

Gastrointestinal Illness Guidelines Congregate Living Settings

Homeless Health Infectious
Disease (HHID) Program

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Executive Summary

The Homeless Health Infectious Disease (HHID) Program has compiled guidance from Centers for Disease Control and Prevention (CDC), Indiana Department of Health (IDOH) and other health entities in order to provide guidance to reduce or eliminate the spread of Gastrointestinal (GI) illness in sites serving individuals experiencing homelessness in congregate living settings.

Persons experiencing homelessness (PEH) may be at an increased risk of being exposed to a GI illness causing pathogen compared to the general population. This increased risk can be attributed to several factors including lack of access to clean water and sanitation services, malnutrition or lack of control over food choices, a weakened immune system, and the shared and crowded environments that PEH may be living in.

This guidance can be used to make informed GI illness prevention decisions in sites serving PEH living in congregate community living settings. This guidance should not be used to direct decision making in dedicated patient care areas within these settings.

Sites serving PEH are encouraged to work directly with their local health departments for further specific guidance in these areas. The continuation of services is essential for PEH; community organizations should work together to avoid shelter closures or the exclusion of people with symptoms or positive GI illness test results.

Facilities will be provided a general overview of GI illness causing pathogens and their modes of transmission, a framework to assess their risk of GI illness spread, define everyday prevention measures, build a GI infection control plan, mix proper disinfectant mixture, and additional resources. This guidance will be aimed at protecting both residents and staff in congregate living settings against the spread of GI illnesses in these settings.

Preface

The following guidance was created to aid sites serving persons experiencing homelessness in congregate living settings to create a safe environment for both staff and residents. Agency leadership are uniquely qualified to inform outbreak risk mitigation for the specific needs of their residents.

It is understood that agencies may not be able to implement all of the following prevention or response recommendations due to resource constraints, population characteristics, and available planning space. However, agencies are encouraged to implement as many feasible measures as possible as a multi-layered approach to increase the population's level of protection against GI illness causing pathogens.

Agency leadership are discouraged from diagnosing residents with GI illnesses from the following guidelines. The following overview and subsequent GI illness characteristics are intended to provide a general overview of the GI illnesses your agency may experience.

The following GI illness guidance will be revised as recommended practices and procedures are updated in sites serving persons experiencing homelessness living in congregate living settings.

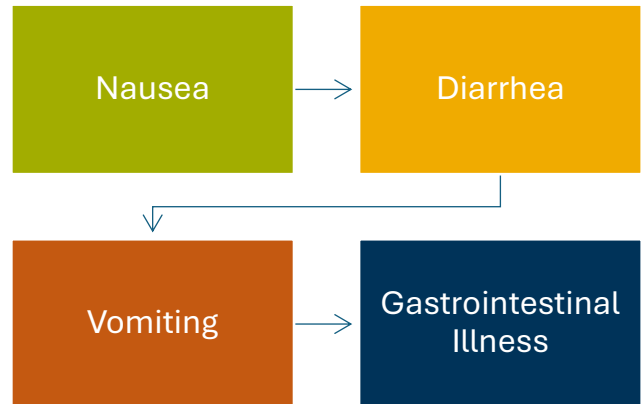
Gastrointestinal Illness Overview

Gastrointestinal (GI) illnesses are infections of the gastrointestinal tract¹ caused by bacterial, viral, parasitic, and other unknown agents. Gastrointestinal illness causing pathogens can be spread by direct contact, indirect contact, contaminated food, and water sources. These illnesses are categorized by a criterion of symptoms including diarrhea, nausea, or vomiting. However, some microbes can cause additional symptoms (e.g., fever, bloody stool).

Individuals experiencing homelessness are at an increased risk of exposure to a gastrointestinal illness causing pathogen. These pathogens spread at an increased rate in environments where there is crowding, exposure to contaminated food and water, and or limited access to hygiene and sanitation services.

Individuals living with a pre-existing or co-existing condition who are experiencing homelessness are at an increased risk of contracting a gastrointestinal illness. Conditions such as human immunodeficiency virus (HIV), hepatitis, and tuberculosis (TB) may weaken the body's immune system to ward off a gastrointestinal illness.

Symptoms including nausea, diarrhea, and vomiting indicate that a gastrointestinal illness may be present. Most frequently, individuals do not seek medical treatment for a gastrointestinal illness and the illness resolves itself. However, symptoms such as dehydration can be dangerous if not treated. People experiencing homelessness are at an increased risk of more serious complication resulting from a gastrointestinal illness.



Modes of Transmission




This guidance will cover a number of gastrointestinal illnesses and their unique mode of transmission. An infectious agent's mode of transmission can be described as the way the pathogen (virus, bacteria, or parasite) enters the body and causes a person to become sick. We will be discussing three different modes of transmission:

- Contaminated food or water (foodborne/waterborne)
- Person-to-person (direct contact)
 - In the context of gastrointestinal illnesses spread we are looking at the fecal-oral route of transmission.

¹ The gastrointestinal tract or GI tract is made up of the stomach, small intestine, and large intestine.

- Indirect contact
 - Contaminated surfaces and materials.

The following graphic describes these three different modes of transmission. The following everyday prevention measures and infection control measures described in this guidance be targeted at interrupting or stopping these pathways.

| Mode of Transmission | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  |  |
| <p>The consumption of contaminated food or water. This can include food or water that is:</p> <ul style="list-style-type: none"> • Contaminated from the source • Is contaminated due to unsafe food preparation practices. • Is contaminated indirectly by an ill individual | <p>This includes direct contact with vomit or fecal matter of an ill person through:</p> <ul style="list-style-type: none"> • Sharing of liquids or eating utensils • Coughing • Sneezing • Sexual activity <div style="background-color: #92d050; padding: 5px; border-radius: 10px; text-align: center; margin-top: 10px;"> <p>It is important to remember that any activity that may lead to vomit or fecal particles coming into contact with the eyes, nose, or mouth may spread a gastrointestinal illness.</p> </div> | <p>This includes contact with contaminated surfaces and materials. This may occur when a person <u>comes in contact with a surface contaminated with vomit or fecal matter</u> and then touches their eyes, nose, or mouth.</p> |

Gastrointestinal Illness Characteristics

There are a number of gastrointestinal illnesses that sites serving and those living in other congregate living settings may experience. The following chart highlights nine illnesses caused by bacterial, parasitic, and/ or viral infections. This chart is intended to provide a brief overview of gastrointestinal illnesses that agency staff may encounter and highlight the similarities in symptoms and mode of transmission among these illnesses regardless of their pathogen type.

This chart is not intended to be used to diagnose a gastrointestinal illness of a staff member, volunteer, or resident.

Gastrointestinal Illness Characteristics

| Pathogen Type | Illness | Symptoms | Mode of Transmission |
|-----------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Bacteria | Campylobacteriosis | Diarrhea (potentially bloody), stomach cramps, fever, nausea, and vomiting. | Food: Raw or undercooked poultry Direct contact: Feces from animals |
| | Clostridides difficile (C-diff) | Diarrhea, severe inflammation of the large intestine, and sepsis. | Environment: Indirect contact Direct contact: Fecal oral route |
| | Escherichia (E. coli) Infection | Diarrhea (potentially bloody), stomach cramps, low-grade fever, nausea, weight loss, and vomiting. | Food: Contaminated meat, unpasteurized milk, unclean water Direct contact: Fecal-oral route |
| | Salmonellosis | Diarrhea, nausea, vomiting, stomach cramps and fever. | Food: Contaminated meat, poultry, eggs, unpasteurized milk Direct contact: Fecal-oral route |
| | Shigellosis | Diarrhea (potentially bloody), stomach cramps, nausea, fever, and the sensation of needing to pass stool even when the bowels are empty. | Food: Contaminated water Direct contact: Fecal-oral route |
| Parasite | Cryptosporidiosis | Diarrhea, stomach cramps, fever, nausea, and vomiting. | Environment: Water Direct contact: Fecal-oral route, or infected animal |
| | Giardiasis | Diarrhea, gas, bloating, stomach cramps, fever, nausea, and constipation. | Food: Contaminated food or water Direct contact: Fecal-oral route |
| Virus | Hepatitis A | Diarrhea, nausea, vomiting, fatigue, stomach cramps, fever, dark urine, loss of appetite, and jaundice. | Direct contact: Fecal-oral route |
| | Norovirus | Diarrhea, stomach cramps, nausea, vomiting, headache, muscles aches, and fatigue. | Direct contact: Fecal-oral route |

Risk Assessment

Agency specific characteristics may influence the risk of gastrointestinal illness spread within an agency. A risk assessment utilizes an evidence-based approach to highlight environmental or behavioral factors that may increase the risk of disease spread within these settings. These are factors that may vary from agency-to-agency across a region.

Therefore, agencies located in the same county may share the same county specific risk factor (county case rates) but have their own agency specific risks and as a result may need different infection control policies of different extents. The following chart outlines county and individual agency risk factors for gastrointestinal illness spread.

Agencies that largely fit the characteristics outlined as high-risk are encouraged to develop more extensive guidelines than agencies in the low-risk group.

| Risk Classification | Risk definition | Protective and risk factors for gastrointestinal (GI) illness transmission |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| High-risk | <ul style="list-style-type: none"> • Prior case(s) of GI illness or GI related symptoms in the agency. • Agency does not have a GI illness infection control policy in place. | <ul style="list-style-type: none"> • Congregate living setting (e.g., residents sleep close together in shared space, spend a lot of time in close quarters, shared restroom). • Staff do not participate in regular related training or education (e.g., safe food handling, proper bodily fluid cleanup) • Residents are not provided with GI illness information (e.g., pamphlets, posters). • Agency staff and residents are not engaging in regular cleaning, sanitizing, and disinfecting. |
| Low-risk | <ul style="list-style-type: none"> • No prior case(s) of GI illness or GI related symptoms in the agency. • Agency has a GI illness infection control policy in place. | <ul style="list-style-type: none"> • Separate living units. • Residents spend a short amount of time in close quarters. • Individual resident restrooms. • Staff participate in regular related training (e.g., safe food handling, bodily fluid cleanup) • Residents are provided with GI illness information (e.g., pamphlets, posters). |

- Agency staff and residents engage in regular cleaning, sanitizing, and disinfecting.

Everyday Prevention Measures

Everyday prevention measures are everyday practices that can reduce the risk of gastrointestinal illness spread within an agency. These practices can assist in creating a healthy and safe environment for staff, volunteers and residents. The following items are recommendations for front line staff members.

Checklist:

Education and Training:

- Food safe recommendations:
 - It is recommended that all staff members who will be responsible for food preparation, handling, or serving receive at minimum the following recommendations for food safety.
 - Agency leadership are encouraged to seek out additional food preparation safety training for staff members. More information on ANAB (ANSI National Accreditation Board) Accredited Food Handler certification can be located in the appendix of this document.
- Proper bodily fluid cleanup and disinfection:
 - It is recommended that all staff members are trained on the proper process for bodily fluid cleanup and disinfection. Recommendations for how to mix a safe disinfectant mixture and proper steps for bodily fluid cleanup can be located in the appendix of this document.

It is important that this training is available on a revolving basis for new staff members and volunteers to account for any potential turnover or role changes.

- Regular cleaning and disinfection:
 - Clean and disinfectant high touch surfaces, common areas, and all shared items daily.
 - High touch surfaces (e.g., doorknobs, light switches,)
 - Common areas (e.g., dining areas, sleeping areas, bathrooms,)
 - Shared items (e.g., telephones, keyboards, small appliances)

Increase the frequency of cleaning and disinfecting at your site, an emphasis on the following areas described above when a client presents with gastrointestinal illness

symptoms (nausea, vomiting, and diarrhea). Refer to the [Infection Control](#) section for more information.

- Referral for resident care (GI symptoms):
 - It is important that agency staff monitor residents with a gastrointestinal illness and are prepared for the event that a referral is needed if symptoms become severe.
 - Additional recommendations and guidance for resident care can be located in the [Resident Care](#) section of this document.
 - It is recommended that agency leadership identify and establish a process for referral to a federally qualified health center (FQHC) or partnering health care clinic for residents before an event of gastrointestinal illness appears within the agency.
 - While it is important that agencies partner with local health agencies to provide a referral for low-cost medical services, emergency services should be used for immediate medical concerns.

Special considerations:



It is recommended that residents **do not participate** in food preparation for fellow residents or large groups. They may not have the same training, education, or experience in preparing meals for a large group while following the safe food preparation recommendations outlined in this document.

Agencies where residents are responsible for preparing their own meals or meals for their immediate family (in a shared kitchen space) are not impacted by this recommendation. Proper cleaning and disinfection recommendations should be followed in these areas to limit cross contamination.

In order to limit the potential for foodborne illness spread, only trained staff and volunteers are recommended to prepare meals.

Recommendation: Trained Staff and Volunteers are Responsible for All Large Group Meal Preparation (only)

Residents can safely prepare meals for:

| Themselves | Their immediate family |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
|  |  |

Foodborne Illness

Sites that serve people experiencing homelessness and other congregate living settings may provide meals prepared-in house by staff/volunteers or have communal kitchens where residents are able to store and prepare food independently. Some agencies may also provide pre-made meals obtained through a distributor or catering company.

Regardless of how food is prepared or obtained, agency leadership should encourage safe food handling practices among staff and residents to prevent cross-contamination and potential foodborne illnesses.

The following sections will cover a number of food safety applications and recommendations; however, agency leadership are encouraged to expand on this educational material for staff and residents. Refer to the [ANAB Accredited Food Handler Certification](#) informational sheet in the appendix of this document for additional information.

One of the most common causes of foodborne illness is cross contamination. Cross contamination can occur when:

- An ill individual handles food
- Raw food contaminates a ready-to-eat food
- Food contact surfaces are not cleaned and sanitized properly and then come into contact with ready-to-eat food
- Food preparation equipment is used for multiple foods without cleaning and sanitizing between uses.

Agency leadership is recommended to have the following measures in place to encourage food preparation:

- Have written procedures in place for food preparation, handling, storage, and transportation.
- Ensure that all food is prepared, handled, stored, and transported in a hygienic manner and those involved in the preparation follow the recommendations outlined in the [Food Safety Applications and Recommendations](#) section.
- Ensure that all donated food is safe, of good quality from a trusted source and is protected from contamination.

Food Safety Applications and Recommendations

The following recommendations will cover how to prevent the most common cause of foodborne illness – cross contamination. It is recommended that staff responsible for food preparation, handling, storage, and/or transportation receive the following recommendations.

Cross contamination can make ready-to-eat food unsafe to eat. Raw meat, chicken and other poultry, and eggs can spread germs to ready-to-eat foods leaving them unsafe to eat. This can happen when:

- Raw meat, eggs and their juices come into contact with cooked or ready-to-eat food.
- Dirty or contaminated hands that were either not washed properly or have come into contact with raw meat or egg and their juices come into contact with cooked or ready-to-eat food.
- Dirty or contaminated utensils come into contact with cooked or ready-to-eat food.

Below you will find guidance to prevent these three types of cross- contamination within your agency.

Hand-to-Food Cross Contamination

- Wash hands properly – with soap and water for at least 20 seconds – and at appropriate times.
 - Staff should wash hands after handling raw meat and eggs before moving to other tasks – working with other raw or cooking meat, vegetable/fruit preparation or handling any ready-to-eat foods.
- Wash hands before putting on single-use gloves and change gloves frequently.
 - Gloves should be disposed of after handling raw meat and eggs or before handling other ingredients or foods.
- Wear gloves when handling all ready-to-eat foods.
- Cover cuts, sores, and wounds with a clean bandage and single-use glove.
- Keep fingernails short, unpolished, and clean. Do not wear jewelry while preparing food.
 - Long fingernails and jewelry may harbor bacteria that could cross contamination food.
- Do not allow sick individuals to assist in food preparation.

Food-to-Food Cross Contamination

- Separate raw meat from ready-to-eat foods during receiving, storage, and preparation.
- Separate unwashed fruits and vegetables from washed fruits and other ready-to-eat foods.
- Place food in covered containers or packages for refrigerator or freezer storage, except during cooling.
- Raw meat, vegetables, and ready-to-eat foods should be stored separately from one another in the refrigerator.
 - Try not to place packages of raw meat over fresh fruits and vegetables. Raw meats and other foods can be stored on separate sides or with meats below these items. This will reduce the possibility of fluid cross contamination between these items.

Equipment and Food Contact Surface-to-Food Contamination

- Use only dry and clean kitchen equipment and utensils for preparation.
- Clean worktables, equipment, and cutting boards after each use and before beginning a new task.
 - It is recommended that a separate cutting board is designated for raw meat, poultry, and seafood, and another for produce, bread or other foods that will not be cooked.
- Clean and sanitize surfaces that are touched often, such as refrigerator and freezer door handles.

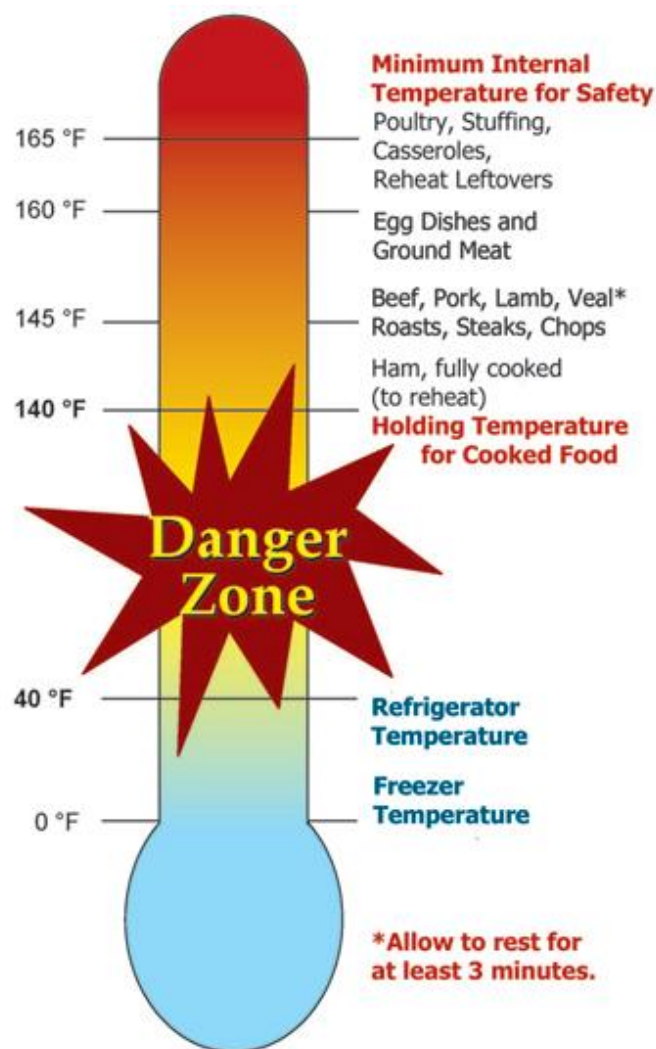
Dethawing Frozen Food

To avoid the growth of bacteria, meat should not be left out at room temperature for any length of time. If meat is being marinated or dethawed, individuals are recommended to follow proper recommendations outlined in the next section.

Frozen food can **safely** be dethawed in a container in the refrigerator, microwave, or under running cold water. Food cannot be safely dethawed at room temperature on the counter. It is important that meat that is dethawed is cooked to a safe temperature within 24 hours of being dethawed.

All food left at room temperature can grow harmful bacteria causing an illness, so it is important that food is not left in what is considered the “Danger Zone.” The Danger Zone is considered to be between 40°F and 140°F. Bacteria grow the most rapidly in this range, doubling in number in as little as 20 minutes. The figure to the right highlights this temperature “Danger Zone”.²

It is recommended that perishable food (meat, dairy, cut fruit, some vegetables, and cooked leftovers) should be refrigerated within two hours.



² Image provided by the Food Safety and Inspection Service of the U.S Department of Agriculture (USDA).

Infection Control

Gastrointestinal illnesses can spread directly or indirectly to other staff, volunteers, and residents. An ill individual can contaminate food, shared surfaces, and other objects as they shed pathogens through bodily fluids. As previously discussed, the following infection control measures are aimed at disrupting the three modes of transmission.

The following measures are recommended to protect staff, volunteers, and residents when a resident is ill.

Hand Hygiene

- Ensure that liquid hand soap and hand sanitizer is made available to all staff, volunteers, and residents.
- It is recommended that hands are washed with soap and water for at least 20 seconds.
 - It is important that increased hand washing is encouraged during these periods.
 - There are a number of GI illness causing pathogens that are resistant to hand sanitizer alone. It is important that handwashing is prioritized, and hands sanitizer is used in combination.

Environmental Cleaning and Personal Protective Equipment

- Increase the frequency of cleaning and disinfecting at your site, an emphasis on the following areas:
 - High touch surfaces (e.g., doorknobs, light switches,)
 - Common areas (e.g., dining areas, sleeping areas, bathrooms,)
 - Shared items (e.g., telephones, keyboards, small appliances)
- Utilize a disinfectant product or mixture rated to be effective against GI Illness causing pathogens
 - A disinfectant rated to be effective against pathogens that would cause an GI illness will clearly display so on the packaging.
 - Agency staff should pay extra attention to the recommended “contact time” displayed on the bottle. The “contact time” is the amount of time the disinfectant cleaner must be in contact with the surface before wiping it away. This “contact time” may vary depending on product and pathogen type.

- Agency staff can mix their own effective disinfectant solution as well. See appendix for a [Proper Cleaning Solution Mixture – Bleach](#) guide.
- Maintain an adequate and accessible supply of:
 - Personal protective equipment (e.g., gloves, masks, gowns)
 - Liquid hand soap
 - Hand sanitizer
 - Cleaning and disinfectant products
- Review the [Proper Body Fluid Cleanup Guide](#) in the appendix of this document for recommendations on cleaning up bodily fluids safely.
- Educate staff on proper glove usage
 - Staff are recommended to wear gloves when handling cleaning or disinfectant products, interacting directly with resident belongings or bodily fluid, and when handling cooked or read-to-eat foods.
- For settings serving children, increase the frequency of cleaning and disinfecting of toys and play areas/equipment.

Resident Control Measures

- Encourage ill residents to seek medical care.
 - Some GI illnesses may self-resolve over time with liquids, rest, and recuperation, however, residents who develop severe GI symptoms should be referred for medical care immediately. Refer to the Resident Care section for more information.
- Do not allow ill residents experiencing diarrhea to assist in the preparation or serving of food for others for two weeks after the resolution of GI symptoms.
 - This will help prevent spreading the illness to other healthy residents within the agency.
- Encourage separation between residents. In an effort to mitigate the likelihood of spread, agency staff are recommended to:
 - If available, have ill residents use one bathroom and restrict other residents from using that bathroom.
 - Place ill residents in a bedroom or separate sleeping space away from well residents.
- Provide ill residents with leak-proof bags to contain vomit in the event the resident is unable to make it to the bathroom before being ill.
 - Ensure that after each use these bags are thrown away.

Staff and Volunteer Control Measures

- Ask that staff stay home from work until at least 48 hours after the resolution of GI symptoms (nausea, vomiting, and diarrhea).

- Do not allow ill staff or volunteers to prepare or serve food for others for two weeks following the resolution of GI symptoms.

Communication

- Consider a “house meeting” to discuss the following:
 - **Hand hygiene practices:** This includes washing the hands with soap for at least 20 seconds. Hand sanitizer is recommended to be used in combination with handwashing, but not in replacement of.
 - **Cleaning and disinfecting:** This is especially important for agencies that have shared kitchen and dining spaces where residents are responsible for preparing, serving, and storing their own meals.
 - **Bodily fluid cleanup:** It is incredibly important that residents know to notify staff leadership when there has been a bodily fluid spill. Agency leadership should stress the importance that staff resolve the spill with proper Personal Protective Equipment (PPE), cleaning, and disinfecting supplies.
 - **Notification of symptoms:** The early notification of symptoms can allow agency staff to quickly provide aid, referral guidance, control measures, and monitor the severity of symptoms for ill residents. Agency staff should encourage residents to report symptoms without the fear of punitive measures being taken against the resident.

Resident Care

As previously discussed, there are three universal symptoms associated with a GI illness – diarrhea, vomiting, and nausea. However, additional symptoms such as bloody stool, fatigue, fever, etc., may be indicative of a more serious infection.

People experiencing homelessness and those living in other congregate living settings are particularly dependent on congregate living settings and staff for rest and recuperation when alternate care sites are unavailable.

It is important that agency staff can identify serious symptoms that require immediate medical attention for residents. Older adults, pregnant people, and adults living with weakened immune systems are recommended to seek medical treatment if they are experiencing GI illness symptoms – diarrhea, vomiting and nausea.

Severe GI Symptoms in Adults

- Change in mental state , such as irritability or lack of energy
- Diarrhea lasting more than two days
- High fever
- Vomiting often
- Six or more loose stools in a day
- Severe pain in the abdomen or rectum
- Stools that are black and tar like or contain blood or pus



Individuals experiencing any of these symptoms should be referred for medical treatment immediately

Severe GI Symptoms in Infants and Children

- Change in the child's mental state, such as irritability or lack of energy
- Diarrhea last more than a day
- Any fever in infants
- High fever in older children
- Frequent loose stools
- Vomiting often
- Severe pain in the abdomen or rectum
- Signs or symptoms of dehydration
- Stools that are black or tar like or contain blood or pus



Parents or caretakers of an infant or child who identify any of these symptoms should seek medical treatment for the child immediately.

In addition to the signs and symptoms of described above, adults and children who are unable to drink enough liquids or oral rehydration solutions (Pedialyte, Naturalyte, etc.) to prevent dehydration or do not improve after drinking these solutions should be referred for medical treatment.

Dehydration Signs and Symptoms

Dehydration may include the following in adults:

- Extreme thirst and dry mouth
- Urinating less than normal
- Fatigue
- Dark-colored urine
- Decreased skin turgor
 - When a person's skin is pinched and released, the skin does not flatten back to normal right away.
- Sunken eyes or cheeks

- Light headedness or fainting

Dehydration in infants and young children:

- Thirst
- Urinating less than normal, or no wet diapers for 3 hours or more.
- Lack of energy
- Dry mouth
- No tears when crying
- Decreased skin turgor
- Sunken eyes or cheeks

Additional Recommendations

In order to prevent the spread of gastrointestinal illnesses, those who are experiencing diarrhea and for the following two weeks after the resolution of symptoms should refrain from:

- Swimming in recreational water, including swimming pools, oceans, lakes, and rivers.
- Participating in sexual activities (vaginal, anal, and oral sex).
 - If you are participating in sexual activity before the end of the two-week period, the following are recommended:
 - Individuals are recommended to wash their bodies and hands before and after sex, including in and around the anus and genitals.
 - During oral sex or oral-anal sex, use barriers, such as condoms, rubber latex sheets, dental dams, or cut-open non-lubricated condoms between the rectum and mouth. During anal or vaginal sex, use condoms.
 - Wash hands after handling used condoms or other barriers.

| Items to Avoid for 2 Weeks After Experiencing Diarrhea | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Food Preparation | Swimming | Sexual Activity |
|  |  |  |

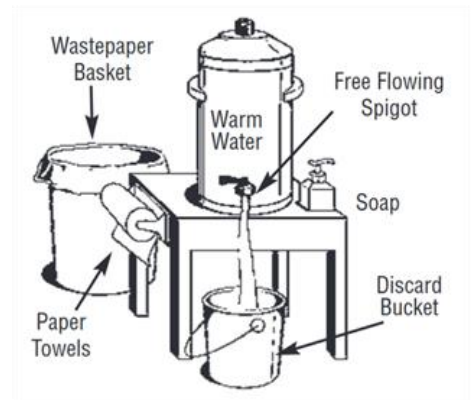
Special Consideration – Individuals Staying Outdoors

Pathogens that may cause GI illnesses can spread easily in environments where there is overcrowding or access to clean water and proper toilets is limited. Individuals who are staying outdoors or in places not meant for human habitation are at increased risk in these environments without access to hygiene or sanitation services and exposure to contaminated food and water.

Additionally, during the warm summer months, individuals staying outdoors may experience additional hardship in keeping perishable foods cool and outside the “danger zone” for bacterial growth.

Agency staff are encouraged to work with local health departments, government, and health care providers in order to:

- Increase the availability of handwashing sinks in sites serving individuals experiencing homelessness, encampments, or other locations where people experiencing homelessness may spend time.
- Increase the availability of public restrooms in communities where individuals staying outdoors may be living.
- Ensure that public restrooms and portable sanitation services are clean and well-maintained.
- Distribute education resources about personal and sexual hygiene in sites serving individuals experiencing homelessness.
- Provide communication and preparedness resources promoting handwashing behavior, food safety, and safe water practices.



Simple temporary handwashing stations may greatly decrease the risk of GI illness spread among individuals staying outdoors. These stations became increasingly popular during the Covid-19 pandemic.

The image to the right displays the important elements to a functional handwashing station but can be tweaked in design to meet resource availability.³

³ Image Provided by the City and County of San Francisco Environmental Health Department

Agency staff can encourage individuals staying outdoors to:

- Drink and use only safe and clean water.
 - Utilize bottled water for drinking, washing, preparing food, and brushing teeth.
- Practice hand hygiene often.
 - Wash hands for at least 20 seconds with warm water and soap.
- Avoid defecating in or near any body of water.
 -
- Eat safe food.
 - Boil it, cook it, peel it, or throw it away. It is important to be consciousness of food exposure and the temperature “danger zone”. Avoid meat and dairy products that have not been refrigerated.
- Cleanup safely
 - Clean food preparation areas and kitchenware with soap and safe water and let dry completely before reuse.
 - Wash yourself, children, and clothes at least 100 feet from drinking water sources.
- Avoid contaminated bodies of water.
 - Do not bathe in rivers, streams, or lakes that may be contaminated with flood water, human sewage, or animal waste.

Summary

It is important that agencies serving PEH living in congregate living settings are prepared for potential GI illnesses among residents. This preparation may include education, risk assessments, food safety training, and other environment improvement measures as discussed. Agencies are encouraged to reach out to their local health department for further support and resource allocation.

The continuation of services is essential for people experiencing homelessness; community organizations are encouraged to work together to avoid shelter closures or the exclusion of residents who may be ill with a GI illness. PEH are a growing at-risk population for GI illnesses, but agency staff can help ensure the health and wellbeing on the community they serve.

Resources: Materials

About Four Steps to Food Safety, CDC. April 29,2024. <https://www.cdc.gov/food-safety/prevention/index.html>

Cleaning and Disinfecting with Bleach, CDC. April 24, 2024.
<https://www.cdc.gov/hygiene/about/cleaning-and-disinfecting-with-bleach.html>

Cleanliness Helps Prevent Foodborne Illness, USDA. December 2023.
<https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/cleanliness-helps-prevent>

Communicable Disease Reference Guide for Schools, IDOH. August 2023: [inclusive page numbers].

Health Advisory: Shigella Outbreak Associated with Homeless Encampments in San Jose, County of Santa Clara. June 14, 2024.
<https://publichealthproviders.santaclaracounty.gov/health-advisory-shigella-outbreak-associated-homeless-encampments-san-jose>

Personal Hygiene During an Emergency, CDC. September 6, 2023.
<https://www.cdc.gov/healthywater/emergency/hygiene-handwashing-diapering/handwashing-and-hygiene-during-emergencies.html>

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<https://www.cdc.gov/healthywater/emergency/hygiene-handwashing-diapering/preventing-diarrheal-illness-after-disaster.html>

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Proper Cleaning Solution – Bleach



Agency staff can mix their own disinfectant if a store-bought disinfectant solution is not available.

As a reminder:

- It is important to clean surfaces with a household cleaner containing soap or detergent before disinfecting with a household bleach solution.
- Always follow the label directions on the bleach product.
- Never mix household bleach or any other disinfectant with other cleaners or disinfectants.
 - These solutions may not be safe in combination and could release harmful vapors into the air.
- Use regular unscented household bleach, if possible. Most household bleach contains 5%-9% sodium hypochlorite.
 - Do not use a household bleach product for this mixture if the percentage reported is not within this range. The sodium hypochlorite percentage will be displayed on the bleach bottle.
 - Certain types of laundry bleach or splash-less bleach may be below this 5%-9% threshold for effective disinfection.

In order to create a bleach solution effective against blood or bodily fluids, agency staff should create a solution that is 1 part bleach and 9 parts water.

When using the bleach solution:

- It is important to leave the bleach solution on the surface for at least 1 minute before removing or wiping.
- A bleach solution is only effective for 24 hours. Agency staff are recommended to mix a new bleach solution daily or on a case-by-case basis.

| Bleach solution mixture (10% solution for blood and bodily fluid cleanup) | |
|---------------------------------------------------------------------------|----------------------|
| Mix the following: | |
| Bleach | 1 cup |
| Water | 9 cups of warm water |
| Container | 1 gallon bucket |

Tip: ¼ cup of bleach and 2 ¼ cups of water will make an amount that will fit in a quart size bottle.

Proper Body Fluid Cleanup Guide

Harmful pathogens (bacteria, viruses, and parasites) can spread through bodily fluids and excretions. The following guidelines are recommended for all agency staff cleaning up blood, vomit, and feces.

| Cleaning Up Bodily Fluids | |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | <ul style="list-style-type: none"> • Inspect the area thoroughly for splashes and splatters. • Restrict area until it has been cleaned, disinfected, and is completely dry. • Gather necessary cleanup supplies: paper towels, personal protective equipment, garbage bag, cleaning and disinfectant products. <ul style="list-style-type: none"> ○ Personal Protective Equipment must include gloves but may include gowns and facial protection. ○ Choose a disinfectant product that is rated effective for bodily fluid cleanup or a pre-made bleach mixture as described in the Proper Cleaning Solution Guide. ○ Make note of the manufacture instructions or if using a pre-made solution, the instructions in the Proper Cleaning Solution Guide for proper cleanup. |
| 2 | <ul style="list-style-type: none"> • Using paper towels, wipe up/remove the body fluid and/or materials. Throw the used paper towels into a garbage bag. • Clean the entire area with the cleaning product. Throw any used paper towels in the garbage bag promptly. • Disinfect the entire area. Allow the disinfectant to stand for the amount of time recommended by the manufacturer or as outlined in the Proper Cleaning Solution Guide. • Wipe the area again using paper towels. Throw the used paper towels in the garbage bag. <p>If the substance came into contact with carpet, follow the above steps and have the area wet/steamed as soon as possible. Restrict the area until wet/steam cleaning occurs.</p> |
| 3 | <ul style="list-style-type: none"> • Remove gloves, gown, and facial protection and throw these items into the garbage bag. Tie the garbage bag and throw it out. • Wash hands thoroughly with soap and water. • Assess clothing and shoes for any potential contamination before continuing with normal activities. |

Five Signs of Severe Food Poisoning – Resident Facing Infographic

FIVE SIGNS of SEVERE FOOD POISONING

Do you have any of these symptoms?
IF SO, SEE A DOCTOR!

Bloody diarrhea

Fever higher than 102°F

Vomiting so often you can't keep liquids down

Dehydration

Diarrhea for more than 3 days

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

www.cdc.gov/foodsafety

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⁴ Available in English at <https://www.cdc.gov/food-safety/media/pdfs/food-Safety-symptoms-P.pdf>
Available in Spanish at <https://www.cdc.gov/food-safety/media/pdfs/foodSafety-symptoms-es-P.pdf>

ANAB Accredited Food Handler Certification

For agencies with staff and volunteers who regularly prepare group meals for residents, it is recommended that sites provide food handler training. While not required, this additional education expands on the food safety education and recommendations included in this guidance.

There are a number of organizations that provide ANAB (National Accreditation Board) Accredited Food Handler certifications that are recognized by the state of Indiana.

Below you will find a Food Handler Certification training program and exam offered by the Always Food Safe Company.

| Always Food Safe – Food Handler Certification (Indiana) | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Training Content | Learning Objectives | Cost and Commitment |
| <ul style="list-style-type: none"> • Chapter 1- Introduction to Food Safety & The Law • Chapter 2- Food Safety Hazards – Pathogenic Bacteria • Chapter 3 – Allergens • Chapter 4 – Time & Temperature Controls • Chapter 5 – Principles of Safe Food Storage • Chapter 6 – Food Pests • Chapter 7 – Cleaning • Chapter 8 – Front of House • Chapter 9 – Personal Hygiene | <ul style="list-style-type: none"> • Gaining an understanding of the various causes of biohazards, foodborne illnesses, and food spoilage. • Learning about different types of contamination and the methods for preserving food quality. • Mastering time and temperature controls to effectively prevent the growth of hazardous pathogens. • Acquiring essential food handling techniques and personal hygiene practices to prevent contamination. • Familiarizing yourself with proper procedures for storage, cleaning, and sanitization. | <ul style="list-style-type: none"> • 100% online, video-based format • Training and Exam – takes around 2hours to complete • \$10.00 per individual for training and exam. |
| ANAB Accredited Food Handler 3-year certification | | |

Agency leadership can learn more about this certification and ordering this training for staff [here](#).

