

# **LIVING WITH COVID-19 AND OTHER RESPIRATORY ILLNESSES:**

**GUIDANCE for EMERGENCY SHELTERS FOR THE  
HOMELESS & TRANSITION HOUSES FOR VICTIMS  
OF DOMESTIC AND INTIMATE PARTNER VIOLENCE**

Department of Health  
Public Health New Brunswick  
May 15, 2023

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## Revisions / Additions / Updates

DATE	SECTION – PAGE #	REVISIONS / ADDITIONS / UPDATES
March 22, 2022	Staff & Volunteers – Screening and Testing (Page 2)	<b>Addition – 1<sup>st</sup> paragraph</b> Please note - An important screening question to ask employees and volunteers, is if anyone in their family unit has been sick. If the answer is yes and the employee / volunteer is asymptomatic, they can continue to work, but will have to use enhanced work precautions (see <a href="#">Appendix D</a> ). A POCT test should be administered, only if the employee / volunteer becomes symptomatic.
June 9, 2022	Table of Contents	Addition with direct links to sections and appendices.
	Non-Outbreak Daily Guidance	Revision- Formatted into tables. Additional information available in appendices. Revision- Workplace Testing Program no longer requires testing 3 times per week unless identified by the organization.
	Outbreak Management	Revision- Formatted into tables. Additional information available in Appendices.
	Appendices	Addition of appendices for reference information.
January 5, 2023		Reformatting of entire document.
		Removal of POCT guidance for asymptomatic individuals, and to POCT 3 times per week if in outbreak.
		Removal of recommendation for isolation offsite, shift to cohorting onsite.
		Facilities to incorporate laundry and cleaning into their daily operations.
January 11, 2023	Testing	Symptomatic staff have access to PCR testing for influenza and respiratory syncytial virus (RSV), as well as testing for COVID-19.
May 15, 2023	Testing/Mask Use	POCT is used for symptomatic individuals who wish to obtain Paxlovid treatment. Primary care provider may order PCR if clinically indicated. Masks optional indoors but should be made available to those who want to use them.

## Guidance for Living with COVID-19 and Other Respiratory Illnesses in Emergency Shelters and Transition Houses

Changes in this guidance reflect what we have learned about COVID-19 over the past 3 years, as well as the gains we have made. We now have a greater level of immunity across New Brunswick through widespread vaccination and booster coverage against COVID, combined with immunity after illness recovery. We also know more about transmission, testing devices, cleaning and disinfection methods, masking, using personal protective equipment (PPE), and treatments have been developed for those who are ill. These advances enable us to shift from testing to keep COVID out of a facility; to managing COVID in a facility while the priority should be getting people 'out of the cold' and supporting their access to treatment.

This document also addresses respiratory illness season, when Covid-19, Influenza, and other respiratory germs such as Respiratory Syncytial Virus (RSV) and other viruses that can make people sick. It is often difficult to tell what is causing the illness because the symptoms are similar. In addition, a person may be infected with more than one germ at the same time. Fortunately, basic personal health measures like vaccination against COVID-19 and seasonal influenza, wearing a mask when indoors, handwashing, cough and sneeze etiquette, distancing from others when ill, and cleaning high touch surfaces can help prevent all these illnesses from spreading. Facility operators and staff should choose the daily layers of protection that best fit their working conditions (Refer to [Appendix A](#), General Control Measures to Prevent the Spread of Germs, Including Covid-19).

Shelter and transition house staff have built their knowledge and management strategies to handle situations when COVID, or other respiratory illnesses, are circulating in their facility. As a result, shelters and transition houses are now well equipped to self-manage COVID-19 on site. Public Health COVID-19 outbreaks may still be declared per MOH discretion. This document will also support operators with additional measures needed to reduce transmission if two or more cases of COVID-19, seasonal influenza, or other communicable respiratory illness are identified in a facility within 10 days. Even though Public Health will no longer manage outbreaks, Public Health remains available for consultation if additional information is required.

Daily Measures for Clients/Guests to Reduce Transmission of Respiratory Illnesses	
<b>SCREENING</b>	<p>Post signs for passive symptom screening of all guests / clients at entrances. Re-screen if symptoms arise. See <a href="#">Appendix C</a> - Screening Protocol</p> <p>Discourage symptomatic visitors or employees from entering.</p>
<b>MASKING</b>	<p>Masks should be made available for those who choose to use them while indoors along with social distancing; particularly when experiencing symptoms of a respiratory illness or COVID-19 positive.</p>
<b>TESTING &amp; COHORTING</b>	<p><b>For guests/clients who have symptoms of respiratory illness:</b></p> <ul style="list-style-type: none"> <li>• POCT recommended for symptomatic guests/clients who wish to pursue Paxlovid treatment.</li> <li>• Wearing a mask should be reinforced as much as possible.</li> <li>• Consider cohorting with other symptomatic individuals, where possible.</li> </ul> <p><b>If symptomatic guests / clients have negative POCT result</b>, and symptoms persist or worsen, re-test in 24 hours. If still negative, retest in 48 hours. If negative and symptoms continue, where possible, continue to wear a mask and physically distance from others until feeling better (i.e., until 24 hours fever-free, and 48 hours without vomiting and diarrhea, and all symptoms improving). Connect guest/client with local clinical services, 811 or eVisitNB for additional testing (i.e., PCR for COVID, Influenza and/or RSV) or treatment if they do not have a primary care provider. A Paxlovid assessment may be obtained through a primary care provider, local clinic, <a href="#">participating pharmacy</a>, 811, or <a href="#">evisitNB</a>. For those with Medicare Card, evisitNB remains free of charge until March 2024.</p> <p>See <a href="#">Appendix A</a> - General Control Measures, for information on cohorting</p>
<b>COMMUNAL ACTIVITIES</b>	<p>Encourage hand hygiene and promote proper cough and sneeze etiquette. Have tissues, hand sanitizer, and masks available, in case needed.</p> <p>(See <a href="#">Appendix A</a> - General Control Measures.)</p>



Daily Guidance for Staff and Volunteers of Shelters and Transition Houses	
<b>VACCINATION</b>	Staff and volunteers are encouraged to have up-to-date vaccinations for COVID-19, Influenza, and other routine immunizations.
<b>SCREENING</b>	<b>Workplace health policy</b> directs staff to stay home while sick. See <a href="#">Appendix C</a> - Screening Protocol.
<b>TESTING &amp; WORK EXCLUSION</b>	<p>Testing for COVID-19 is no longer routinely recommended for symptomatic staff or volunteers. COVID-19 rapid POCT is recommended for individuals who wish to obtain Paxlovid treatment. If POCT result is negative, and symptoms persist or worsen, re-test in 24 hours. If still negative, retest in 48 hours.</p> <p><b>If staff or volunteers are symptomatic or have tested positive for COVID, they</b> should stay home while sick, until their respiratory symptoms are improving <b>AND</b> they are fever free for 24 hours (without the use of fever-reducing medications) <b>AND</b> are free of diarrhea/vomiting for 48 hours. Use <i>enhanced work precautions</i> (see <a href="#">Appendix D</a>) upon returning to work for an extra 5 days.</p> <p>See <a href="#">Appendix C</a> - Screening Protocol.</p>
<b>MASK AND PPE USE</b>	<p><b>Mask Use:</b> Continuous masking while indoors is not currently required. Public Health will continue to monitor the risks and may recommend the requirement for continuous masking while indoors should evidence indicate the need.</p> <p><b>PPE To care for symptomatic guest/client:</b> Well-fitted medical grade face masks and eye protection. Use additional PPE according to Point of Care Risk Assessment (See <a href="#">Appendix E</a>) and/or may be directed by Medical Officer of Health in certain situations.</p>

## Enhanced Measures in times of increased disease activity\*

<b>SCREENING &amp; TESTING</b>	Active daily screening is recommended when admitting a guest/client to a facility or on a daily basis in times of increased disease activity. Continue to encourage POCT use for <a href="#">symptomatic</a> clients/guests as well as staff or volunteers who wish to access treatment. See <a href="#">Appendix C</a> - Screening Protocol.
<b>COHORTING</b>	Consider cohorting symptomatic guests/clients separate from those who are well. (See <a href="#">Appendix A</a> - General Control Measures, for information about cohorting.)  It is recommended to cohort those who test positive for COVID separately from those who test positive for influenza, or other respiratory illnesses, if possible. Masking is required for those who are symptomatic within cohort groups while awake.
<b>THERAPEUTICS</b>	Support COVID positive guest/client to access assessment for Paxlovid eligibility. Confirm via POCT witnessed by a trained staff member. Contact client or resident's health care provider or <a href="#">participating pharmacy</a> . If not available, call 811, or local clinic. <a href="#">EvisitNB</a> is free of charge for those with Medicare Card.  Influenza positive guest/client may be eligible for Tamiflu anti-viral. Consult with their health care provider, local clinic, 811, or <a href="#">EvisitNB</a> to obtain PCR test for COVID, Influenza, and RSV, if needed; or to obtain Tamiflu prescription.
<b>NEW ADMISSIONS</b>	Continue to accept new admissions. Ensure new clients are well informed of outbreak setting and measures to take to protect themselves. Testing at intake with POCT if symptomatic and want to obtain Paxlovid.
<b>MASKING</b>	Medical masks and social distancing indoors should be strongly encouraged. Supplies should be readily available throughout the facility. Social distancing outdoors.
<b>VISITING</b>	Visitors permitted if informed that facility has an increased level of disease activity. They must be willing to comply with masking and social distancing in common areas.
<b>CLEANING</b>	Enhanced cleaning of high touch surfaces and common areas, bedding, etc. See <a href="#">Appendix F</a> - Enhanced Cleaning and Disinfection.
<b>CLIENT APPOINTMENTS</b>	Guests and clients may attend appointments. Encourage masking and social distancing, and compliance with screening criteria of setting where appointment is being held. If guest/client symptomatic it is recommended to reschedule and avoid non-essential appointments.
<b>COMMUNAL ACTIVITIES</b>	Consider reducing or cancelling group activities to reduce transmission.

\*(e.g., 2 or more individuals test positive for COVID, 2 or more individuals test positive for Influenza, higher numbers of clients presenting with respiratory symptoms with no confirmed diagnosis.)

## Appendix A: General Control Measures to Prevent the Spread of Germs, Including Covid-19

**Vaccination** is an important tool to control respiratory illnesses, including COVID-19 and influenza. Building relationships and providing consistent, transparent information will be important to ensuring persons who are experiencing homelessness feel comfortable receiving vaccines for COVID-19, seasonal influenza, pneumococcal, as well as other routine vaccines.

- **Vaccine Recording:** Service workers play a critical role in promoting vaccination and supporting vaccine record management to prevent the spread of vaccine preventable illnesses, including COVID-19 and influenza. Wherever possible, having a process to record an individual's vaccination status is important due to the potential for lost immunization records, to assist with arrangements for any follow up dosing, and for Public Health investigations of communicable diseases.
- **Communicating:** As this is a highly vulnerable population, develop communications that will promote vaccine uptake. Connect with trusted communicators (such as people with lived experience of homelessness) who can provide accurate vaccination education and information. Staff should promote in advance any planned vaccination events. [Get the facts | COVID-19 vaccines \(qnb.ca\)](#) or [Learn more about the flu.](#)
- **Assisting with access:** Individuals who experience housing instability may have difficulty accessing medical services in RHA clinics or pharmacies. Consider working with the RHAs, Community Health Centers, Community Pharmacies, and other community partners to enhance access to vaccinations for this vulnerable population such as sharing clinic dates or assisting with appointments and transportation to clinics.
- **Workplace Vaccination Programs:** Individuals who have housing instability belong to a vulnerable population. It is an added layer of protection when the workers in their facility have up to date vaccinations for COVID-19, seasonal influenza, as well as other routine immunizations. This also reduces the likelihood of staffing shortages due to severe illness within these facilities.

**Mask Use:** Continuous masking while indoors is not currently required. Foster an environment where clients and guests feel welcome to continue using masks indoors if they choose to do so. Symptomatic individuals should be encouraged to wear a mask while indoors.

**Physical Distancing:** Consider physical distancing by keeping 2 metres (6 feet), if possible, between sleeping mats with "head to foot" placement.





**Screening clients on arrival:** Encourage passive screening for guests/clients and staff. During times of enhanced illness in the facility, use active screening on admission and passive screening upon each subsequent re-entry helps clients and guests to identify when they are symptomatic. The [COVID-19 Symptom Checker](#) is a helpful tool to identify when testing is indicated.

**Monitoring for COVID-19 symptoms (other respiratory viruses present with similar**



**symptoms):** Encourage clients, volunteers, and employees to self-monitor and report any symptoms of illness so that steps can be taken to reduce transmission.

**Practicing respiratory hygiene:** Tiny droplets from a cough or sneeze can make other people sick. The following basic respiratory hygiene can help to stop the spread of germs. Respiratory hygiene should be encouraged for everyone, and particularly for clients who have respiratory symptoms.

Basics of Respiratory Hygiene	
	When you cough or sneeze, turn your head and step away, to give others space.
	Cover your mouth and nose with a tissue. Dispose of tissue in a garbage can. If a tissue is not available, cough or sneeze into your elbow instead of your hands.
	Wear a well-fitted mask if you have symptoms and must leave your home, or if you have recently recovered from illness.
	Wash your hands with soap and water or hand sanitizer frequently.

**Practicing hand hygiene:** Hand washing is an effective way to reduce the spread of germs on hands and should be part of the daily routine of clients, staff, and visitors. Soap and water should always be used if hands are visibly soiled and after personal toileting. Ensure non-alcohol-based hand sanitizer is available as an option for clients. Some clients may be inclined to ingest alcohol-based ones or may have sensitivities to them. EZ Pur hand sanitizer has been procured for all homeless shelters in the province. When using an alcohol-based hand sanitizer that contains at least 60% alcohol (note: in healthcare settings, hand sanitizer must be at least 70% alcohol).

If using disposable gloves for any tasks, handwashing is still important and should be done before putting on and after removing the gloves. If using gloves, change often, especially if soiled or ripped.

For proper handwashing methods refer to these resources:

[https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/WASH\\_LAVEZ.pdf](https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/WASH_LAVEZ.pdf)

**Ventilation:** Improve natural ventilation in a space by opening windows and doors regularly, when possible. Opening multiple windows can help by creating a crossflow of fresh air. In cold or wet weather, or if safety or air quality are a concern, open doors or windows a small amount, or for a few minutes at a time.

If there is cause for concern about the ventilation in a room or you can't open windows or doors: avoid gathering in the space, maintain the greatest physical distance possible from others, wear a mask, and/or consider mechanical ventilation. Further information regarding [ventilation is available at WorkSafeNB](#).

**Gloves:** Gloves are not a substitute for hand hygiene; staff/volunteers must perform hand hygiene before and after putting on and taking off gloves.

- Disposable single-use gloves should be worn when in direct contact with an ill person, cleaning contaminated surfaces and handling items soiled with body fluids, including dishes, cutlery, clothing, laundry, and waste. Double gloving is not necessary. After removal disposable gloves should be disposed of in a plastic lined container.
- Reusable utility gloves may be used; however, they must be cleaned with soap and water and decontaminated after each use with a bleach solution using 20 ml (4 tsps.) of 5.25% bleach in 1 liter (4 cups water).

### **Communal or social activities**

- Activities should be defined in advance considering the full spectrum of client care needs (physical, mental, psychological).
- If communal or social activities are held, encourage participants to clean hands before and after the event. In addition, promote proper respiratory hygiene practices, while also providing a respiratory hygiene station to support this practice. A station typically contains tissues, masks, a covered garbage can, and hand cleaner.

### **Food preparation**

- Do not allow anyone who is ill to prepare a meal or do dishes/clean.
- Avoid offering buffet or self-serve style meals.
- During times of increased disease activity, use of pre-packaged snacks may help to reduce transmission.
- Staff assigned to housekeeping duties should not be involved in food preparation or food service, if possible.
- Clean/sanitize kitchen counters and commonly used surfaces (e.g., toaster, kettle) regularly/after each meal and let them air dry.

**Environmental cleaning:** Regular cleaning and disinfecting of all high touch surfaces. i.e., doorknobs, handrails, etc. with a Health Canada approved cleaning product is recommended. It should contain a Drug Identification Number (DIN) and labelled as a broad-spectrum viricide are sufficient for use.

**Cohort Measures for COVID Positive, Influenza Positive, RSV Positive, or Symptomatic Individuals:** Each facility is encouraged to have an area where an individual who is symptomatic or has tested positive for a respiratory illness can eat, rest, or sleep apart from those who do not have symptoms.

- Ideally, everyone in the cohort area reserved for those with respiratory symptoms or positive test results would have designated washroom facilities, and not share living/common spaces with individuals who are not symptomatic.
- If unable to cohort separately, consider maintaining 2 meters (minimum 1 meter) between beds or cots, and place them in a head to foot arrangement. Another option to consider is

hanging a curtain or barrier between two positive or symptomatic individuals. Given the limited space in many facilities, and the importance of providing shelter to vulnerable individuals, this may not be possible.

- Meals should be eaten separately from those who are not symptomatic, or a distance of 2 meters is maintained, where facility space and resources allow.
- Laundry and waste management should be provided using enhanced cleaning and disinfection guidance provided in [Appendix F](#).

## **Appendix B: Workplace Proof of Vaccination**

Workplace proof of vaccination is no longer required, however being up to date with immunizations is strongly encouraged.

Keeping a record of COVID-19 vaccination and booster dose dates, as well as seasonal influenza vaccinations for the staff and volunteers is still considered useful and best practice to determine who would be eligible for anti-viral treatment (Paxlovid or Tamiflu), and protects the wellbeing of staff, volunteers, and clients or guests.

Note: Further information about Paxlovid is available on the GNB website: [COVID-19 treatments \(gnb.ca\)](https://www.gnb.ca/COVID-19-treatments)

## Appendix C: Screening Protocol

Passive screening of employees and volunteers for symptoms upon entering the building, or at the start of every shift is encouraged. The workplace health policy directs staff to stay home when ill.

Active screening is used when admitting clients/guests to a facility, or on a daily basis when 2 or more individuals have tested positive for a respiratory illness in the facility within 10 days (i.e., COVID-19, Influenza, or other).

### ASK:

1. **Please indicate if you have any symptoms listed below on the [COVID-19 Symptom Checker](#) (that are not related to a known chronic condition):**

When to test/ Quand effectuer un test	Symptoms	La liste des symptômes
ONE of the following symptoms  Un des symptômes suivantes	Fever	Fièvre
	Loss of taste	Perte du goût
	Loss of smell	Perte de l'odorat
TWO of the following symptoms  DEUX des symptômes suivants	New cough or worsening chronic cough	Une nouvelle toux ou une toux chronique qui s'aggrave
	Difficulty breathing	Des difficultés respiratoires
	Sore throat	Un mal de gorge
	Runny nose	Un écoulement nasale
	Headache	Un mal de tête
	Diarrhea	Diarrhée
	New onset of fatigue	Un fatigue nouvellement apparue
In children, purple markings on the fingers and toes	Chez les enfants, les taches mauves sur les doigts et sur les orteils	

**Symptomatic staff or volunteers** should stay home while sick until their respiratory symptoms are improving AND they are fever free for 24 hours (without use of fever-reducing medications) AND are free of diarrhea/vomiting for 48 hours. Use enhanced work precautions (see [Appendix D](#)) upon returning to work for an extra 5 days. Consider testing with a rapid POCT for COVID-19 if access to Paxlovid treatment is desired.

**If employee/volunteer has positive POCT result**, follow GNB guidance for general public. Stay home while sick, until your symptoms improve and you have been fever-free for 24 hours, and free of vomiting and diarrhea for 48 hours. Use enhanced work precautions (see [Appendix D](#)) upon returning to work for an extra 5 days.



If PCR testing was ordered by the primary care provider, employees are able to view PCR test results for COVID, Influenza, or RSV on *MyHealthNB*. The COVID-19 result is available by selecting the date of testing. The RSV and Influenza results can be seen by selecting the grey “Print PDF” button in the lower portion of the screen.

2. ***Has anyone in your household or family unit been sick in the past 10 days?***
  
3. ***Do you work or volunteer in other locations that have had an outbreak of COVID in the past 10 days?***
  - If the answer is **YES** to questions 2 or 3, and the employee / volunteer is symptom-free, they can continue to work and will self-monitor for symptoms. If sick, stay home and follow GNB guidance. Use enhanced work precautions for 5 days upon return to work. (see [Appendix B](#)).

## Appendix D: Enhanced Work Precautions

If recovering from a respiratory illness (i.e. symptoms are improving, no fever last 24 hours, no vomiting or diarrhea for 48 hours, and feeling well enough to attend work), enhanced work precautions are used by staff or volunteers for 5 days upon returning to work.

1. Always wear a well fitted medical grade mask.
2. Perform hand hygiene frequently.
3. Maintain physical distancing and limit non-essential contact with other staff, and residents (as able).
4. Avoid meeting spaces and lunchrooms.
5. Eating/drinking must be performed in a private area. If you cannot find a place to eat or drink alone, ensure there is two metre distancing from others while your mask is off or consider staggering lunch hour for staff who are positive and negative etc.
6. Use washrooms within the organization which are the most frequently cleaned if is not possible to have a washroom that is designated for positive employees. Employees should also clean high touch areas after use.

## Appendix E: Point of Care Risk Assessments



### POINT OF CARE RISK ASSESSMENT (PCRA)

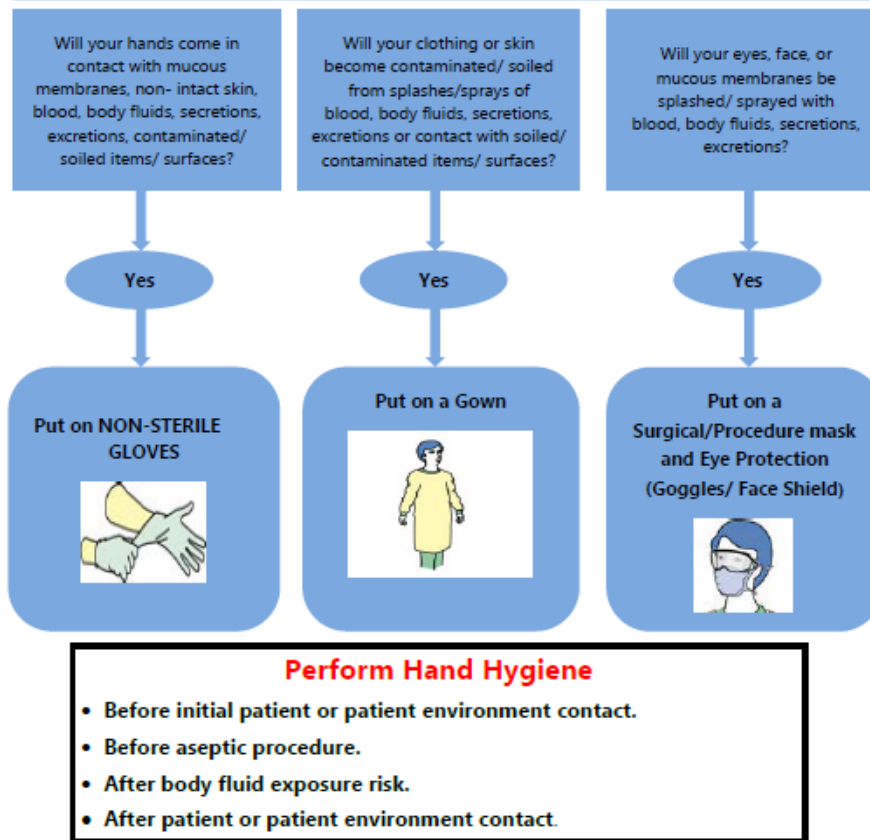
HCWs perform a PCRA prior to contact with every patient, every time

- Performing a PCRA is the first step in Routine Practices. Routine Practices are to be used with **all** patients during **all** care to prevent and control transmission of microorganisms in all health care settings.
- A PCRA will help determine the correct PPE required to protect the HCW in their interaction with the **patient** and **patient environment** even if the patient has been placed on **Additional Precautions** as more PPE may be required.

Prior to EACH PATIENT INTERACTION

ASSESS the risk with the: **INTERACTION, TASK, PATIENT, ENVIRONMENT, CONDITIONS**

- This will help you decide what, if any, PPE you need to wear to protect yourself and to prevent the spread of germs



Refer to **Donning and Doffing Poster** for the correct order to put on and take off your PPE.

April 23, 2020

## Appendix F: Enhanced Cleaning and Disinfection When 2 or More Individuals Test Positive for Influenza or COVID-19, or Other Respiratory Illness

### Enhanced Environmental cleaning

Environmental cleaning products registered in Canada with a Drug Identification Number (DIN) and labelled as a broad-spectrum viricide are sufficient for use. All surfaces, especially those that are horizontal and frequently touched, should be cleaned, and disinfected at least twice daily and when soiled. [Cleaning and Disinfection for COVID-19 \(PDF\)](#)/ [Nettoyage et désinfection liés à la COVID-19 \(PDF\)](#)

- Attempt to have additional cleaning supplies on hand.
- Conduct frequent cleaning and disinfection of the facility, especially high-touch surfaces like doorknobs, light switches, railings, tables, chairs, etc.
- Consider all surfaces in the client environment as contaminated. Start at the cleanest part of the equipment or surface and move towards the dirtiest.
- Ensure manufacturer recommended wet-contact time is achieved. Wet-contact time is the minimum time required for items to be in contact with the disinfectant to ensure germs are killed.
- Place equipment on a clean surface to air dry. Do not actively dry with a towel or other device.
- Store all disinfectants out of the reach of children and confused individuals.
- Clean and disinfect sleeping mats after every use.
- Wash client bedding frequently.
- The labels of the cleaning and disinfecting products you are using will likely identify what protective equipment staff or volunteers should use. Increased frequency of cleaning and disinfecting high-touch surfaces is significant in controlling the spread of microorganisms during a respiratory infection outbreak.

### Laundry

- Contaminated laundry should be placed into a laundry bag or basket with a plastic liner and should not be shaken.
- Gloves and a medical grade mask should be worn when in direct contact with contaminated laundry.
- Clothing and linens belonging to the ill person can be washed together with other laundry, using regular laundry soap and hot water (60-90°C).
- Laundry should be thoroughly dried.
- Hand hygiene should be performed after handling contaminated laundry and after removing gloves.
- If the laundry container comes in contact with contaminated laundry, it should be disinfected.

### Supplies to have on hand

<ul style="list-style-type: none"> <li>✓ Medical grade masks for cases/staff</li> <li>✓ disposable gloves</li> <li>✓ eye protection</li> <li>✓ thermometer</li> <li>✓ running water</li> <li>✓ hand soap</li> <li>✓ non-alcohol-based hand sanitizer (<b>EZ-Pur hand-sanitizer</b>) for Emergency shelters for the homeless</li> <li>✓ alcohol-based hand sanitizer that contains at least 60% alcohol</li> </ul>	<ul style="list-style-type: none"> <li>✓ fever-reducing medications</li> <li>✓ tissues</li> <li>✓ waste container with plastic liner</li> <li>✓ test strips (to verify concentration of diluted bleach solution)</li> <li>✓ regular household cleaning products</li> <li>✓ bleach (5% sodium hypochlorite) and a separate container for dilution</li> <li>✓ alcohol (70%) prep wipes</li> <li>✓ regular laundry soap</li> <li>✓ dish soap</li> <li>✓ disposable paper towels</li> </ul>
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