

COVID-19 AND STREET OUTREACH— A QUICK GUIDE TO KEEPING SAFE AND DELIVERING CARE

HOUSING
FOR
HEALTH



COVID-19 and PEH

Reports across California show that COVID-19 is spreading amongst people experiencing homelessness (PEH). PEH who live in remote encampments or tents away from others or in forested areas may be somewhat protected from this infection. However most PEH in Los Angeles have vulnerabilities that make them uniquely susceptible to COVID-19.

- Live in communal settings like crowded encampments or shelter, shared tents or living structures
- Limited infection control practices (no access to sink, toilet, running water)
- Lack of access to waste disposal
- Challenges to “shelter in place”
- Accelerated aging, poor nutritional status
- High rates of smoking and COPD, heart disease, liver disease, HIV/AIDS, and diabetes
- Poor access to health care and limited trust in health care system
- Stigma from community members

Interim Guidance from Housing for Health.
March 22, 2020

How can I keep my team, my clients, and myself safe while doing street outreach during the COVID-19 outbreak?

DO

- Outreach outdoors in well-ventilated areas in encampments or on the streets that are well known to your team
- Maintain a 6 feet of distance from all people (co-workers and clients)
- Fully stock your outreach kit with surgical masks, gloves, alcohol-based hand sanitizer, tissues, and re-sealable plastic bag for your used PPE.
- Wash hands after each encounter on the street with 60-95% alcohol based hand sanitizer or with soap and water for at least 20 seconds if soiled.
- If a client looks or says that they are sick, do use appropriate PPE. Wear gloves if you are handing out flyers or care/hygiene kits.
- Sneeze/cough into tissues or your elbow
- Clean and disinfect your outreach tools, cell phone, pens, clipboard, and other commonly touched surfaces with EPA-registered disinfectant. Do not exchange pens or clipboards or ask for signatures during routine outreach at this time.
- Keep a clean set of clothing for work that you change into and out of before going home
- Continue your team’s usual physical safety practices

DON'T

- Come to work if you have cold or flu symptoms or a fever ($T > 100.4$)
- Engage in client-facing work if you greater than 65 years old or who have chronic medical or immune-compromising conditions
- Come into close contact with others or their belongings. If you are a healthcare worker, don’t spend more than 2 minutes at less than a 6 feet distance or engage in physical contact unless you are wearing appropriate PPE for necessary medical exam.
- Do outreach in crowded areas where you cannot maintain 6 feet of distance away from others at all times



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How should I prioritize my outreach activities?

- **Focus on quick check-ins** with your highest risk outreach clients
 - Educate these clients about the importance of avoiding crowds and people who are sick
 - Consider alternatives to unsheltered living with your client (i.e. motel vouchers, less crowded shelters with good infection control practices, interim housing placements)
 - Make a safety plan with your client if they do get sick
 - Get medical help early by calling your doctor or 911
 - Shelter in place may mean staying inside tent (to avoid infecting others) with enough food and water to last for a few days
 - Notify social contacts on the street/encampment to do regular check-ins
- **Provide education** to all unsheltered PEH about the COVID-19 outbreak and provide counseling about hygiene and social distancing
 - Hand-washing practices with 60% alcohol base hand sanitizer
 - Avoid rubbing eyes, nose, and mouth.
 - Avoid close contact with others. Keep a safe 6 feet of distance from others and avoid crowded areas.
 - Avoid sharing food, drinks, utensils, cookware, cigarettes, pipes and bedding.
 - Sleep head-to-toe at least 3 feet apart if sleeping shared structures or tents
- **Distribute hygiene/care kits** and tents to improve unsheltered PEH's ability to practice hygiene habits and promote social distancing on the street.
- **Distribute tangible resources** like resource guides with up-to-date information about shelters, hygiene stations, food resources, and health care.
- **Participate in SPA-based care coordination activities** to get updates on key shelter, food, and health resources during the COVID-19 outbreak.

Recognize people at highest risk of getting very sick from the COVID-19:

- Age (over 50 years old in PEH)
- Lung disease (chronic smokers, COPD, frequent respiratory infections)
- Cardiovascular disease (heart failure or history of heart attacks)
- People with a lot of medical issues
- People with weak immune systems (e.g., HIV/AIDS, malnourished, end stage liver disease, uncontrolled diabetes mellitus)

Hygiene and Care Kits:

- Dried food and water
- Pedialyte or powdered Gatorade
- Tissues and plastic re-sealable bags for trash disposal
- 60% alcohol based hand sanitizer and alcohol wipes
- Soap, shampoo, and feminine hygiene products
- Fresh blankets, towels, and clothing
- Tents

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How do I protect myself?

Close contact is defined as being closer than 6 feet to a person for more than 10 min. As an outreach worker, you should not come into close contact with any PEH (symptomatic or asymptomatic).

If a client looks sick or says that they have cold or flu symptoms, then you should wear a mask to deliver simple street screening and triage advice and wear gloves if handing flyers or care kits to client.

TIP: If you are following up with a sick client at their tent or encampment, employ the **DROP-KNOCK-WALK** technique to deliver food/water to sick clients in the field without coming into contact with client.

INFORMATION ABOUT WHEN AND HOW TO USE FACEMASKS

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

Learn How to Use PPE: (1) Wash your hands, (2) Put on a facemask, then gloves, (3) Hand a facemask to client, (4) Conduct outreach visit, (5) Remove gloves, then facemask without touching outer surfaces of PPE, (6) Dispose of gloves in disposal plastic bag and strongly consider re-use of face mask (see: PPE conservation guide), and (6) Wash your hands.

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SIMPLE STREET SCREENING/TRIAGE:

1. Assess the scene.

Avoid crowded areas and conduct all visits with at least 6 feet of distance between you and the client for less than 10 minutes. **If the PEH looks sick or is coughing, wear a facemask and gloves and give the client a facemask to wear.**

2. Screen the patient for signs of being sick.

*“How are you feeling today? Do you feel sick?” “Do you have a **new** cough, runny nose, or sore throat?” “Do you feel like you have the flu? Do you have fever, chills, or body aches?” “Are you having a hard time breathing?”*
If the client answers “yes,” put on a facemask and gloves and give the client a facemask if you haven’t already.

3. Deliver easy to understand advice about COVID-19, if the client said yes to any of the above questions.

*“Have you heard about the new coronavirus? It is a virus that can cause cold or flu symptoms and sometimes serious problems like pneumonia. People who have these symptoms should call their doctor to get advice about testing and treatment. If you feel sick, you should try to stay away from other people while you feel this way, and especially not share food or drinks or sleep in the same tent with others. If it gets to be hard to take care of yourself on the street or if you have **very serious symptoms** you or your friends should call 911 immediately and tell them that you are worried about the new coronavirus.”*

4. Collaborate with the client to care for himself/herself while sick.

- Low-risk clients with mild symptoms: Consider advising “shelter in place” in the client’s tent. Ensure access to basic needs like food and water and social support for monitoring.
- High-risk clients who are unable to self-care on the street: Offer DPH isolation housing. If client willing, call **833-596-1009** to refer client for intake to isolation room and arrange for transport. Space is limited.
- Clients with very serious symptoms: **Call 911** and notify the dispatcher that you are worried about severe COVID-19. Signs of severe COVID-19 include:
 - Difficulty breathing that stops you from walking or talking like you normally would
 - Pain or pressure in your chest that doesn’t go away easily
 - Being confused (or your friends can barely wake you up)
 - Your face or lips look blue or grey
 - You would call 911 if your family member looked or felt like you do right now