

COVID-19 and Common Respiratory Viruses

Los Angeles County Department of Public Health (DPH)

Guidance for Homeless Shelters and Service Agencies

01/24/2024

Significant updates include:

- Reporting COVID-19 cases through the Shared Portal for Outbreak Tracking (SPOT) instead of REDCap
- Providing information on prevention of flu, RSV, and other respiratory infections

NOTE: On January 9, 2024, both CDPH and Cal/OSHA updated the [State Public Health Officer Order for COVID-19 Disease Control and Prevention](#) and related guidance documents for the general population and the [COVID-19 Prevention Non-Emergency Regulations](#) for workplaces, respectively.

However, our local COVID-19 isolation guidance for sites serving people experiencing homelessness remains unchanged and more protective. The infectious period for COVID-19 transmission has not changed. Because of the congregate living arrangements in homeless shelters, the risk of COVID-19 transmission remains higher in these settings compared with the general population. In addition, there is a high prevalence of [certain medical conditions](#) associated with severe COVID-19 among people experiencing homelessness, increasing the risk for severe outcomes from COVID-19 in this population.

Per Cal/OSHA, all individuals with COVID-19 need to wear a well-fitting, high-quality mask for a total of 10 days after their symptoms began or, if they do not have symptoms, the date of their initial positive test, whenever they are around others. This includes individuals who test positive or are diagnosed with COVID-19 and have no symptoms or only mild symptoms.

Some minor updates to our guidance for homeless shelters and service agencies have been made to incorporate best practices for preventing transmission of respiratory syncytial virus (RSV) and influenza. Changes are highlighted in yellow.

COVID-19, influenza (flu), and respiratory syncytial virus (RSV) are common respiratory diseases with cough and cold symptoms. Most people recover on their own without complications, but some people are at [higher risk of getting very sick](#), especially people experiencing homelessness. This guidance outlines strategies and specific actions to help prevent and reduce the spread of respiratory infections. Special considerations for nonresidential homeless service providers and Office of Diversion and Reentry (ODR) housing can be found at the end of this guidance.

Homeless shelters, homeless service agencies, and ODR housing must also follow [Cal/OSHA's COVID-19 Prevention Non-Emergency Regulations](#) when not covered by the [Cal/OSHA Aerosol Transmissible Diseases \(ATD\) Standard](#).

Visit DPH's [COVID-19](#), [flu](#), [RSV](#), and [respiratory viruses](#) webpages for resources and the latest recommendations. If you have questions and would like to speak with someone, call the LA County Information Line at 2-1-1, which is available 24 hours a day. We appreciate your efforts to keep Los Angeles County healthy.

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Screening and Signage

Screening

- Staff must screen new clients for cough, cold, [flu](#), and [COVID-19](#) symptoms upon intake, and if staying longer than overnight, once per day.
 - Shelters should accept clients with symptoms or who are positive for COVID-19 as long as they can isolate them from other residents.
- Staff and visitors entering the facility should self-screen for cough, cold, flu, and COVID-19 symptoms.
 - When there is an outbreak at your facility, facilities should actively screen staff for symptoms.
- When the LA County [CDC COVID-19 hospital admission levels](#) are Medium or High, COVID-19 screening testing (e.g. testing of all individuals regardless of symptoms) becomes recommended. For more information on strategies for screening testing see the [LA County COVID-19 Response Plan](#) and the [CDC Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities](#).

Signage

- Post entry signs reminding staff and visitors to not enter the facility if they have COVID-19 or flu symptoms or are positive for COVID-19.
- Post [entry signs for clients](#) instructing them to inform staff before entering if they are sick or positive for COVID-19.
- Post signs recommending masks and the importance of hand hygiene. For examples of signage see [DPH's COVID-19 Guidance for Businesses and Employers](#).

Testing and Treatment

Clients and staff **with cough, cold, flu, or COVID-19 symptoms** should get tested for COVID-19. COVID-19 treatment is available for those who test positive or are diagnosed by a health care provider and can prevent them from getting very sick. The oral medicines must be started within 5 days of when symptoms begin. Most adults and some children qualify for treatment if they have symptoms AND either test positive for COVID-19 OR a doctor recommends treatment.

Free and low-cost treatments are available for eligible patients. Contact a healthcare provider or call the Public Health Call Center at 1-833-540-0473. For more information, visit [Medicine to Treat COVID-19](#).

During the winter virus season (typically fall through early spring), facilities should consider also referring individuals with cough/cold symptoms and risk factors for influenza testing, particularly if they test negative for COVID-19. Antiviral medications for influenza are available by prescription for adults and children who get sick with flu, especially individuals at higher risk of serious complications. These medicines work best if started within two days of when symptoms begin. For more information, visit [CDC Flu Treatment](#).

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COVID-19 Cases and Close Contacts

Clients:

- With cough, cold, flu, or COVID-19 symptoms should be masked, placed immediately in a separate space, and tested for COVID-19. If clients initially test negative, continue to keep them away from others and retest 2 days later. Clients who test negative for COVID-19 or who test positive for other respiratory viruses, such as flu or RSV, should isolate for at least 24 hours after resolution of fever without use of fever-reducing medications AND other symptoms are mild and improving.
- Who test positive for or are diagnosed with COVID-19 must isolate and follow all isolation instructions:
 - Isolation may end after Day 5 if all the following criteria are met:
 - No fever for 24 hours without using fever-reducing medications.
 - No symptoms or symptoms are mild and improving.
 - A negative test is strongly recommended prior to leaving isolation between Days 6 to 10. If the person is immunocompromised or had severe COVID-19, they may need to isolate longer than 10 days.
 - Note: Day 1 is the first full day after symptoms began. If no symptoms develop, Day 1 is the first full day after testing positive.
 - Wear a well-fitting, high-quality mask around others for 10 days after symptoms began or after testing positive.
- Who are close contacts should wear a well-fitting, high-quality mask around others for 10 days after exposure. They should test for COVID-19 immediately after exposure and then again at least 48 hours later (between Days 3 to 5 after exposure).

Staff:

- With cough, cold, flu, or COVID-19 symptoms should be excluded from work pending COVID-19 test results. If symptoms persist, consider continuing self-isolation and retesting in 2 days. Staff who test negative for COVID-19 should not return to work unless they have been afebrile for 24 hours AND other symptoms are mild and improving.
- Who test positive for or are diagnosed with COVID-19 must isolate for 5 days after symptoms began or after testing positive if no symptoms. They must be excluded from the workplace and follow all isolation instructions:
 - Isolation may end and staff may return to work after Day 5 if all the following criteria are met:
 - No fever for 24 hours without using fever-reducing medications.
 - No symptoms or symptoms are mild and improving.
 - A negative test is strongly recommended prior to leaving isolation between Days 6 to 10. If the person is immunocompromised or had severe COVID-19, they may need to isolate longer than 10 days.
 - Wear a well-fitting, high-quality mask around others for 10 days after symptoms began or after testing positive.
- Who are close contacts to someone with COVID-19 may continue to work as long as they wear a well-fitting mask around others and remain asymptomatic. They should test for COVID-19 as soon as possible after exposure and then again at least 48 hours later (between Days 3 to 5 after exposure).

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Immunizations

Immunizations are the best way to protect against serious illness and death caused by COVID-19, flu, and RSV.

Everyone 6 months and older should get a [2023-2024 updated COVID-19 vaccine](#) to protect themselves and reduce the spread of the virus. The updated vaccine can increase prior protection (from previous vaccination or infection) that may have decreased over time.

Everyone 6 months and older should get a [flu vaccine](#) every season. Vaccination is especially important for those at [higher risk of getting very sick with the flu](#). Getting vaccinated may reduce the risk of ending up in the hospital.

[RSV immunizations](#) protect people at highest risk of getting very sick with RSV, including infants, toddlers, and adults 60 years and older. Babies can be protected either through maternal vaccination during pregnancy at 32-36 weeks, or by giving an RSV antibody immunization to infants younger than 8 months. Adults 60 years and older should talk to their healthcare provider about RSV vaccination.

When possible, assist all clients and staff with staying up to date with all immunizations recommended for them. Homeless service providers can request DPH on-site assistance with vaccinating their clients and staff by completing the LA County DPH Mobile Vaccine Team [interest form/formulario de interest](#).

Vaccination status should NOT be a barrier to accessing homeless services. Being vaccinated should not be required for housing.

Air Filtration, Ventilation, and Physical Distancing

Air Filtration and Ventilation:

Increasing ventilation is one of the most effective ways to reduce transmission of viruses that are spread through the air. Maximizing ventilation is particularly important in areas that are designated for isolating clients with COVID-19 and other respiratory viruses, see [CDPH Best Practices for Ventilation of Isolation Areas](#).

- Maximize air flow and filtration within the facility's HVAC system to improve air quality.
- Make sure your building's HVAC system is in good working order, and frequently inspected. HVAC systems can be optimized by installing a MERV 13 filter and ensuring a minimum of five air changes per hour (ACH).
- Create directional airflow from clean areas (i.e., the corridor) to less clean areas (i.e., sick client rooms) so that infectious particles do not spread within the facility and are, if possible, exhausted directly to the outdoors.
- When mechanical filtration cannot be improved enough to meet targets or in rooms with more crowding, portable air cleaners ("HEPA air filters") should be considered. Portable air cleaners must be appropriately sized for the area where they are deployed and need to be oriented so that air is exhausted upwards, without blowing air from one person to another.
- Improve natural ventilation (i.e., open windows when weather permits) and properly use fans.
- Decrease indoor occupancy in areas where outdoor ventilation cannot be increased.

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For more information, refer to the following resources:

- CDPH [Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments; Best Practices for Ventilation of Isolation Areas](#)
- Cal/OSHA [COVID-19 Prevention Non-Emergency Regulation FAQs-Ventilation](#)
- CDC [Ventilation in Buildings; Ventilation in Homes](#)

Physical Distancing:

Beds should be positioned head-to-toe, with heads positioned as far apart as possible.

Masks and Personal Protective Equipment (PPE)

[Masks](#) help prevent the spread of COVID-19, flu, and other respiratory viruses. For a mask to work well, it needs to have both a [good fit and good filtration](#). While all masks provide some level of protection, well-fitting respirators (such as N95, KN95, and KF94) provide the best protection. County indoor mask wearing rules and recommendations change based on local metrics. COVID-19 metrics are updated regularly and published on the [LA County COVID-19 Response Plan website](#).

Note that during an outbreak, masking may be required for clients and staff.

Clients

- All clients must be provided a clean mask on request.
- Clients with cough, cold, flu, or COVID-19 symptoms should wear a well-fitting surgical mask or respirator around others.
- Clients with COVID-19 must wear a well-fitting surgical mask or respirator if they must be around others through Day 10.
- Clients who are close contacts should wear a well-fitting surgical mask or respirator indoors around others through Day 10.

Staff

- It is strongly recommended that staff wear masks when working with clients at low hospital admission levels, however masking requirements may change depending on local metrics. See the [LA County COVID-19 Response Plan](#).
- Staff are required per [Cal/OSHA ATD Standard](#) to wear fit-tested N95 respirators when caring for confirmed or suspected COVID-19 cases. Please ensure you are complying with the regulations that apply to your facility, including the use of any other appropriate PPE for COVID-19 care (see [CDC Use of PPE](#) poster).
- Staff with COVID-19 infection who are permitted to return to work must wear a well-fitting mask at all times around others through at least Day 10. Surgical masks or respirators are strongly recommended.
- Staff who are close contacts should wear a well-fitting mask at all times while they are at work around others through Day 10. Surgical masks or respirators are strongly recommended.
- Facilities should consider sharing this DPH masking resource with staff: [Know which Masks Provide the Best Protection](#) (available in multiple languages at ph.lacounty.gov/masks).

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When masks are not required, all individuals may choose to wear a mask without fear of discrimination or retaliation.

Additional masks resources see:

- CDPH [When and Why to Wear a Mask](#)
- LA County [Mask Rules and Recommendations](#)

COVID-19 Isolation Onsite

- Regardless of outbreak status, facilities should accept and be prepared to isolate residents onsite who have, or are suspected of having, COVID-19 or another respiratory virus. When a client has symptoms or tests positive for COVID-19, either at intake or during their stay, they need to be isolated from others within the shelter for the duration of their isolation period.
- Ideally, the client would be placed in a private room or cohorted in a room with other COVID-19 positive clients to avoid spread of the virus within the facility.
 - Provide a separate bathroom or ensure that a shared restroom can be effectively cleaned after they use it.
 - Clients should be given well-fitting surgical masks or respirators and instructed to wash their hands before moving to the isolation area, or when needing to use shared restrooms.
- If a designated space for isolation is not available, do your best to reduce transmission within the facility by optimizing ventilation in the infected client's area and maximizing the physical distance between infected clients and others. See the Ventilation and Physical Distancing section above for more details.

For guidance on improving indoor air quality in isolation areas, including creating directional air flow to limit transmission, see [CDPH's best practices](#).

If a client tests positive/is diagnosed and cannot be isolated from others, and the Department of Mental Health (DMH) or Department of Health Services (DHS) is the funder, consult with these funders for placement options. For LAHSA-funded providers, consult other [LAHSA Interim Housing programs available in your area](#).

Note: Office of Diversion and Reentry (ODR) housing sites have designated isolation housing for their clients.

Special Considerations for Nonresidential Homeless Service Providers

- Offer shelter to confirmed COVID-19 cases or clients with symptoms living in encampments or other unsheltered settings. If this is not feasible, or if the client refuses, assist with onsite isolation (e.g., sheltering in place in an individual tent).
- Assess for communication means and social support among other "rough sleepers" (individuals who sleep on the streets, in tents, or in other places not meant for human habitation). Identify a capable "rough sleeper" who can periodically check on the case for worsening of symptoms, update outreach teams on the case's condition, and provide food and water.

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- Request up to date contact information for people living in encampments.
- Unless shelter or housing options are available, do not clear encampments, which can increase the spread of infection and break connections with service providers.

Respiratory Virus Reporting

Homeless service providers must report within 24 hours when they know of at least 3 or more linked COVID-19 cases among clients or staff within a 7-day period. It is strongly recommended to report a single COVID-19 case occurring among clients. [Report cases to LA County DPH through the Shared Portal for Outbreak Tracking \(SPOT\)](#) or by calling 888-397-3993 or 213-240-7821. For more details, including the definition of linked cases and guidance for large settings, see the [Los Angeles County Health Officer Order COVID-19 Reporting Requirements](#).

- See DPH's [Provider and Laboratory Reporting Guidelines for COVID-19](#).

Report suspected influenza outbreaks to LA County DPH by calling 888-397-3993 or 213-240-7821. An influenza outbreak is at least 1 case of laboratory-confirmed influenza in the setting of a cluster (2 or more cases) of influenza-like illness within a 72-hour period. For more information about reporting, see: [Reporting in LA County](#) and [Reportable Diseases and Conditions](#).

Cleaning & Disinfecting Practices

- Regularly cleaning surfaces helps prevent the spread of germs that make people sick.
- Facilities should regularly clean frequently touched surfaces and objects such as door handles, stair rails, elevator buttons, touchpads, restroom fixtures. They should also clean other surfaces when they are visibly dirty.
- In addition to cleaning, the CDC recommends disinfecting areas where people have been obviously ill (for instance, vomiting on facility surfaces).

See [CDC When and How to Clean and Disinfect a Facility](#) and [EPA COVID-19 Disinfectants](#) for more detailed information.

Additional Resources

LA County Department of Public Health

- [COVID-19 Quick Links](#) and [COVID-19 Sitemap](#)
- [Homeless Services Resources](#)
- [Influenza \(Flu\)](#) and [Flu Vaccine](#)
- [Respiratory Syncytial Virus \(RSV\)](#)
- [Respiratory Viruses](#)
- [RESP WATCH](#): viral respiratory surveillance for LA County
- [Los Angeles Health Alert Network](#): communications to health care professionals regarding local or national disease outbreaks and emerging health risks



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California Department of Public Health

- [State Public Health Officer Order for COVID-19 Disease Control and Prevention](#)
- [COVID-19 Isolation Guidance for the General Public](#)
- [COVID-19 Testing Guidance](#)
- [Respiratory Virus Prevention](#)

California Occupational Safety and Health

- [COVID-19 Prevention Non-Emergency Regulations](#)

Centers for Disease Control and Prevention

- [Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities](#)
- [COVID-19 Prevention](#)
- [Influenza \(Flu\)](#)
- [Respiratory Syncytial Virus \(RSV\) Infection](#)

U.S. Department of Housing and Urban Development (HUD)

- [Approach to Winter Planning](#)