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Coalition for the Homeless in partnership with Louisville Metro Department of Public Health & Wellness Interim Guidance on COVID-19 for Homeless Service Providers

This document provides guidance specific for homeless service providers (such as overnight emergency shelters, day shelters, and outreach providers) during the outbreak of coronavirus disease 2019 (COVID-19). Homeless service providers should collaborate, share information and review plans with local health officials to help protect their staff, clients, guests and volunteers.

We recognize that we are in unprecedented times with high stress and tension. Please take care of yourselves and review [stress and coping resources](#) for yourself and clients during this time.

Background:

Coronavirus disease 2019 (COVID-19) is a respiratory disease caused by a newly identified coronavirus that was first detected in Wuhan City, Hubei Province, China but has now been detected throughout the world. Community spread of COVID-19 has been identified in Jefferson County.

Symptoms of COVID-19 can include a fever, cough, and shortness of breath. Some people may develop emergency warning signs for COVID-19 and need to get medical attention immediately. Emergency warning signs include: trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, and bluish lips or face. Like seasonal flu, COVID-19 infection in humans can vary in severity from mild to severe. The virus is thought to spread mainly from person-to-person, usually between people who are in close contact with one another (within about 6 feet). This transmission occurs through respiratory droplets produced when an infected person coughs or sneezes. Check [CDC's website](#) for the most up-to-date information on the symptoms of COVID-19, how to prepare, and many other resources. It is also highly recommended to check [Kentucky's COVID-19 website](#) and [Louisville Metro's COVID-19 website](#) for local updates.

Transmission of COVID-19 in the community could affect people experiencing homelessness in several ways. The outbreak could cause illness, could contribute to an increase in emergency shelter usage, or may lead to illness and absenteeism among homeless service provider staff. Furthermore, people who are experiencing homelessness with underlying medical conditions are at higher risk for severe outcomes. Protecting your staff, volunteers, and clients requires a coordinated effort between homeless service providers, healthcare facilities, and the health department. Use this guide to prepare for how to respond if COVID-19 cases are identified.

Guidance for Shelters and Congregate Settings

It is recommended that shelters and congregate settings take the following actions, in order to protect clients and staff:

Implement everyday preventive actions and provide [instructions to your workers](#) about actions to prevent disease spread. This includes:

- Meet with your staff to discuss plans to help clients implement personal preventive measures.
- Limiting visitors at your facility.
- Employees who have symptoms (i.e. fever, cough, or shortness of breath) should notify their supervisor and stay home.
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow [CDC recommended precautions](#).
- Employees can [take steps to protect themselves](#) at work and at home. Older people and people with serious chronic medical conditions are at [higher risk for complications](#).

All facilities should be treating all clients as well as everyone in our community as if they have COVID-19.

Download [COVID-19 posters and CDC Fact Sheets](#) and keep your clients informed about public health recommendations to prevent disease spread and about changes to services that might be related to the outbreak. Messaging may include:

- Posting signs at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- Providing educational materials about [COVID-19 for non-English speakers](#), as needed.
- Encourage everyone in the facility to wash their hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing their nose, coughing, or sneezing.
- Regularly clean the spaces/areas occupied by individuals (workstations, living space, etc.)

Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the shelter.

Staff should avoid handling client belongings. If staff are handling client belongings, they should use disposable gloves, if available. Make sure to train any staff using gloves to [ensure proper use](#) and ensure they perform hand hygiene before and after use. If gloves are unavailable, staff should perform [hand hygiene](#) immediately after handling client belongings. Handwashing should continue to be performed regularly as recommended above.

Staff should launder work uniforms or clothes after use using the warmest appropriate water setting for the items and dry items completely.

If your organization is still accepting donations, general infection control precautions should be taken. Request that donors not donate if they are sick. Set up donation drop-off points to encourage social distancing between shelter workers and those donating. Launder donated clothing, sheets, towels, or other fabrics on high heat settings, and disinfect items that are nonporous, such as items made of plastic. Food donations should be shelf-stable, and shelter staff should take usual food-related infection prevention precautions. For more information about COVID-19 and food, see the Food and Drug Administration’s website on [Food Safety and COVID-19](#). For further information on cleaning and disinfection, see [here](#).

In meal service areas, create at least 6 feet of space between seats, and/or allow either for food to be delivered to clients or for clients to take food away.

Arrange for continuity of and surge support for mental health, substance use treatment services, and general medical care.

If your shelter is running out of essential supplies, immediately inform the Coalition for the Homeless so they can help you identify resources. PPE requests can be found [here](#). Individual shelters can email Louisville Metro at IMTLogistics@louisvilleky.gov and they will be allowed to pick up 4 gallons hand sanitizer at a time. (Shelters will need to bring their own container.)

Shelters should alter their intake and screening procedure in the following ways:

Minimize the number of staff members who have face-to-face interactions with clients and encourage clients to do the same, maintaining good social distancing of 6 feet or more. Use physical barriers to protect staff who will have interactions with clients (e.g. check-in staff). For example, place an additional table between staff and clients to increase the distance between them or place tape on the floor to mark of 6 feet to ensure a safe distance is kept. Staff and volunteers who are at [higher risk](#) for severe illness from COVID-19 should not be designated as caregivers for sick clients who are staying in the shelter. Identify flexible job duties for these higher risk staff and volunteers so they can continue working while minimizing direct contact with clients.

All staff should wear a cloth face covering for source control (when someone wears a covering over their mouth and nose to contain respiratory droplets), consistent with the [guidance for the general public](#). **All clients should wear cloth face coverings any time they are not in their room or on their bed/mat** (in shared sleeping areas). Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance. For cloth face coverings, make sure they:

- fit snugly but comfortably against the side of the face
- are secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction

- can be laundered and machine dried without damage or change to shape

Cloth face coverings used by clients and staff should be laundered regularly. Staff involved in laundering client face coverings should do the following:

- Face coverings should be collected in a sealable container (like a trash bag).
- Staff should wear disposable gloves and a face mask. Use of a disposable gown is also recommended, if available.
- Gloves should be properly removed and disposed of after laundering face coverings; clean hands immediately after removal of gloves by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available.

The CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain, especially in areas of significant community-based transmission (i.e. in a shelter). Instructions on how to make a face covering can be found here.

Ask all guests to use hand sanitizer (at least 60% alcohol) when entering. Encourage frequent hand washing, cough etiquette, and maintaining recommended social distancing. Inform clients to report new or worsening symptoms to shelter staff

Ask the following questions to all clients who enter the shelter:

1. Do you have a fever of 100 or greater? ** Yes No
2. Have you had a cough for longer than 24 hours? Yes No
3. Are you experiencing shortness of breath for longer than 24 hours? Yes No
4. Have you had body aches for longer than 24 hours? Yes No
5. Do you have diabetes, heart disease, high blood pressure, lung disease or any immunosuppressive illnesses? Please specify. _____

If client answers yes to #1 and/or a combination of #2 thru 4, contact Phoenix Family Health Center (502- 568-6972) during office hours or UL Hospital (502-562-3000) after hours for guidance.

If client answers yes to #1 and/or a combination of #2 thru 4 and #5 contact Phoenix Family Health Center (502- 568-6972) during office hours or UL Hospital (502-562-3000) after hours for medical assessment.

See Addendum: Notification Process for Suspected or Confirmed Cases of COVID19 in Homeless Shelter Community (coming soon)

****Additional Information on Checking Client Temperature:**

Staff who are checking [client temperatures](#) should use a system that creates a physical barrier between the client and the screener as described [here](#).

- Screeners should stand behind a physical barrier, such as a glass or plastic window or partition that can protect the staff member's face from respiratory droplets that may be produced if the client sneezes, coughs, or talks.
- If social distancing or barrier/partition controls cannot be put in place during screening, PPE (i.e., facemask, eye protection [goggles or disposable face shield that fully covers the front and sides of the face], and a single pair of disposable gloves) can be used when within 6 feet of a client.
- However, given PPE shortages, training requirements, and because PPE alone is less effective than a barrier, try to use a barrier whenever you can.

Please be advised of the following if you are taking a client's temperature using a temporal thermometer:

Temporal thermometers use an infrared scanner to measure the temperature of the temporal artery in the forehead. Temperature takers should keep as much distance from clients as they can, wash their hands with soap and water or use alcohol-based hand sanitizer (at least 60% alcohol) regularly, and use gloves if available. To use thermometer:

1. Turn on the thermometer.
2. Gently sweep the thermometer across the client's forehead.
3. Remove the thermometer and read the number:
 - **Fever:** Any temperature 100.4 F or greater is considered a fever.
 - **No fever:** People with temperatures at or below 100.3 F may continue into the shelter using normal procedures.
4. Clean the thermometer with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

Do not require a negative COVID-19 viral test for entry to a homeless services site unless otherwise directed by local or state health authorities.

Providers must also ensure that clients receive assistance in preventing disease spread and accessing care, as needed:

In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 3 feet apart, ideally 6 feet apart, and try to configure beds so that people sleep head-to-toe or when there are only two beds, toe-to-toe. Increasing the space between clients can help reduce the spread of illness.

Provide access to fluids, tissues, and plastic bags for the proper disposal of used tissues.

Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas.

Monitor clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly throughout the day.

If you identify any client with severe symptoms, use standard protocols to facilitate access to emergency healthcare (i.e. Call client's PCP or 911 for emergency assistance).

Severe symptoms include:

- Fever
- Extreme difficulty breathing (Not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion, or inability to arouse
- New seizure or seizures that won't stop

Less common symptoms include:

- New loss of taste or smell
- Gastrointestinal symptoms such as nausea, vomiting, diarrhea
- Chills or repeated shaking with chills
- Muscle pain
- Headache
- Sore throat

(*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you)

Ensure that all common areas within the facility follow good practices for environmental cleaning. Cleaning should be conducted in accordance with CDC [recommendations](#).

If a client is confirmed as positive for COVID-19 or has a medical recommendation to be quarantined, the client will be placed in an isolated location away from the homeless service facility, which will be coordinated by Family Health Centers - Phoenix. If a client has a written directive from a healthcare provider to quarantine or isolate, triage services are available 24 hours per day/7 days per week at 502/773-3811. For additional information and instructions on this referral process, please review the [Louisville Metro Plan for Isolation/Quarantine](#).

The following is a list of isolation recommendations within homeless service isolation facilities:

- Minimize the number of staff members who have face-to-face interactions with clients. Identify 1 or 2 staff who will bring food, hydration, and check in on clients.
- Ensure access to Personal Protective Equipment (PPE), such as masks, eye protection, gown, gloves and hand washing supplies. Staff needs to wear appropriate personal protective equipment (PPE) when bringing supplies (tissue, hand sanitizer), providing support (food, drink), or handling client belongings or laundry used by clients, especially ill individuals.
- Arrange beds at least 6 feet apart and arrange them so that individuals lie head-to-toe or toe-to-toe relative to each other.
- For “well” shelters, consider creating temporary physical barriers between beds using sheets or curtains.
- If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by an ill person. If this is not possible, staff should wait as long as practical after use by an ill person to clean and disinfect the high-touch surfaces. See the CDC recommendations [here](#).
- Provide clients who are ill or have symptoms consistent with COVID-19 with [information](#) on what to do while they are sick and if they get worse.
- Refer to the Interim Guidance on How to Care for Someone with Symptoms Consistent with COVID-19 [here](#).
- Give sick clients access to fluids, tissues, plastic bags for the proper disposal of used tissues, and a means to wash their hands or alcohol-based hand sanitizers.
- Non-disposable food service items used should be handled with gloves and washed with hot water or in a dishwasher. Clean hands after handling used food service items.
- Signs of withdrawal from alcohol or other substances also need to be addressed. Sudden withdrawal from alcohol or benzodiazepines can cause medical emergencies and withdrawal from opioids can cause severe symptoms.
- Ill individuals with active substance use, mental health symptoms or who may be aggressive or non-cooperative will need a higher level of care.
- Individuals in isolation may need to refill prescriptions or need access to daily medications such as methadone. Consider what assistance clients and guardians may need to obtain and take prescription or over-the-counter medications.

Guidance for Homeless Service Outreach Staff

It is recommended that outreach staff take the following actions, in order to protect clients and staff:

General items

Assign outreach staff who are at higher risk for severe illness to other duties.

Limit outreach efforts to places/areas that are most in need. Foundational “relationship building” outreach can be limited or suspended if needed.

Outreach staff should strongly encourage and educate clients who use substances, including tobacco, that sharing bottles, cigarettes/ joints/ blunts, needles, etc. is very risky during the COVID-19 pandemic.

Outreach staff should strongly encourage individuals to maintain social distancing and avoid gathering closely together to reduce the spread of the virus.

People with alcohol use disorder are at high risk of drinking alcohol-based hand sanitizer, mouth wash, and other isopropyl alcohol products when supplies of alcohol are low. Drinking small quantities of these products can result in liver damage, liver failure, and death in larger quantities. Weigh the risks and benefits of distributing these products to clients with alcohol use disorder.

Once in the camp, be especially aware of people experiencing cough, shortness of breath, appearing feverish or ill.

Provide training and educational materials related to COVID-19 for staff.

Minimize the number of staff members who have face-to-face interactions with clients.

Develop and use contingency plans for increased absenteeism caused by employee illness or by illness in employees’ family members. These plans might include extending hours, cross-training current employees, or hiring temporary employees.

Outreach staff should review [stress and coping resources](#) for themselves and their clients during this time.

Outreach staff should wear [cloth face coverings](#) when working in public settings or interacting with clients. This will help people who may have the virus and do not know it from transmitting it to others. They should still maintain a distance of 6 feet from each other and clients if possible, even while wearing cloth face coverings. For cloth face coverings, make sure they:

- fit snugly but comfortably against the side of the face
- are secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction
- can be laundered and machine dried without damage or change to shape

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Prevention Measures

Encampments:

- Unless individual housing units are available, do not clear encampments during community spread of COVID-19. Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious disease spread.
- Encourage people staying in encampments to set up their tents/sleeping quarters with at least 12 feet x 12 feet of space per individual.
- Ensure nearby restroom facilities have functional water taps, are stocked with hand hygiene materials (soap, drying materials) and bath tissue, and remain open to people experiencing homelessness 24 hours per day.
- If toilets or handwashing facilities are not available nearby, provide access to portable latrines with handwashing facilities for encampments of more than 10 people.

Communications:

Provide straightforward communications to people sleeping outside in the appropriate language. Identify people who are influential in the community who can help communicate with others. Post signs in strategic locations to provide information on hand hygiene, respiratory hygiene, and cough etiquette. Request up-to-date contact information for each person.

Information to share includes:

- The most recent information about COVID-19 spread in their area
- Discourage clients from spending time in crowded places or gathering in large groups, for example at locations where food, water, or hygiene supplies are being distributed.
- If it is not possible for clients and staff to avoid crowded places, encourage spreading out (at least 6 feet between people) to the extent possible and wearing cloth face coverings.
- Hand hygiene instructions, cough etiquette instructions, and advice not to share personal items
- How to recognize the symptoms of COVID-19 and what to do if they are sick
- What to do if their friends, family, or community members are sick
- How to isolate themselves if they have symptoms

- Updated information on where to find food, water, hygiene facilities, regular healthcare, and behavioral health resources if there have been local closures or changes
- Continue to link clients to homeless services, housing, medical, mental health, syringe services, and substance use treatment, including provision of medication-assisted therapies (e.g., buprenorphine, methadone maintenance, etc.). Use telemedicine, when possible.
- Some people who are experiencing unsheltered homelessness may be at [higher risk of severe illness](#) from COVID-19 due to older age or certain underlying medical conditions, such as chronic lung disease or serious heart conditions.
 - Reach out to these clients regularly to ensure they are linked to care as necessary.
 - Prioritize providing individual rooms for these clients, where available.

Practices for Entering a Camp/Meeting with Clients on the street

- Greet clients from a distance of 6 feet and explain that you are taking additional precautions to protect yourself and the client from COVID-19.

Ask the following questions to all clients who you meet during outreach:

1. Do you have a fever of 100 or greater? ___ Yes ___ No
2. Have you had a cough for longer than 24 hours? ___ Yes ___ No
3. Are you experiencing shortness of breath for longer than 24 hours? ___ Yes ___ No
4. Have you had body aches for longer than 24 hours? ___ Yes ___ No
5. Do you have diabetes, heart disease, high blood pressure, lung disease or any immunosuppressive illnesses? Please specify. _____

If client can self-monitor and self-quarantine, provide flyer for COVID self-care on the street. Link to flyer can be found [here](#).

If client answers yes to #1 and/or a combination of #2 thru 4, encourage client to contact their Primary Care Physician (PCP) for guidance. If they do not have a PCP or cannot reach them, provide contact information for Phoenix Family Health Center (502-568-6972).

If client answers yes to #1 and/or a combination of #2 thru 4 and #5 encourage client to contact their Primary Care Physician (PCP) for medical assessment for COVID-19. If they do not have a PCP or cannot reach them, provide contact information for Phoenix Family Health Center (502-568-6972).

If you identify any client with severe symptoms, use standard protocols to facilitate access to emergency healthcare (i.e. Call client's PCP or 911 for emergency assistance).

Severe symptoms include:

- Fever
- Extreme difficulty breathing (Not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion, or inability to arouse
- New seizure or seizures that won't stop

Less common symptoms include:

- New loss of taste or smell
- Gastrointestinal symptoms such as nausea, vomiting, diarrhea
- Chills or repeated shaking with chills
- Muscle pain
- Headache
- Sore throat

(*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you)

- Outreach staff who are checking [client temperatures](#) should use a system that creates a physical barrier between the client and the screener as described [here](#).
 - Where possible, screeners should remain behind a physical barrier, such as a car window, that can protect the staff member's face from respiratory droplets that may be produced if the client sneezes, coughs, or talks.
 - If social distancing or barrier/partition controls cannot be put in place during screening, PPE (i.e., facemask, eye protection [goggles or disposable face shield that fully covers the front and sides of the face], and a single pair of disposable gloves) can be used when within 6 feet of a client.
 - However, given PPE shortages, training requirements, and because PPE alone is less effective than a barrier, try to use a barrier whenever you can.
- Continue conversations and provision of information while maintaining 6 feet of distance where possible.
- Do not transport clients in vehicles.
- Avoid touching coworkers or clients (no handshaking, don't handle client belongings)
- If you need to have physical contact with the client or the client's belongings, use gloves and then [dispose of gloves appropriately](#). Wash hands afterwards or immediately use hand sanitizer if unable to wash hands.

- Avoid sharing items such as pens, cell phones unless you can properly disinfect after sharing.
- Instruct clients to cover cough with tissue or have them cough into their sleeve.
- Properly sanitize equipment and supplies frequently (i.e. pens, cell phone, clip boards).
- Wash your hands often with soap and water for at least 20 seconds or use hand sanitizer (with at least 60% alcohol) on a regular basis, including before and after each client interaction especially after you have been in a public place, before or after eating, or after blowing your nose, coughing, or sneezing.
- Consider wearing clothing that can be removed before entering your vehicle and placed in the trunk to avoid contamination of your vehicle with virus. Outreach staff should launder work uniforms or clothes after use using the warmest appropriate water setting for the items and dry items completely. Frequently clean your vehicle using [CDC recommended disinfecting guidance](#).

Carry a well-stocked outreach bag:

- Gloves
- Hand sanitizer
- Tissues for yourself and to hand out to clients
- Extra pens (try not to share any equipment)
- Small package of bleach wipes or other disinfectant wipes (wipe off frequently touched equipment like phone, pens and vehicle door handles)
- Bottled water
- Thermometers (digital or tempadots) – to give to people with symptoms to help monitor their temperature