resident does not return to their pre-seizure, normal state
- Seizure occurs in water
- Resident asks for medical help

Stroke

What Is a Stroke?

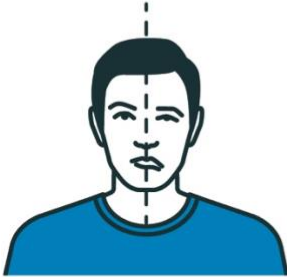



A stroke is a medical emergency caused by problems with blood flow in the brain. It causes brain tissue to die, which can lead to brain damage, disability, and death. Each year, stroke kills about 150,000 Americans.

What Signs Are Associated With Stroke?

Some common symptoms include:

- Sudden difficulty speaking
 - Slurred speech
- Sudden numbness or weakness on one side of the body (face, arm, or leg)
 - Uneven smile or facial droop
 - Inability to raise the arm or leg
 - Unsteadiness when walking or loss of balance
 - Holding of the head
- Sudden change in vision (loss or blurred) or trouble seeing
- Sudden severe headache (worst of the person's life)
- Sudden confusion or dizziness
 - General confusion or inability to follow instructions

An easy way to remember the most common signs of stroke and how to respond is with the acronym FAST:

F	A	S	T
			
FACE	ARMS	SPEECH	TIME
Ask the person to smile. Does one side of the face drop?	Ask the person to raise both arms. Does one arm drift downward?	Ask the person to repeat a simple phrase. Is their speech slurred or strange?	If you observe any of these signs, call 9-1-1 immediately.

Credit: American Stroke Association

How To Help a Resident Who May Be Having a Stroke

Getting fast emergency medical treatment is most important:

- Call 911 immediately if any resident exhibits signs or symptoms of a stroke.
- Tell the first responders about the resident's stroke symptoms and when those symptoms began. If no one was with the resident when symptoms began, try to find out when the resident last seemed like their normal self.

Chapter 8: Often Overlooked Conditions

Cognitive Impairment

What Is Cognitive Impairment?

Cognitive impairment is when a person has trouble remembering, learning new things, concentrating, or making decisions. The severity of these problems can go from barely noticeable to life-changing. Dementia is a group of problems with memory, thinking, and social abilities that cause difficulties with daily life.

Traumatic brain injury (TBI) is caused by a bump, blow, or jolt to the head that can result in a cognitive impairment. More than half of homeless and unstably housed populations have a TBI in their lifetime. People with TBI have poorer self-reported physical and mental health, higher suicide risk, and increased criminal justice system involvement.

Common Symptoms

- Memory loss
- Telling someone about an object instead of naming the object
- Talking about the same stories repeatedly
- Forgetting what they are talking about
- Phrases and ideas mixed together that do not make sense
- Difficulty communicating; trouble finding words, or using substitute words; or avoiding conversations
- Difficulty with directions
- Easily getting lost
- Poor judgment
- Having difficulties managing money
- Seeking to leave their surroundings
- Difficulty with familiar tasks
- Difficulty with planning, organizing, reasoning, and problem-solving
- Confusion with time or place
- Misplacing items

Common Psychological Changes

- Personality changes
- Changes in mood
- Depression
- Anxiety
- Inappropriate behavior
- Agitation
- Hallucinations
- Withdrawing socially
- Paranoia

- Delusions (thoughts or beliefs not based on reality)

How To Help Residents With Cognitive Impairment

- **Memory loss or confusion is not a choice.** The resulting effects — anger, frustration, emotional displays, argumentativeness — are natural outcomes. Do not take actions personally. Do not take offense.
- **Center staff should avoid arguments and power struggles.** Remember, your aim is to help. Validate concerns. Then try to move on to less thorny topics. If paranoia, hallucinations, and agitation are present, arguing will only worsen these symptoms.
- **Staff should remember to be patient.** Give residents plenty of time to respond; they need more time to think about what to say.
- **Staff should tell residents that it's OK** if they have trouble finding their words or cannot remember something.
- **Staff should keep it simple.** Ask one question or give one direction at a time.
- **Staff should be aware of nonverbal cues**, e.g., approach in a calm manner rather than appearing rushed, hurried, or annoyed.
- **Staff should present information and requests a little at a time.**
 - Limit verbal directions to two steps in a row (e.g., “hold your toothbrush and put some toothpaste on it”).
 - If a resident can't follow two steps at a time, decrease to one step at a time (e.g., “hold your toothbrush,” then “put some toothpaste on it” once the resident is holding the toothbrush).
- **Staff members should take a timeout if they find themselves getting frustrated.**

Responding to Distressed Behaviors

Anxiety or Depression

- Take time to learn about a resident's background (e.g., where they are from, their line of work, talents they have, things they enjoy).
- Talk about things residents enjoy, or encourage thinking about positive memories when interacting with them. Some examples include family and friends, food, hobbies, places they've lived, and favorite sports teams. Some memories may be sad or upsetting; focus on the positive.

Aggression and Agitation

- Remain calm, don't argue, and offer reassurance.
- Try to figure out what internal or environmental change may have triggered the actions.
- Try to change the topic or redirect the activity to something more pleasant for the resident.
- Give residents space. Don't crowd them.
- If you feel in danger, step away and get help.

- If someone is agitated but able to be left alone safely, leave the room for a few minutes. It is important not to show your frustration or anger.

Wandering and Restlessness

- This may reflect what someone did previously in their lives (such as taking walks or going to work).
- For people who can't sleep or get confused at night ("sundowning"), staff should try to keep them awake and active during the day.

Hallucinations and Delusions

When someone sees, hears, smells, tastes, or feels something that is not there (hallucination) or has beliefs that aren't backed up by reality (delusions), do not argue with them about what they think is happening. To them, their situation is very real. Instead, give them reassurance that everything is OK and that they are safe.

Abuse and Trauma

Elder abuse, IPV, domestic violence, and trauma can also result in behavioral problems. If staff members are in a situation where they don't have a supervisor to assist them, they can get help on what to do by going to the [National Center on Elder Abuse online](#). Related assistance in this guide includes [PTSD](#) and [Trauma-Informed Care](#) sections.

Delirium

What Is Delirium?

- Delirium is a sudden change in mental capacity, or sudden confusion, which develops over hours to days. It is different from dementia, such as Alzheimer's disease, which develops over many months to years. As people with dementia are at risk of developing delirium, a person can have dementia and delirium at the same time.
- **Any suspected sudden change in mental capacity or sudden confusion should be reported to designated staff right away.**

Symptoms of Delirium

- Inability to think clearly, confusion, or feeling disoriented
- Trouble with paying attention, with following instructions, or with concentrating
- Difficulty remembering things
- Difficulty with language
- Slurred speech or speaking unclearly
- Hearing or seeing things not there, but these things seem real to them
- Agitation or withdrawing (quieter state is more common in older adults)
- Calling out, moaning, or making other sounds
- Change in mood (fear, depression, or extreme happiness)
- Change in personality
- Acting restless, picking at clothing and other items

- Disturbed sleep or reversed sleep-wake cycle
- Difficulty swallowing
- Tremors

People at Risk of Getting Delirium

At-risk individuals include those who:

- Already have a brain disease, such as dementia, stroke, or Parkinson's disease
- Are advanced in age
- Have had recent surgery (especially for the hip or heart)
- Have depression
- Have poor eyesight or hearing problems
- Have an infection or sepsis
- Have heart failure
- Take certain high-risk medications
- Are dehydrated or malnourished
- Have mobility issues

What Causes Delirium

- Knowing a resident's health history is really important for providing the right intervention. Also, symptoms of delirium can overlap with some physical, mental, and substance use disorders' symptoms. The key to solving the mystery is engaging with residents or those who know them about their health conditions and behaviors.
- Experts believe delirium results from a change in how the brain is working. This can be caused by:
 - Not enough oxygen reaching the brain
 - Chemical changes in the brain
 - Certain medications
 - Infections, including from COVID-19
 - Severe pain
 - Medical illnesses
 - Alcohol, sedatives, or pain medications
 - Withdrawal from alcohol, sedatives, selective serotonin reuptake inhibitors (SSRIs), or nicotine

Differences Between Delirium and Dementia

Delirium

- Happens quickly (in hours to days)
- Intensity of symptoms can change during the day and can vary from one day to the next
- Can worsen memory and thinking problems
- Medical emergency until proven otherwise
- With treatment, can clear up after a few days or a week, but may last months

Dementia

- Happens slowly (months to years)
- Intensity of symptoms does not change as much during the day as those of delirium
- Usually is a permanent condition

How Is Delirium Treated?

- Avoid things that make it worse: multiple medications, dehydration, immobility, sensory impairment, and disrupted sleep.
- Identify and treat any medical illness.
- Provide supportive and restorative care.

How To Help Residents With Delirium

- Link residents to emergent medical care to determine the cause of the delirium.
- Speak softly.
- Use simple words and phrases.
- Talk about their loved ones if it brings them joy.
- Make sure their glasses and hearing aids are available.
- Have familiar reminders of home around them (e.g., family pictures, personal items).
- Play their favorite music or TV programs.
- Promote and assist with mobility, if appropriate.
- Regularly check for and manage pain.
- Keep them engaged in the day with simple tasks or activities that they can do and enjoy.

Working With Residents Who Have Sensory Impairments

What Is a Sensory Impairment?

A sensory impairment is a condition in which one of your senses (sight, hearing, smell, touch, taste, or your ability to be aware of the space around you) is not working well.

- 38% of older adults have two impairments, and 28% have three or more.
- Sight and hearing loss, plus another sensory loss, can cause confusion, distress, and decreased mobility and can increase fall risk.

How To Help Residents With Sensory Impairments

Staff should do the following:

- Pay close attention to your nonverbal communication, such as your facial expression, tone of voice, and the way you stand. Avoid sudden movements. Pay attention to residents' facial expression and how they're standing and moving their hands and feet. These nonverbal cues may tell you more than what residents are saying.
- Keep in mind that residents may tolerate only short visits and conversations.

- Turn your face toward the resident. Try to be on the same level as the resident. Don't shout or over-exaggerate words or lip movements. Introduce yourself. Speak clearly and slightly slower. Allow time between sentences for the resident to process the information and respond.
- Get the resident's full attention.
- Give one- or two-step instructions. If a resident does not understand you, do not simply repeat the sentence in a louder voice. Rephrase the sentence.
- Use short, simple sentences, not question after question. Try to stay on one topic.
- When helping residents with tasks, let them know what you are going to do before doing it and while doing it.
- Treat residents respectfully, not as children. Include them in conversations with others.
- If communicating in writing, keep it simple. Know that the size and color of what you write affects how it is understood and the tone or feeling that it communicates.
- Offer reassurance: Encourage residents but also let them express any worry and sadness they may be feeling.
- Check that residents are wearing their glasses. Have they been cleaned? Are the lenses the correct strength?
- Check that residents are wearing their hearing aids. Are they fitted and working properly? If residents do not have their hearing aids, is there an amplification device available (e.g., pocket talker)? Note: If an amplification device is shared by multiple residents, please follow the manufacturer's cleaning and disinfecting guidelines between different users.
- Make the most of the physical environment: Try to provide good lighting, minimize distractions, keep areas clutter-free, and remove any items that might cause residents to trip, like rugs.

How and When To Assess Pain







Designated staff, those with the capacity to provide higher-level care, are required to perform the actions described in this section. When residents can easily communicate with designated staff members, designated staff should measure residents' pain levels using the FACES scale (on the following page). Designated staff should ask about pain intensity by doing the following:

- Tell residents you are going to show them pictures of some faces. The faces show how much pain or discomfort one is feeling.
- Explain to residents that the face on the left shows no pain. Each face after that shows more and more pain up to the last face, on the right, which shows the worst pain possible.
- Ask residents to point to the face that shows how bad their pain is right now.
- Ask residents to show you where the pain is located by pointing to it with a finger.
- Write down the resident's response.
- Pursue further assessment and potential treatment in the following situations:

- Pain that is worsening quickly
- Pain in the chest (see [Heart Attack](#))
- Pain related to breathing
- Worst pain in the person’s life
- Any pain that is new and higher than a score of 6

Universal Pain Assessment Tool

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.

	0	1	2	3	4	5	6	7	8	9	10
VERBAL DESCRIPTOR SCALE	NO PAIN		MILD PAIN		MODERATE PAIN		MODERATE PAIN		SEVERE PAIN		WORST PAIN POSSIBLE
WONG-BAKER FACIAL GRIMACE SCALE											
	Alert, smiling	No humor, serious, flat	Furrowed brow, pursed lips, breath-holding	Wrinkled nose, raised upper lips, rapid breathing	Slow blink, open mouth	Eyes closed, moaning, crying					
ACTIVITY TOLERANCE	NO PAIN	CAN BE IGNORED	INTERFERES WITH TASKS/SLEEP	INTERFERES WITH CONCENTRATION	INTERFERES WITH BASIC NEEDS	BED REST REQUIRED					

Nonverbal Pain Cues

Some residents cannot communicate easily. Designated staff should ask if they are uncomfortable or in pain if, for example, they:

- Appear to be irritable and agitated
- Seem to be uncomfortable or tense
- Are holding an area of their body

Nonmedication Approaches to Chronic Pain Management

A healing environment includes space that enables residents to exercise and implement the strategies recommended below. Without this space, residents are more likely to have problems with pain and other conditions.

Exercise Regularly

“Motion is lotion” for joints. Walking or gentle movement and stretching can help with pain management. It’s important to find activities that are enjoyable and can be done routinely. YouTube has many free stretching, yoga, and tai chi videos. To start, residents should be active for 10–15 minutes each day. They should add a minute every other day until they reach their activity goal. Residents should consult with a medical provider about exercise for specific medical issues. [Chair exercises](#) can be done by younger residents when centers don’t have much space.

Practice Relaxation Strategies

Strategies include deep breathing, progressive muscle relaxation, or guided imagery (using one's imagination to gain control of the body's response to pain). These activities can help not only reduce stress but also reduce muscle tension. Some resources include [Breathe 2 Relax](#) (smartphone application) and the VA National Center for Health Promotion and Disease Prevention's [Manage Stress Workbook](#).

Avoid "Stinkin' Thinkin'"

Our thoughts, emotions, behavior, and pain are all related. Residents should create a plan to stop the cycle of negative thoughts, such as "my pain ruins everything" or "I can't do anything because of my pain." These negative thoughts often negatively impact a person's mood (feeling angry or depressed) and behavior (acting out, using substances, or isolating). Residents should practice stress management techniques when these negative thoughts happen. Residents should also challenge the thoughts (e.g., "There are things I can still do despite my pain") and use positive, self-coping statements like:

- "I'm going to take things one day at a time."
- "I've gotten through this before and I can get through it again."
- "I'm having a pain flare right now, but it will pass."

Engage in Pleasant Activities

Doing healthy, enjoyable activities helps with pain management by shifting focus and improving mood. These activities do not need to be anything expensive. Writing a text message, email, or letter to a loved one, listening to music, and reading a book can all be pleasant activities. Residents should set aside some time each day, or at least a few times a week, to do something pleasant.

Consider Quitting Tobacco

Research has shown that people who use tobacco have more intense pain than those who do not use tobacco. The following resources are available to quit tobacco:

- Toll-free number: 1-855-QUIT-VET (1-855-784-8838)
- www.smokefree.gov
- [Downloadable workbook](#)

Practice Mindfulness Meditation

Research has shown that mindfulness helps with pain management. Mindfulness involves paying attention to the present moment without judging oneself or others. No fancy equipment is needed. No religious practice is required. Some resources include [Mindfulness Coach](#), [Calm](#), [Headspace](#), or [Insight Timer](#) (smartphone applications) and the [UCLA Mindful Awareness Research Center](#).

Appendix **A**



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Appendix **B**



Further Resources Corresponding to Each Section

Appendix B: Further Resources Corresponding to Each Section

Chapter 1: Staff Wellness

Strategies

[Federal Emergency Management Agency Incident Command System](#)

[VA National Center for Organization Development](#)

Stress Management for Staff

- Jenna Fletcher. [How To Use 4-7-8 Breathing for Anxiety. Medical News Today February 12, 2019.](#)
- VA National Center for PTSD: [COVID-19 Resources for Managing Stress](#)
- VA National Center for PTSD: [Managing Stress Associated With COVID-19 Virus Outbreak](#)
- VA National Center for PTSD: [Helping People Manage Stress Associated With COVID-19 Virus Outbreak](#)
- VA National Center for PTSD: [Managing Healthcare Workers' Stress Associated With COVID-19 Outbreak](#)

Chapter 2: Establishing a Culture of Safety

Therapeutic Milieu

- Centers for Disease Control and Prevention (CDC): [Bed Bugs – Frequently Asked Questions](#)
- CDC: [Discontinuation of Transmission-Based Precautions and Disposition of Residents With COVID-19 in Health care Settings \(Interim Guidance\)](#)
- National Council for Behavioral Health: [COVID-19 Guidance for Behavioral Health Residential Facilities](#)

Fall Prevention

VA: [Home Based Primary Care Fall Prevention and Management Toolkit](#)

Psychologically Safe Environment

- Substance Abuse and Mental Health Services Administration (SAMHSA): [Tips for Survivors: Coping With Grief After a Disaster or Traumatic Event](#)
- SAMHSA: [Improving Cultural Competence](#)
- TED Talk. Amy Edmondson: [How To Turn a Group of Strangers Into a Team](#)

Trauma-Informed Care

- CDC: [Coping With Stress](#)
- U.S. Department of Housing and Urban Development (HUD): [Housing First Implementation Resources](#)
- SAMHSA: [Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
- VA National Center for PTSD: [COVID-19 Resources for Managing Stress](#)

Intimate Partner Violence (IPV)

- CDC: [Preventing IPV](#)
- Futures Without Violence: [Futures on the Frontlines for Survivors, Families — and You](#)
- HUD: [Domestic Violence and Homelessness](#)
- MyPlan App: [Empowering Decisions for a Safe Path Forward](#)
- [National Suicide Prevention Lifeline](#): 1-800-273-8255
- [National Domestic Violence Hotline](#) (24/7 via telephone or text): 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY); text LOVEIS to 22522
- VA: [IPV Assistance Program](#)
- VA: [Directory of IPV Assistance Program Coordinators for Each VA Medical Center](#)
- [Veterans Crisis Line](#): 1-800-273-8255, press 1

Managing Care

- Case Management Society of America: [What Is a Case Manager?](#)
- De Vet, et al. [Effectiveness of Case Management for Homeless Persons](#). *AJPH* 2013; 103(10): e13-e26.
- VA Nutrition and Food Services: [Food Insecurity](#)

Chapter 3: Appreciating the Diversity of Residents' Needs

Mental Health Recovery: Supporting Residents With Serious Mental Illness

- American Psychiatric Association and SAMHSA Initiative: [SMI Adviser: A Clinical Support System for Serious Mental Illness Resources on COVID-19](#)
- Center for the Study of Traumatic Stress: [Caring for Patients' Mental Well-Being During Coronavirus and Other Emerging Infectious Diseases: A Guide for Clinicians](#)
- Mental Health America: [Mental Health and COVID-19 Information and Resources](#)
- National Alliance on Mental Illness: [COVID-19 Resource and Information Guide](#)
- National Institute of Mental Health: [Bipolar Disorder](#)
- National Institute of Mental Health: [Schizophrenia](#)
- Pan American Health Organization, Regional Office of the World Health Organization: [Protecting Mental Health During Epidemics](#)
- SAMHSA: [Tips for Social Distancing, Quarantine, and Isolation During an Infectious Disease Outbreak](#)
- World Health Organization: [Mental Health and Psychosocial Considerations During the COVID-19 Outbreak](#)

Principles of Spiritual Care in the COVID-19 Pandemic Response

- Puchalski, et al. [Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference](#). *Journal of Palliative Medicine* 2009; 12(10): 885-904.

Suicide Prevention

- **Coaching Into Care (1-888-823-7458):** A national telephone service of VA, [Coaching Into Care](#) aims to educate, support, and empower family members and friends who are seeking care or services for a Veteran.
- **Make the Connection:** This [online resource](#) connects Veterans, their family members and friends, and other supporters with information and solutions to issues affecting their lives.
- **National Suicide Prevention Lifeline:** The [National Suicide Prevention Lifeline](#) connects people in crisis and their families and friends with qualified, caring responders through a confidential toll-free hotline, online chat, or text. People and their loved ones can call **1-800-273-8255**, chat online, or send a text message to 838255 to receive confidential crisis intervention and support 24 hours a day, seven days a week, 365 days a year. The National Suicide Prevention Lifeline includes the [Veterans Crisis Line](#). Veterans in crisis and their families and friends can connect with qualified VA responders by **calling 1-800-273-8255 and pressing 1, or texting to 838255.**
- **National Center for PTSD:** [For Mental Health Providers: Working With Patients Affected by the Coronavirus \(COVID-19\) Outbreak](#)
- **S.A.V.E.:** This [PsychArmor course](#) was developed in a collaboration with VA to empower people to play a vital role in suicide prevention.
- **VA Resource Locator:** This [online resource](#) helps Veterans easily find VA resources in their area, including Suicide Prevention Coordinators, crisis centers, VA medical centers, outpatient clinics, Veterans Benefits Administration offices, and Vet Centers.

LGBT Health

- CDC: [Lesbian, Gay, Bisexual, and Transgender Health](#)
- Fenway Institute: [Home Page](#)
- VA: [Veterans With Lesbian, Gay, Bisexual, and Transgender \(LGBT\) and Related Identities](#)
- VHA TRAIN: [Search for “Transgender” and “LGBT”](#)

Caring for People of Color During the COVID-19 Pandemic

- CDC: [COVID-19 in Racial and Ethnic Minority Groups](#)
- Center for Urban and Racial Equity: [Equitable Response Community Commons](#)
- COVID-19 Resources for Undocumented Communities: <https://docs.google.com/spreadsheets/d/18p9OSILpSYanIoUC-gEbhVbRMYVUfw4wyrixa9ekGdc/htmlview?fbclid=IwAR0IoA27CTDX9exqp6-TyQuVj68e02jtK6n6G0vWQ2TtMZdcH4ukC7NcQ4Y#gid=0>
- Health Research and Educational Trust: [Disparities Toolkit](#)
- NAACP: [Ten Equity Implications of the COVID-19 Outbreak in the United States](#)
- Public Health Alliance of Southern California and Public Health Institute: [COVID-19: Addressing Discrimination and Racism – Equity Subcommittee: Local Health Department Support Guidance](#)

- Racial Equity Tools: [Racial Equity and Social Justice Resources](#)

Women's Health and Wellness During the COVID-19 Pandemic

- American College of Obstetricians and Gynecologists: [COVID-19, Pregnancy, and Breastfeeding](#)
- CDC: [Pregnancy, Breastfeeding, and Caring for Young Children](#)
- National Domestic Violence Hotline: [Staying Safe During COVID-19](#)
- SAMHSA: [Tips for Caregivers, Parents, and Teachers During Infectious Disease Outbreaks](#)
- UNICEF: [COVID-19 Parenting Tips](#)
- VA National Center on Homelessness among Veterans: [Women Veterans and Homelessness](#)

Chapter 4: Urgent and Emergent Care

911: What You Need To Know

- EMS1: [Community Q&A](#)
- Safety.com: [Why Calling 911 on a Cellphone Might Not Be the Quickest Way To Get Help](#)
- 911.gov: [Need To Call or Text 911](#)

CPR

- American Heart Association: [Hands-Only CPR](#)
- American Heart Association: [COVID-19 Resources for CPR Training and Resuscitation](#)
- American Heart Association: [Basic Life Support Healthcare Provider Adult Cardiac Arrest Algorithm for Suspected or Confirmed COVID-19 Patients](#)
- American Red Cross: [CPR Steps](#)
- Mayo Clinic: [CPR: First Aid](#)
- Edelson, et al. [Interim Guidance for Basic and Advanced Life Support in Adults, Children, and Neonates With Suspected or Confirmed COVID-19](#). *Journal of the American Heart Association*.

Basic First Aid

- American Academy of Allergy, Asthma & Immunology: [Anaphylaxis](#)
- American Red Cross: [First Aid/CPR/AED Participants Manual](#)
- Mayo Clinic: [Anaphylaxis](#)

Chapter 5: COVID-19 Management

COVID-19 Symptoms and Care

- CDC: [Situation Summary](#)
- CDC: [Interim Clinical Guidance for Management of Patients With Confirmed Coronavirus Disease \(COVID-19\)](#)

- CDC: [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel With Potential Exposure to COVID-19](#)
- CDC: [Symptoms of Coronavirus](#)
- CDC: [Clinical Questions About COVID-19: Questions and Answers](#)
- CDC: [Discontinuation of Transmission-Based Precautions and Disposition of Patients With COVID-19 in Healthcare Settings \(Interim Guidance\)](#)
- CDC: [Discontinuation of Isolation for Persons With COVID-19 Not in Healthcare Settings \(Interim Guidance\)](#)
- Medicare.gov: [Advance Directives and Long-Term Care](#)
- U.S. Environmental Protection Agency: [Disinfectants for Coronavirus \(COVID-19\)](#)

Quarantine Orders

CDC: [Legal Authorities for Isolation and Quarantine](#)

Infection Control and Prevention: How To Protect Yourself and Others

General

- CDC: [How To Protect Yourself and Others](#)
- CDC: [Caring for Someone Sick at Home](#)
- CDC: [Checklist for Homeless Service Providers During Community Re-opening](#)
- CDC: [COVID-19 and Homelessness Services](#) – Training for Homeless Shelter Workers
- CDC: [COVID-19 Infection Control Inventory and Planning \(ICIP\) Tool for Homeless Service Providers](#)
- CDC: [Homelessness and COVID-19 FAQs](#)
- CDC: [Infection Prevention and Control Considerations for Alternate Care Sites](#)
- CDC: [Interim Guidance for Homeless Service Providers To Plan and Respond to Coronavirus Disease 2019](#)
- CDC: [Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 \(COVID-19\) for Homeless Service Providers and Local Officials](#)
- CDC: [Interim Considerations for Health Departments for SARS-CoV-2 Testing in Homeless Shelters and Encampments](#)
- CDC: [Investigating and Responding to COVID-19 Cases at Homeless Service Provider Sites](#)
- CDC: [Operational Considerations for the Identification of Healthcare Workers and Inpatients With Suspected COVID-19 in Non-US Healthcare Settings](#)
- CDC: [People Experiencing Homelessness](#)
- CDC: [Resources To Support People Experiencing Homelessness](#)
- CDC: [Screening Clients for COVID-19 at Homeless Shelters or Encampments](#)
- CDC: [Youth Experiencing Homelessness](#)
- HUD: [Disease Risks and Homelessness](#)
- U.S. Department of Health and Human Services: [Homeless Shelter Resources for COVID-19](#)

Cleaning and Disinfection

- CDC: [Cleaning and Disinfecting Your Home: Everyday Steps and Extra Steps When Someone is Sick](#)
- CDC: [Cleaning and Disinfecting Your Facility](#)
- CDC: [Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)
- U.S. Environmental Protection Agency: [Disinfectants for Coronavirus \(COVID-19\)](#)

Hand Hygiene

- CDC: [Clean Hands Count for Healthcare Providers](#)
- World Health Organization: [Hand-Washing Steps Video](#)

Personal Protective Equipment

- Association for Professionals in Infection Control and Epidemiology: [Taking On and Off Surgical Mask Video](#)
- CDC: [Using Personal Protective Equipment \(PPE\)](#)
- CDC: [Use of Masks To Help Slow the Spread of COVID-19](#)
- CDC: [Sequence for Putting on Personal Protective Equipment](#)
- CDC: [How To Remove Gloves](#)
- ProTrainings: [How To Safely Remove Your Disposable Gloves Video](#)

Chapter 6: Behavioral Health Conditions

Anxiety

- National Alliance on Mental Illness: [From Next Door to Across the Nation](#)
- Make the Connection: [Anxiety](#)
- VA: [Mental Health](#)

Depression

- National Alliance on Mental Illness: [Depression](#)
- National Institute of Mental Health: [Depression](#)
- SAMHSA: [Emotional Wellbeing During the COVID-19 Outbreak](#)
- VA: [Depression](#)

Hoarding

- Anxiety and Depression Association of America: [Hoarding](#)
- American Psychiatric Association: [What Is Hoarding Disorder?](#)
- International OCD Foundation: [What Is Compulsive Hoarding?](#)

Posttraumatic Stress Disorder (PTSD)

- Mobile phone apps by the VA National Center for PTSD:
 - [COVID Coach](#)
 - [PTSD Coach](#)
 - [Mindfulness Coach](#)

- VA National Center for PTSD: [PTSD Screening and Referral: For Health Care Providers](#)
- VA National Center for PTSD: [PTSD Basics](#)
- VA National Center for PTSD: [PTSD Consultation Program](#)

Schizophrenia

National Alliance on Mental Illness: [Schizophrenia](#)

Substance Use Disorders

- CDC: [Inspiration To Quit](#)
- CDC: [How To Quit Smoking](#)
- CDC: [Opioid Overdose](#)
- National Harm Reduction Coalition: [Principles of Harm Reduction](#)
- [National Cancer Institute National Quitline](#): 1-877-44U-QUIT (1-877-448-7848)
 - Free behavioral smoking cessation counseling (support in quitting and behavioral coaching)
 - Information on smoking and tobacco use cessation (quit plan, educational materials, and referrals to state resources)
- National Cancer Institute [interactive website](#): Tools to create quit plan; Cope with cravings skills; How friends and family members can provide support; Text messaging programs to support teen and women quit smoking; Smokefree apps for smartphone users
- National Institute on Drug Abuse: [COVID-19: Potential Implications for Individuals With Substance Use Disorders](#)
- Petursson. [The Benzodiazepine Withdrawal Syndrome](#). *Addiction* 1994; 89(11): 1455-9.
- SAMHSA: [Alcohol Management as Harm Reduction](#)
- SAMHSA: [Enhancing Motivation for Change in Substance Use Disorder Treatment](#)
- SAMHSA: [Substance Use Treatment for Persons With Co-Occurring Disorders](#)
- VA: [Opioid Overdose Prevention](#)
- VHA TRAIN: [Opioid Overdose Education and Naloxone Distribution \(OEND\) Training](#)
- World Health Organization: [Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings](#)

Chapter 7: Physical Health Conditions

Asthma and Chronic Obstructive Pulmonary Disease

- American Lung Association: [Asthma Patient Resources and Videos](#)
- American Lung Association: [COPD Patient Resources and Videos](#)

Blood Pressure (Low and High)

- American Heart Association: [COVID-19 Resources](#)
- American Heart Association: [Understanding Blood Pressure Readings](#)

- American Heart Association: [Low Blood Pressure](#)
- American Heart Association: [Hypertensive Crisis](#)
- National Heart, Lung, and Blood Institute: [High Blood Pressure](#)
- National Heart, Lung, and Blood Institute: [Low Blood Pressure](#)
- UpToDate: [High Blood Pressure in Adults](#) (Subscription required)

Communicable Diseases

- Badiaga, et al. [Preventing and Controlling Emerging and Reemerging Transmissible Diseases](#) in the Homeless. *Emerging Infectious Diseases* 2008; 14(9): 1353-1359.
- CDC: [PrEP](#)
- CDC: [Syringe Services Programs](#)
- CDC: [TB in the Homeless Population](#)
- Smith, et al. [Infectious Disease Stigma: Maladaptive in Modern Society](#). *Communication Studies* 2014; 65(2): 132-138.

Dehydration

Mayo Clinic: [Nutrition and Healthy Eating](#)

Dental Care

- Academy of General Dentistry: [Know Your Teeth](#)
- American Dental Association: [Dental Emergency](#)
- American Dental Association: [Top Ten Dental Symptoms](#)
- Hennessy. [Toothache and Infection](#). *Merck Manual*. 2018.

Diabetes, High Blood Sugar, and Low Blood Sugar

- American Diabetes Association: [Home Page](#)
- American Diabetes Association: [High Blood Glucose](#)
- National Hansen's Disease Programs: [Foot Care for a Lifetime](#)
- National Health Care for the Homeless Council: [Things To Do During the COVID-19 Crisis](#) if You Have Diabetes

Heart Attack

- American Heart Association: [Heart Attack](#)
- Heart and Stroke Foundation of Canada: [Coronavirus, Heart Disease and Stroke](#)
- Mayo Clinic: [Heart Attack](#)

Seasonal Allergies

- Azari, et al. [Conjunctivitis: A Systematic Review of Diagnosis and Treatment](#). *JAMA* 2013; 310(16): 1721-1729.
- Mayo Clinic: [Cold or Allergy: Which Is It?](#)

Seizure

- Epilepsy Foundation: [First Aid for Seizures](#)
- Mayo Clinic: [Seizures](#)
- The University of Chicago Medicine: [Epilepsy and Seizures](#)

Stroke

- American Heart Association: [Get With The Guidelines® Stroke](#)
- American Stroke Association: [Get Answers About COVID-19 and Stroke](#)
- CDC: [Stroke](#)
- UpToDate: [Stroke](#) (*Subscription required*)

Chapter 8: Often Overlooked Conditions

Cognitive Impairment

- CDC: [Traumatic Brain Injury and Concussion](#)
- My Health eVet Veterans Health Library: [Dementia](#)
- National Institute on Aging: [Alzheimer's Disease and Related Dementias](#)
- Stubbs. [Traumatic Brain Injury in Homeless and Marginally Housed Individuals](#): A Systematic Review and Meta-Analysis. *The Lancet* 2020; 5(1): E19-32.
- VA Geriatrics and Extended Care: [Dementia Care](#)

Delirium

- AMN Healthcare Education Services: [Delirium: Identification, Prevention, and Treatment](#)
- Critical Illness, Brain Dysfunction, and Survivorship (CIBS) Center: [Home Page](#)
- Devlin, et al. [Clinical Practice Guidelines for the Prevention and Management of Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption in Adult Patients in the ICU](#). *CCM* 2018; 46(9), e825-873.
- Harvard Health Publishing: [When Patients Suddenly Become Confused](#)
- My Health eVet Veterans Health Library: [Delirium](#)
- UpToDate: [Delirium and Acute Confusional States](#): Prevention, Treatment, and Prognosis (*Subscription required*)
- VA Geriatrics and Extended Care: [Delirium](#)

Working With Residents Who Have Sensory Impairments

VA Caregiver Support: [Caregiving Tips by Diagnosis](#)

How and When To Assess Pain

- American Society for Pain Management Nursing: [Home Page](#)
- Herr, et al. [Pain Assessment in the Patient Unable To Self-Report](#): Position Statement With Clinical Practice Recommendations. *Pain Management Nursing* 2011; 12(4): 230-250.

Nonmedication Approaches to Chronic Pain Management

- VA Pain Management: [Self Management](#)

Appendix C



Wellness Resources

Appendix C: Wellness Resources

National Center for PTSD

[Helpful Thinking During the Coronavirus \(COVID-19\) Outbreak](#)

Whole Health

[Taking Charge of My Life and Health: Participant Workbook and Facilitator Guide](#)

To learn more, please visit [VA's "What Is Whole Health?" webpage](#).

Staff Resources for Well-Being

We are all faced with new challenges due to the COVID-19 pandemic. How center administrators and staff handle change affects their ability to handle challenges. Caring for one's own physical, mental, and emotional well-being makes people better at dealing with change. It is very important that staff find ways to care for themselves and stay balanced and resilient. If they do not, they will not be able to care for residents, families, or communities. The following resources are quick, virtual tools to promote whole health.

Audio files

[Grounding Meditation](#) by Christiane Wolf (5 minutes)

[Mindfulness of Sounds Meditation](#) by Greg Serpa (10 minutes)

[Body Scan Meditation](#) by Christiane Wolf (15 minutes)

[Ten Lessons I Learned in War That Can Help in Coping With the Coronavirus](#) by Julie Barker, OEF/OIF Veteran and LCSW (16 minutes)

Videos

[Mindful Muscle Relaxation](#) (4:18)

[Loving Kindness Meditation](#) (3:27)

[Breathing Exercises](#) (6:53)

Take a Mindful Moment: Breathing and Health

Why Is Breathing Important?

Breathing keeps us alive! Breathing can become shallow or fast. For some people, this happens all the time. For others, it happens when they are stressed, in pain, panicked, or anxious. Many people are not even aware of how they are breathing. When your breath becomes shallow and fast, your body becomes more stressed ("fight or flight") instead of relaxed ("rest and digest"). Your body does better when you take deep, slow breaths. Practicing healthy breathing will cause you to breathe in a more relaxed way more of the time. You can then become healthier.

How Can Breathing Help Me?

Relaxed breathing has many benefits. It helps your body and mind become calm. It helps you deal with stress. Practicing breathing before bed helps you fall asleep. Breathing exercises can help lower blood pressure as well. Breathing exercises are often used along with other treatments.

Who Shouldn't Do Breathing Exercises?

If you have trouble breathing, are on oxygen, or become dizzy or lightheaded easily, talk with your health care provider before doing breathing exercises.

How Can I Practice Breathing?

There are many ways to practice breathing. Take time to find the exercise that feels and works best for you. The more relaxed and comfortable you are during the breathing exercise, the more effective it will be.

Breathing exercises can be done anywhere. When you first start, find a quiet space where you won't be disturbed. Later, you can do these exercises anywhere, such as in the car, at work, or in the shower. Many of these exercises can be done without anyone knowing you're doing them. Spend as much time as you want doing a breathing exercise. To start, set aside 5–10 minutes or whatever time works for you. Use breathing exercises as often as you would like. You will get more benefits if you practice more. Use them in times of stress or anxiety and for daily relaxation.

Abdominal (Belly) Breathing

Lay on your back if you can. If not, sit in a chair. Let your body relax into the ground or into the chair. Use whatever props you can find to help you get more comfortable, such as a rolled-up blanket under your knees or behind your back. Let your eyes close or find a point to look at without straining. Place one hand over your belly button and one hand on your chest. Bring attention to your breath. Observe the breath without changing it. Notice how it enters and leaves your body. Do your hands move? Does one hand move more than the other? Take a few breaths. Slowly, bring more air into the lower part of your lungs. To do this, think about your belly as a balloon. When you inhale, use the air to inflate the balloon. When you exhale, think of deflating the balloon. This should make the hand on your belly button move up and down more than the one on your chest. Continue to take slow, deep breaths like this.

Counting

Find a comfortable position. You can lie down, sit, or stand. Close your eyes or find a point to look at without straining. Start by inhaling for 1 second and exhaling for 2 seconds. Repeat this until you feel comfortable at this pace. When you're comfortable, take more time inhaling and exhaling. For example, inhale for 2 seconds and exhale for 3 seconds. Then, once you're comfortable, inhale for 3 seconds and exhale for 4 seconds, and so on. Consider counting to yourself while you're doing this to help you focus. You can also hold your breath between inhaling and exhaling. For example,

inhale for 2 seconds, hold for 2 seconds, exhale for 3 seconds, and repeat. Breathe at a pace that feels comfortable and relaxed for you.

Imagery

Find a comfortable position. You can sit or lie down. Close your eyes or find a point to look at without straining. Try some of the different images below while breathing.

- Waves: Think of your breath as gentle waves flowing into your body as you inhale and out of your body as you exhale. Repeat.
- Body: Think of breathing in air from the bottom of your feet to the top of your head. Then, exhale from the top of your head out through your feet. Repeat.

Sayings

Find a comfortable position. You can sit or lie down. Close your eyes or find a point to look at without straining. When you breathe in, say to yourself, “I am.” When you breathe out, say to yourself, “at peace,” “calm,” or another word or phrase that sounds good to you.

Am I Doing Breathing Exercises Right?

When you start doing breathing exercises, it’s very common for the mind to wander. You can start thinking about the past, the future, feelings, or images. When this happens, don’t be hard on yourself or stop the practice. Be aware of what’s going on and return to the practice. To help keep your focus, try some of the breathing exercises that use words or images. If your breathing is becoming deeper and slower and you’re not getting dizzy or more anxious, you’re likely doing what is right for you. When you’re doing breathing exercises, it’s important not to be hard on yourself or try too hard. Start small.

For Your Consideration

- How do you think relaxed breathing could help you?
- When do you think you would use breathing exercises? Will you do it every day or just as needed?
- Where do you think you could practice breathing exercises?

Mindful Awareness Scripts

Life is about growing and adjusting to change. The COVID-19 pandemic has made us grow and adjust faster than usual. This stress can cause people to swing between extremes. We can go from pretending everything is normal to believing the world is ending. We can also go from “me against the world” to doing absolutely everything for others. We need to find a balance to get through this together.

“Do the Five” for Basic Health

1. Hands: Wash them often.
2. Elbow: Cough into it.
3. Face: Don’t touch it.

4. Feet: Stay more than 6 feet apart.
5. Feel: Sick? Stay home.

Create Your Five To Thrive

Select five things from this list that align with your interests and goals:

1. Connect with yourself. Take a deep breath. Do focused [breathing or meditation](#).
2. Connect with others.
3. Nurture yourself. Take a break or get a cup of tea or coffee.
4. Stay informed. Just don't obsess, and take a break from the news for at least an hour or two.
5. Prepare. Create an emergency plan for your center.
6. Find sources of hope and positivity from books, quotes, videos, and uplifting stories.
7. Balance the negative with the positive. Share both — not just the negative — with others.
8. Laugh. Watch a comedy. Watch funny cat videos.
9. Have compassion for yourself and others. These times are difficult and stressful. Everyone is doing the best they can.
10. Look for [healthy things to do](#).
11. Start a workbook like *The Artist's Way* by Julia Cameron or a drawing or coloring book.
12. Learn a new skill or language. Take an online class.
13. Read a book or magazine.
14. Listen to music. Dance and sing along.
15. Journal.
16. Practice your faith, religion, or spiritual practices.
17. Look at the big picture. Many people have lived through outbreaks in the past.
18. Exercise.
19. Fill out a [Personal Health Inventory](#) and work on completing your health goals.
20. Use the [Whole Health Library](#) as a source of ideas for your health, well-being, and resilience.










Use your five health promotion ideas to relax yourself. When you wash your hands, focus on what you are doing. Feel your hands and fingers as you rub and massage them until your hands are completely dry. This type of focusing is called being mindful. You can turn any activity into a mindful one. Use mindful activities to take a breath and a break throughout the day. Hold out your hand. Say out loud, or to yourself, your first health promotion idea. Trace from the tip of your thumb, back up your arm, and all the way to your heart. Say out loud, or to yourself, your second health promotion idea. Trace from the tip of your index finger, back up your arm, and all the way to your heart. Do this same action for each finger for each of your five health promotion ideas. If you like the way that it feels, think of five more for your other hand. Mindful awareness helps bring your focus out of your worrying mind, into your body, and into practical things that you can do for your health, even during a pandemic — especially during a pandemic.

Tools for Well-Being Using Internet-Connected Devices

- [Mobile Apps and Online Tools for Support of Your Whole Health Journey:](#) Practicing on-demand well-being care with mobile apps is convenient and beneficial. There are many mobile apps and online resources you can access from your phone, including yoga, tai chi, health coaching, and more.
- [Well-Being Modules – Whole Health Library:](#) Enhancing mindful awareness can improve all aspects of your life. The eight areas of self-care within the Circle of Health are interrelated — when you neglect one, others may suffer. If you don't take time to recharge, it's very likely that you will make poor food choices and be too tired to exercise. Fortunately, the reverse is also true. When you focus on getting enough sleep, it is easier to eat healthy and be physically active. For each area of self-care, VA developed extensively researched overviews and quick and easy tools you can apply to resident care and to your own life.
- [Health Journeys Guided Imagery and Meditation:](#) Listening to guided imagery and meditation brings a wide variety of benefits. Research shows it helps with stress, sleep, pain, confidence, focus, emotional resilience, and inner peace.
- [An Intro on Mindfulness and Using the Personal Health Inventory:](#) In this podcast, Dr. Tracy Gaudet discusses how the Personal Health Inventory is used to provide greater focus on what matters most in your life.

Additional Health and Well-Being Resources

VA Resources

<p>Veterans Crisis Line</p> 		<p>Women Veterans Health Care</p>	
<p>Whole Health</p>		<p>Mental Health Care</p>	
<p>Whole Health Library</p>		<p>National Center for PTSD</p>	
<p>Health Care</p>		<p>Take Whole Health With You (Mobile Apps)</p>	

Exercise

[Fitness Blender \(always free\)](#)

[Outside Activity](#)

[Gyms Offering Free Livestream Workouts](#)

[Physical Activity for a Healthy Weight](#)

[Yoga With Adriene \(always free\)](#)

General Virtual Activities

[17 Broadway Musicals To Stream](#)

[Accessing E-Books From Your Local Library](#)

[Free Streaming Concerts, Including Pop and Classical](#)

[Pictures of Baby Animals](#)

[Museums, Concerts, and Plays](#)

[Books and E-Books From NPR's Book Concierge](#)

Interpersonal Connections

[Interpersonal Communication and Resilience During COVID-19 Chaos](#)

[Keeping the Human Connection at Time of Coronavirus](#)

Mental Health

[COVID Coach](#)

[Health Impact of Loneliness](#)

[Mental Health Trends and Future Outlook](#)

[Turning the Tide on Mental Health Trends](#)

[How To Practice Self-Compassion](#)

[Stress and Coping](#)

[That Discomfort You're Feeling Is Grief](#)

Nutrition

[17 Quick and Easy Meals With Pantry Staples](#)

[30 Easy Pantry Dinners](#)

[21 Fun Recipes To Make With Kids](#)

[Cooking at Home in the Time of Coronavirus](#)

[Food Insecurity](#)

[Healthy Eating for a Healthy Weight](#)

Self-Care and Mindfulness

[Breathing Exercises](#)

[Headspace](#)

[Online Mindfulness-Based Stress Reduction](#)

[Online Mind-Body Skills Group](#)

[Mindful](#)

[Tibetan Singing Bowls With John Ferguson](#)

[VA App Store](#)

[VA Mindfulness Coach](#)

[What Is Self-Compassion?](#)

Spirituality

[Spiritual Resources During the COVID-19 Pandemic](#)

[Trauma and Spirituality](#)

Whole Health

[Discover What Matters to You](#)

[My Wellness Coach](#)

[Power of the Mind](#)

[Self-Care Resources for Your Whole Health](#)

[#LiveWholeHealth Blog Series](#)

VA Homeless Programs Office

[Home Page](#)

[Grant and Per Diem](#)

[Health Care for Homeless Veterans](#)

[Homeless Patient Aligned Care Teams](#)

[Homeless Veterans Community Employment Services](#)

[National Center on Homelessness among Veterans](#)

[Supportive Services for Veteran Families](#)

[U.S. Department of Housing and Urban Development-VA Supportive Housing](#)

[Veterans Justice Outreach](#)

[VA Homeless Programs Office COVID-19 Information](#)

