NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Interim Coronavirus Disease 2019 (COVID-19) Guidance for Homeless Shelters and Service Providers

April 15, 2020

Persons experiencing homelessness may be at risk for infection during an outbreak of COVID-19. The CDC has resources to support response planning by homeless service providers, including overnight emergency shelters, day shelters, and meal service providers. This includes cleaning and disinfection recommendations.

The U.S. Department of Housing and Urban Development also has information for housing providers, including organizations that provide housing for homeless individuals and shelters. This includes guidance for how to plan and respond to COVID-19 and following the CDC's guidance for cleaning and disinfecting community facilities.

Persons experiencing homelessness and outreach workers should follow the same steps to prevent COVID-19 infection as all other North Carolina residents. However, many persons experiencing homelessness do not have reliable access to running water. Outreach workers should prioritize distributing hand sanitizer containing at least 60% alcohol to persons experiencing homelessness so they can protect themselves from COVID-19.

North Carolina has many healthcare facilities that provide care to uninsured persons at low or no cost. If you plan to visit one of these facilities for COVID-19 testing or treatment, please call ahead if possible so the facility can take appropriate infection prevention precautions.

Planning

- ☐ Establish ongoing communication with your local emergency managers and local health departments to ensure "whole community" planning and facilitate access to relevant information before and during an outbreak.
- ☐ Develop or update your organization's emergency plan to reduce the impact of the outbreak.
    - o Identify list of key contacts and community partners, including emergency management, health department, continuum of care (CoC) and other community partners.
    - o Identify a list of healthcare facilities.
    - o Include contingency plans for increased absenteeism caused by employee illness or by illness in employees' family members that requires employees to stay home. These plans might include extending hours, cross-training current employees, or hiring temporary employees.
    - o Identify alternative care sites for either preventive measures or where clients with respiratory illness care be isolated and receive appropriate care (see XX section).

☐ Communicate with staff and shelter residents. Describe what actions the facility is taking to protect them, including answering their questions and explaining what they can do to protect themselves and their fellow residents.

Prevention

Non-Congregate Sheltering

☐ Shelters should consider utilizing non-congregate sheltering to prevent spread of COVID-19 for their individuals at higher risk for severe illness, according to the CDC. Shelters should work with their counties and community partners to set up non-congregate sheltering options.
☐ An option congregate shelters could consider is non-congregate sheltering for their full shelter population and/or unsheltered populations to allow for social distancing and further prevention of community spread.

Prevention within Congregate Shelters

☐ Promote the practice of everyday preventive actions. Use health messages and materials developed by credible public health sources, such as your local and state public health departments or the Centers for Disease Control and Prevention (CDC). Read more about everyday preventive actions.
☐ Provide COVID-19 prevention supplies at your organization. Have supplies on hand for staff, volunteers, and those you serve, such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and disposable facemasks. Work with local emergency management, local health departments, and volunteer organizations to help source additional supplies, if needed. *Note: Disposable facemasks should be kept on-site and used only when someone is sick at your organization. Those who are sick should be immediately isolated from those who are not sick and given a clean disposable facemask to wear while staying at the shelter.*
☐ Identify ways to allow for "social distancing" within the shelter.
    - Increase focus on diversion activities that keep individuals and families out of congregate shelters when possible.
    - For dorm-style shelters, beds should be arranged to ensure that the heads of the beds are at least 6 feet apart OR, if this isn't possible, arrange beds so that individuals lay head-to-toe, or use temporary barriers (foot lockers, curtains) to create distance between beds. Shelters may maintain full capacity if this buffer spacing can be created and maintained. Shelters may reduce their census if needed to improve spacing in sleeping areas.
    - Create staggered schedules for activities such as meals, usage of shared bathrooms, etc.
    - Improve ventilation in rooms to the greatest extent possible.

☐ Work with community partners to identify alternative sheltering options (e.g., hotel/motel) or additional sheltering space (e.g., church or community center) to allow for further social distancing.
    - Use hotel/motel vouchers or other resources to move high-risk individuals to alternative locations that allow for more social distancing than is available in a shelter.
    - Identify additional community sites for additional shelter space to allow for additional room between individuals.
☐ Assess residents' symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

Recommendations for Facility Administration Regarding Care for Individuals Confirmed to have, or Being Evaluated for, 2019-nCoV Infection Who Reside in or Receive Care in a Congregate Living Setting

Most persons with COVID-19 infections will likely have mild symptoms and not require hospital care.

Find a Suitable Room for the Person

- ☐ A client that is symptomatic, awaiting test results, or has a confirmed case of COVID-19 should be isolated in a private room in a non-congregate setting (e.g., hotel/motel, trailer). Non-congregate sheltering and select wrap-around services may be reimbursable as it meets FEMA criteria.
- ☐ If there are no alterative housing sites available, shelters can work to identify either a private room within the shelter for isolation or a large well-ventilated room to cohort sick clients, ensuring it can effectively minimize exposure for staff and other clients.
    - o If multiple persons become ill, establish a designated area(s) of the facility specifically for sick persons. Designate staff to care for these individuals only. Limit the movement of designated staff between parts of the facility to decrease the risk of staff spreading COVID-19 to other parts of the facility.
    - o Doors to any room or area housing suspected and confirmed COVID-19 patients should be kept closed except for entry or egress.
    - o The room should have an attached private bathroom, if possible. If this is not possible, identify another close-by bathroom that may be restricted to use by the patient or sick cohort only.
- ☐ Decisions regarding alternative housing sites should be made in coordination with local health authorities. Similarly, identifying respite care locations for patients with confirmed COVID-19 who have been discharged from the hospital should be made in coordination with local healthcare facilities and your local health department.

In some circumstances, it is better to keep families or other close groups together. If there are accompanying family members (or other personal contacts) of the ill person, consider housing them together, even if they are not ill, if there previously was an extended opportunity for exposure because they may already be infected.

Identify one or more caregivers who can provide for the patient

- ☐ Identify staff that will serve as caregivers for residents with COVID-19, keeping the number of staff members with contact to a minimum. These caregivers will support individuals with their basic needs and monitor symptoms.
- ☐ Ensure communication between caregiver, patient, healthcare provider/local health department.

Limit the number of people who have contact with the patient

- ☐ Only people providing essential care should enter the patient's room.
- ☐ Other residents should stay away from the patient.
- ☐ Restrict visitors who do not have an essential need to be in the patient's room.

Ensure sufficient supplies and cleaning

- ☐ Identify sufficient supply of gloves and facemasks covering the mouth and nose for all persons who directly serve individuals with confirmed cases of COVID-19.
- ☐ Clean all touchable surfaces, such as counters, tabletops, bathroom fixtures, toilets, and bedside tables daily, with an EPA registered disinfectant effective against coronaviruses, as needed. Also, clean any surfaces that have blood, body fluids, and/or secretions.
- ☐ Ensure patient and caregiving staff wash hands regularly.

Ensure sufficient staffing and services for the clients in quarantine or isolation

- ☐ Consider onsite healthcare needs, utilizing telehealth options whenever possible
- ☐ Limit staff that need to come in contact with clients with mild illness due to suspected or confirmed COVID-19. Ensure appropriate PPE for any staff that are determined to need to have direct contact.
- ☐ Consider staffing needs including case management staff, security, staff shifts and crew considerations.

Find additional resources:

HUD Exchange: COVID-19 Prevention and Response for Homeless Providers: Daily Resource Digest (here)

United States Interagency Council on Homelessness: COVID-19 Resources (here)