

# Novel Coronavirus (COVID-19)

## Los Angeles County Department of Public Health Guidance for Homeless Service Agencies and Outreach Teams

### Los Angeles Department of Public Health (LA DPH):

Factsheet: <http://www.publichealth.lacounty.gov/media/Coronavirus/FAQ.pdf>

Guidance to Field Staff: <http://publichealth.lacounty.gov/media/Coronavirus/GuidanceFieldStaff.pdf>

The following recommendations are for homeless service agencies and outreach teams to prepare for and help slow the spread of novel coronavirus (COVID-19) in your staff and with the people experiencing homelessness (PEH) that you serve. There is significant spread of COVID-19 in the community, and PEH represent a vulnerable group. PEH have a higher burden of cardiopulmonary and immune-compromising conditions, like COPD, heart failure, and diabetes, and experience accelerated aging and frailty. Additionally, PEH have limited access to hygiene supplies, live in conditions that limit infection control practices, and often live in communal settings (shelters or crowded encampments). For these reasons, LAHSA and the Public Health Departments, plan to deliver regular guidance on the status of COVID-19 in PEH, secure and offer housing to PEH, training on prevention and screening in the field, and implementation of our emergency response plan.

### Create or Revise an Infection Control Plan for your Homeless Services Agency

- **Stay informed** with reliable information from:
  - Los Angeles County Department of Public Health (LACDPH, County)
    - Twitter: @lapublichealth
    - Facebook: facebook.com/lapublichealth
  - Centers for Disease Control and Prevention (CDC, National)
    - Twitter: @CDCgov
    - Facebook: facebook.com/cdc
- Have a **communication plan** for staff and volunteers
  - Identify and address potential language, cultural and disability barriers associated with communicating COVID-10 information to workers and those you serve.
  - **Post educational flyers** throughout your office notifying staff about COVID-19 and prevention practices.
  - **Provide training to staff about COVID-19** status, transmission, and prevention practices both in the workplace and in the field.
- **Revise or create policies and procedures** for educating and training staff about how to care for themselves and their clients during an infectious disease outbreak.
  - For example, consider how an infectious disease outbreak may impact your current policies related to documentation and transportation in your agency's vehicle. Also, review options for street-based staff who may have chronic medical conditions that place them at greater risk for infectious complications and identify alternative work that they might conduct.
- **Clarify "sick leave policies"** with staff.
  - Screen staff prior to the start of their work shift. Advise staff to call their supervisor and stay at home if they develop flu symptoms.



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- Staff with fever and respiratory symptoms should be sent home until 7 days after the first onset of symptoms (cough, fever, headache, etc.), **or** 72 hours after symptoms improve and being fever-free (under 100.4° F) without the use of fever-reducing medication, whichever is longer.
- Do not require a doctor's clearance to return to work.
- Develop a policy for home isolation, if staff have traveled to high-risk areas or have known contacts with people with COVID-19.
- **Create an "Alternate Staffing plan"** in preparation for possible staffing shortages. Plan for ways to continue essential services if on-site operations are reduced temporarily.
- Create **targeted responses in consultation with public health department and city/county agencies** for the diverse settings where your staff work with clients, including through outreach teams on the street/encampments, homeless shelters, and clinic/healthcare settings for PEH.
  - Work with the Department of Public Health to develop a plan for isolation and quarantine areas as needs arise in your community.
- **Order supplies** for personal protective equipment (PPE) and hygiene kits (for at least one month), including:
  - Surgical masks, disposable gloves, gowns
  - Personal-sized, alcohol-based hand sanitizer, soap, sanitizing wipes
  - Plastic trash bags, single-use tissues
  - Consider: tents, blankets, water bottles, snacks

### Eligible ESG Program Costs for Infection Preparedness:

<https://files.hudexchange.info/resources/documents/Eligible-ESG-Program-Costs-for-Infectious-Disease-Preparedness.pdf>

- **Distribute personal protective equipment** and hygiene supplies to staff. Train staff on when and how to use personal protective equipment, including face masks and gloves, handwashing practices, and social distancing techniques in the field.

### Encourage PEH to enter housing and provide education and hygiene supplies to prevent the spread of COVID-19

- **Outreach teams** are a vital source of education, resources, and screening protocols during this time. Outreach teams are an invaluable source of **trauma-informed, trustworthy information** to promote PEH to seek shelter, to promote ways to prevent transmission, are knowledgeable about what to do for those who may be sick, and reduce fear and stigma amongst PEH. Outreach teams may provide **hygiene education and supplies** and reminders to maintain social distancing to prevent the spread of COVID-19 in PEH.
- **Action Steps:**
  - **Distribute reliable information** from the Department of Public Health.
    - **FAQ** - <http://www.publichealth.lacounty.gov/media/Coronavirus/FAQ.pdf>



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- **Infographic -**

<http://www.publichealth.lacounty.gov/media/Coronavirus/CoronavirusInfographicEnglish.pdf>

- **Tailor messaging to PEH.**
- **Ensure that PEH with underlying health conditions are connected to a medical provider and know to speak with their provider if they have symptoms of respiratory illness; make every effort to offer PEH with serious health conditions shelter or interim housing.**
- Encourage regular hand hygiene and recognize inherent limitations for PEH. Distribute personal sized hand sanitizer for PEH and direct PEH to hand-washing stations, if available.
- Counsel clients to cover their cough or sneeze into a tissue and dispose of tissues. If a tissue is not available, then they should cough into their elbow.
- Remind clients to avoid rubbing eyes, nose, or mouth. Consider distributing cleaning supplies (like sanitizing wipes), tissues, and plastic bags for waste disposal to PEH living on the streets or in encampments.
- Counsel clients to avoid sharing food, drinks, utensils, cookware, cigarettes, pipes, blankets, and bedding with others.
- Counsel clients to avoid close contact with anyone who has cold or flu symptoms and maintain the “six-foot rule.”
- If the client sleeps in a tent with others, consider sleeping head to toe.
- Encourage clients to get recommended vaccines, including influenza and pneumonia.
- Counsel clients to come into shelters, shower stations, and/or bathroom stations to improve hygiene conditions.
- Address clients’ unique mental health stressors and reinforce positive coping skills, including reaching out to their mental health providers, looking to social contacts for support, etc.

### **Provide education and simple screening to PEH with cold or flu symptoms.**

- While most outreach team members are **not health providers or clinicians** (and should not step into this role), they can perform some **lay-friendly, basic education, and health systems navigation**. When in doubt, contact a health provider. For emergencies, call 911.
- **Action Steps:**
  - Educate PEH about when and where to seek medical attention.
  - Educate PEH about the symptoms of COVID-19 (fever, cough, and shortness of breath)<sup>i</sup>.
  - Ask the PEH if they would like to stay in a shelter for access to running water and a bathroom.
  - Continue to encourage clients to enroll in health insurance and get connected with a medical home but also encourage them to seek medical attention early if they get sick.
  - Encourage clients to call their medical provider or 211 if they have flu symptoms.
  - Remind clients and their social contacts to call 911 if they experience severe symptoms.
- Outreach teams may assist with simple screening/triage PEH for cold or flu symptoms if they encounter PEH with flu-like symptoms in the field.

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- **Actions Steps**

- Screening for PEH: “Do you have...”
  - Fever?
  - New cough?
  - Shortness of breath?
- Outreach teams should give a face mask to clients that have a cough or are sneezing. Outreach workers should also wear a face mask and eye protection and gloves and maintain a distance of 6 feet when assessing symptomatic clients.
- Subjective or reported but unmeasured fever is also considered a fever, including reports of feeling feverish, having shaking chills, or night sweats. Consider carrying a disposable thermometer to check clients’ temperature (actual fever is anything greater than 100.4 F). If the client has severe symptoms (high fevers, difficulty breathing, worsening shortness of breath, difficulty walking or standing upright, inability to keep water or food down, unable to care for self in tent or shelter, (looks sick!)), call 911 immediately and notify dispatcher about clients’ symptoms.  
**EMS FAQ:** [http://publichealth.lacounty.gov/acd/docs/nCoV\\_EMS\\_FAQ.pdf](http://publichealth.lacounty.gov/acd/docs/nCoV_EMS_FAQ.pdf)
- If the client has a fever and either cough or shortness of breath, advise the client to call their medical provider. If they don’t have a provider, help them find a provider through 2-1-1.
  - If the client does not have a phone, consider offering your team cell phone to assist with making this call over speakerphone. Sanitize the phone with alcohol wipes after use. Use gloves and dispose of them properly in a sealed plastic bag.
- Prioritize medical visits for clients with symptoms who have high-risk medical conditions (age greater than 50, COPD/asthma, heart failure, chronic lung or kidney disease, immune-compromising conditions, like HIV/AIDS, cancer, diabetes, and pregnancy) OR if they have reason to believe that they have been exposed to COVID-19.
  - Clients with moderate symptoms and/or high-risk medical conditions should be strongly advised to come into isolation areas at shelters for rest/recuperation and more frequent monitoring.
  - Clients with exposures to individuals with confirmed COVID-19 should attempt to self-isolate (stay 6 weeks away) from other individuals as much as possible for 14 days after exposure.
- PEH with mild to moderate symptoms that can be managed by staying hydrated, resting, and taking over-the-counter cold medication should be encouraged to come into shelters with designated isolation areas for rest and recuperation.
  - Counsel symptomatic clients to wear a face mask when interacting with others and dispose of their tissues/waste in a trash bin daily.
  - Ask your clients about their social support. Encourage friends and social contacts to check-in on clients several times a day and bring water/food.
  - Advise client and social contacts to call 911 immediately if the client develops severe or worsening symptoms.

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- If multiple clients in a single encampment or area develop COVID symptoms, please notify the Los Angeles County Department of Public Health at 213-240-7941 during daytime hours or (213) 974-1234 (After Hours Emergency Operator).
- If a PEH tests positive for COVID-19 and reports being linked to an encampment, Public Health will conduct outreach in the area, screen close contacts (e.g., intimate partner, those with whom they shared living space or food) and encourage those who may have been exposed to be admitted to a quarantine room or to enter a shelter.

**Guidance for Clinical Staff: Medical providers** triaging calls or face-to-face visits from symptomatic PEH should assess the client's clinical stability, medical conditions that increase the risk for COVID-19 complications, and risk of exposure to COVID-19.

- Additionally, the provider should assess the PEH's social conditions including
  - Living conditions (living in tent, make-shift shelter, shelter setting)
  - Ability to care for basic needs while sick (resting, hydrating, eating, toileting)
  - Social supports (friends or social contacts who can check-in on the client while sick, bring water/food, or call 911 if worsening)
  - Communication means (access to a phone, history of demonstrated follow-up in medical care)
  - Life negotiation skills (insight into medical diagnosis, and ability to communicate needs if symptoms worsen)

The medical provider should provide recommendations about the **patient's disposition to a hospital, shelter, or back to the street/encampment** only after completing a **comprehensive clinical and social assessment**. Medical providers should work with the Department of Public Health to ensure appropriate follow-up and monitoring for PEH who are tested for COVID-19. Symptomatic PEH who have high-risk medical conditions should be advised to stay in a shelter for frequent monitoring while sick. Consider reaching out to mental health colleagues or the Department of Mental Health hotline at 800-854-7771 if PEH has limited insight into their medical diagnosis and needs further evaluation for their mental condition (including 5150 hold).

### Other helpful resources:

#### Center for Disease Control

"Interim guidance for homeless service providers to plan and respond to coronavirus disease 2019 (COVID-19)"

<https://files.hudexchange.info/resources/documents/Interim-Guidance-for-Homeless-Service-Providers-to-Plan-and-Respond-to-COVID-19.pdf>

"Mental Health and Coping and COVID-19"

<https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html>

"People at risk for serious illness from COVID-19"

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>



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### U.S. Interagency Council on Homelessness “Infectious Disease Preparedness for Homeless Assistance Providers and their Partners”

<https://nahroblog.org/2020/03/04/usich-to-conduct-infectious-disease-webinar/>

### Los Angeles Department of Public Health’s Guidance to Homeless Shelters

<http://www.publichealth.lacounty.gov/media/Coronavirus/GuidanceHomelessShelters.pdf>

<http://www.publichealth.lacounty.gov/media/Coronavirus/HomelessSheltersAssessmentTool.pdf>

<http://www.publichealth.lacounty.gov/media/Coronavirus/HomelessShelterInfectionBasics.pdf>

### Los Angeles Department of Public Health’s Guidance to Healthcare Providers

<http://publichealth.lacounty.gov/acd/docs/nCoVProviderFAQs.pdf>

<http://publichealth.lacounty.gov/acd/docs/nCoVChecklist.pdf>

### Homelessness and the Response to Infectious Disease Outbreaks

<https://www.ncbi.nlm.nih.gov/pubmed/18347991>

### Seattle-King County Influenza Pandemic Planning Guide for Homeless Service Agencies

<https://www.kingcounty.gov/depts/health/emergency-preparedness/preparing-yourself/pandemic-flu/~media/depts/health/emergency-preparedness/documents/pandemic/pandemic-flu-planning-guide-homeless-providers.ashx>

### Seattle-King County Public Health Sanitation and Hygiene Checklist

<https://assets.documentcloud.org/documents/6796309/Sanitation-Hygiene-Assessment-Tool.pdf>

### Alameda County Health Care for the Homeless: Guidance for COVID-19

<https://www.achch.org/coronavirus.html>

### NYC Health Interim Guidance COVID-19 in Congregate Settings

[https://www.hudexchange.info/trainings/courses/infectious-disease-preparedness-for-homeless-assistance-providers-and-their-partners/?utm\\_source=HUD+Exchange+Mailing+List&utm\\_campaign=d2f68f47ad-Infectious-Disease-Webinar-Update-3.11.20&utm\\_medium=email&utm\\_term=0\\_f32b935a5f-d2f68f47ad-18492669](https://www.hudexchange.info/trainings/courses/infectious-disease-preparedness-for-homeless-assistance-providers-and-their-partners/?utm_source=HUD+Exchange+Mailing+List&utm_campaign=d2f68f47ad-Infectious-Disease-Webinar-Update-3.11.20&utm_medium=email&utm_term=0_f32b935a5f-d2f68f47ad-18492669)

<sup>i</sup>Less common symptoms include muscle aches, fatigue, abdominal pain, nausea, and diarrhea.

