

Novel Coronavirus (COVID-19)

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

7/27/20 Updates

- Symptoms of COVID updated to include fever, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting
- Home Isolation period changed from 72 hours to 24 hours with no fever. The period that someone is considered to be infectious, changed from 48 hours to 2 days before symptoms begin.

The following recommendations are for homeless service agencies and outreach teams. They are designed to help you:

- Prevent and reduce the spread of COVID-19 among your staff and clients and
- Prevent and reduce the spread of COVID-19 between your staff and clients and others in the community.

This guidance is updated to reflect increasing spread of COVID-19 in the community. People experiencing homelessness (PEH) may be particularly vulnerable to becoming infected in the context of community spread due to crowded living conditions in some homeless encampments, limited access to hygiene facilities and supplies, and underlying health problems that may have compromised immune function. If infected, PEH may be particularly vulnerable to serious illness, because of that higher burden of conditions, like COPD, heart failure, and diabetes, and the accelerated aging and frailty, that come with life on the street. For these reasons, the Los Angeles Homeless Services Agency (LHASA) and the Department of Public Health (DPH), are tracking and reporting the number of cases of COVID-19 among persons experiencing homelessness (PEH) and working with other county agencies and community partners to offer training on prevention and screening to homeless service providers, and to provide emergency shelter to PEH who need a safe place for quarantine or home isolation.

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-19 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.



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- **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.
 - Staff should stay home for at least 10 days have passed since symptoms first appeared AND 1 day (24 hours) after recovery, which means fever has resolved without the use of fever-reducing medications AND there is improvement in symptoms (e.g., cough, shortness of breath).
 - If a person has a [condition](#) that severely weakens their immune system they might need to stay home for longer than 10 days. They need to talk to a healthcare provider for more information.
 - Do not require a doctor's clearance to return to work.
 - Develop a policy for home isolation, if staff are known contacts to 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.



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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>
 - **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.

Novel Coronavirus (COVID-19)

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- **Action Steps:**
 - Educate PEH about when and where to seek medical attention.
 - Educate PEH about the symptoms of COVID-19 (fever, cough, shortness of breath and others).
 - 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.
- **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
 - 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 feet away) from other individuals as much as possible for 14 days after exposure.

Novel Coronavirus (COVID-19)

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

- 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.
- 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.

What should you do after a confirmed case of COVID is found in an encampment?

- Once in the camp, be especially aware of people experiencing cough, shortness of breath, appearing feverish or ill.
- If you identify any person with severe symptoms, call 911. Before transfer, notify the transfer team and medical facility that you are referring a patient with suspicion of COVID-19. Severe symptoms include:
 - 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
- Explain to the client that you will need to use protective gear when you come closer. When within 6 feet of others, surgical masks and gloves (at minimum) should be worn. Give the patient a surgical mask.
- Unnecessary transportation for any reason should be avoided by the team. Careful assessment of the risk of remaining outside must be weighed with the risk of relocating to a shelter/congregate setting.
- Based on assessment on a case by case basis, people with mild illness due to suspected or confirmed COVID-19 may be transferred to an isolation or quarantine bed. A Department of Public Health call center has been established to assist healthcare providers, homeless service providers, street outreach teams and law enforcement to find an isolation or quarantine bed for their PEH. Call (833)-596-1009 for bed availability.
- If no indoor quarantine options are available, shelter in place with an individual tent and quarantine close contacts. In this case, ensure that the street medicine/outreach team visit frequently (daily) to monitor patients for deterioration of condition. Identify a capable rough sleeper in the camp to report

Novel Coronavirus (COVID-19)

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

the ill person's condition back to street medicine/outreach team, especially if phone calls/texting is an option.

- Unless individual housing units are available, do not clear encampments. Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious disease spread.
- Request up-to-date contact information for each person.
- Encourage people staying in encampments to go to an isolation or quarantine site. If they refuse, advise on set up of their tents/sleeping quarters with 6 feet apart spacing.
- Provide straightforward communications to the encampment in the appropriate language. Post signs in strategic locations to provide information on hand hygiene, respiratory hygiene, and cough etiquette.

Additional information should include:

- The most recent information about COVID-19 spread in their area
- Advice to avoid crowded areas if COVID-19 is circulating in their community
- Social distancing recommendations
- 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
- Camp members should be given surgical masks and hygiene resources and told to practice as much isolation from other persons and groups as possible.
- Camp members also should be instructed on how to care for the ill person, such as setting food outside his or her tent without coming into contact with the person.
- 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.
- Ensure that the street medicine/outreach teams/mobile services are expanded so that very vulnerable and isolated people can receive public health messages as well as continue receiving needed services.

Patient Refusal

- If a person refuses to go to a site where the diagnosis can be confirmed, then every effort should be made to assist the camp to find an onsite "isolation" option.
- One option may be an additional tent or a secluded area where friends can still feed and care for the patient.
- Camp members should be given masks and adequate hygiene supplies.
- Regular camp monitoring routines should be set up for such areas with medical staff who wear adequate protective equipment.



Novel Coronavirus (COVID-19)

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In the US, it is difficult to involuntarily commit someone for suspected illness. If the patient has proven illness, in theory, they can be committed as a risk to others. Such laws (such as for TB disease) have rarely been enforced in modern times. An ethics committee in consultation with the health department should make the call on such cases

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:

Centers 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>

Novel Coronavirus (COVID-19)

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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

