

COVID-19

Los Angeles County Department of Public Health Guidance for Homeless Shelters

3/17/2023

Significant updates (highlighted) include:

- Added a reference to the Aerosol Transmissible Diseases (ATD) standard
- Updated guidance on daily symptom screening for staff
- Removed requirement to test negative to exit isolation
- Updated masking guidance
- Removed requirement to report individuals with possible COVID-19 symptoms
- Modified recommendations around physical distancing

The Los Angeles County Department of Public Health (DPH) is asking for your ongoing assistance to slow the spread of COVID-19 in Los Angeles County.

As a basic, first step in response to the COVID-19 outbreak, we strongly recommend that all homeless shelters review and update their emergency plans and consider ways to continue essential services if onsite operations must be reduced temporarily. In reviewing and implementing any plans for your homeless shelter, refer to the [Aerosol Transmissible Diseases \(ATD\) standard](#), as all homeless shelters are required to follow these regulations. This document provides general information about COVID-19, followed by specific actions you should take to help slow the spread of respiratory infections, including COVID-19.

The goals of this document are to help homeless shelters develop strategies to:

- Prevent and reduce the spread of COVID-19 within your shelter.
- Prevent and reduce the spread of COVID-19 between and outside of facilities.

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General Information

What is COVID-19?

COVID-19 is caused by the SARS-CoV-2 virus. Most people who have COVID-19 have mild symptoms and some people can be infected and never have symptoms. But COVID-19 can also cause severe illness and death. Some people are at [higher risk of severe COVID-19 disease](#). After infection, some people experience post-COVID conditions. Although previous infection with COVID-19 offers some immediate protection from a repeat infection, re-infections with COVID-19 do occur.

What are common symptoms of COVID-19?

People with COVID-19 have had a wide range of symptoms ranging from mild symptoms to severe illness. Symptoms of COVID-19 may include some combination of the following:

- Fever (100.4 F or higher)
- Cough
- Shortness of breath or difficulty breathing
- Diarrhea
- Nausea or vomiting
- Fatigue
- Runny nose or congestion
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

This list of symptoms is not all inclusive.

Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face
- Other serious symptom

How is COVID-19 spread?

The SARS-CoV-2 virus spreads from person to person mainly through respiratory droplets and aerosols that are released into the air by a person who has COVID-19. For example, when they speak, sing, cough, shout, sneeze, or breathe heavily. These droplets and aerosols are then breathed in by other people or land in their nose, mouth, or eyes. A person's risk of getting infected goes up the closer they are to someone with COVID-19. Enclosed places with poor air flow increase the risk of getting infected. It is also possible, but less common, for the virus to spread by touching a surface with droplets on it and then touching your eyes, nose, or mouth. For more information, see the CDC webpage [How COVID-19 Spreads](#).

As information changes, we will keep you informed. Visit the [DPH COVID-19 webpage](#) for resources and the latest recommendations for COVID-19 prevention and care.

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Steps to Protect the Health and Safety of Clients and Staff

Prevent and Reduce Spread of COVID-19 Within Your Shelter

1. Steps to reduce risk of infection

Vaccination

- Provide [education](#) on vaccination for COVID-19. Everyone 6 months and older should stay [up to date](#) with COVID-19 vaccination, including all primary series doses and the most recent booster dose recommended for their age group.
 - See LAC DPH COVID-19 Vaccination [schedule](#). Refer to CDC [Stay Up to Date with COVID-19 Vaccines Including Boosters](#) for more detailed information.
- When possible, assist all clients and staff with getting [up to date](#) with their COVID-19 vaccines including boosters.

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

Signage

- Provide signs and remind staff to stay home if sick and clients to alert staff if they are sick.

Hygiene

- Make it easy for staff and clients to practice good [hand hygiene](#). Make sure bathrooms are well stocked with soap and disposable towels.
- Post reminders to wash hands with soap and water for at least 20 seconds and to dry hands on a single-use or personal towel.
- If handwashing is not feasible, staff and clients should use hand sanitizer containing at least 60% alcohol.
- Tissues should be widely available, and staff and clients should be reminded to cover coughs and sneezes with a tissue, and then dispose of the tissue and clean hands immediately. If tissues are not available, they should sneeze or cough into their elbow, rather than their hand.

Increase Ventilation

Effective [ventilation](#) is one of the most important ways to reduce the transmission of the COVID-19 virus through the air.

- Make sure your building's HVAC system is in good working order, and frequently inspected.
- Contact your HVAC professional. Ask them about:
 - Whether installing MERV 13 filters is feasible;
 - How to set the HVAC system to 100% outside, non-recycled air, especially during special events or areas with more crowding; and
 - The number of Air Changes per Hour (ACH) in areas of your business. Having 2-6 ACH is recommended.

Consider other ways to improve ventilation:

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- Install portable high-efficiency air cleaners in rooms with less ventilation or more crowding.
- When weather and working conditions allow, and if it is safe to do so, increase fresh outdoor air by opening windows and doors.
- Consider using fans to increase the effectiveness of open windows.
- Decrease indoor occupancy in areas where outdoor ventilation cannot be increased.

Physical distancing

- Beds should be positioned head-to-toe, with heads positioned as far apart as possible.
- **During outbreaks, practice physical distancing in indoor common areas among clients and staff and limit group activities.** When possible, re-arrange common areas, including waiting areas, so seats are at least 6 feet apart and facing away from one another. Deliver food or stagger meals so groups can be kept small (ideally groups of 10 or smaller). If clients have more than one meal at your site, serve meals with the same group of clients at each meal to reduce transmission risk and maintain 6 feet distance as feasible and maximize ventilation. If weather permits, serve them in outdoor areas that allow for physical distancing.

Masking

- When the County is in Medium or High CDC COVID-19 Community Levels, universal masking inside shelters is required for all staff and clients, except when eating, showering, and sleeping.
- When the County is in Low CDC COVID-19 Community Level, masking is required if there have been outbreaks within a 14-day period.
- When the County is in Low CDC COVID-19 Community Level and there have been no outbreaks within a 14-day period, indoor masking is strongly recommended if case rates are greater than 100 cases per 100,000 people, and optional when it is less than or equal to 100 cases per 100,000 people.
- Please refer to the [COVID-19 Response Plan](#) for further information about masking.
- Masks should fit and filter well. Visit ph.lacounty.gov/masks for more information.

2. *Conduct screening testing of staff and clients [High CDC COVID-19 Community Level only]*

Los Angeles County no longer requires weekly testing of staff who are not vaccinated. However, when the County is in “High CDC COVID-19 Community Level” as detailed in the LA County [COVID-19 Response Plan](#), it is strongly recommended to conduct weekly screening testing of all clients and staff, regardless of vaccination status.

- Testing should NOT be a requirement for accessing housing.
 - It is acceptable to use over-the-counter rapid tests for screening testing.
 - Please ensure that your facility has sufficient test kits onsite.
 - Please observe and assist with clients and staff performing testing.
- If you need rapid tests, please submit requests to DPH via the online [form](#).

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<p>3. <i>Screen clients for symptoms of COVID-19</i></p>	<p>Screen all clients for symptoms of COVID-19 including temperature check with a scanning or disposable thermometer. A temperature of 100.4 °F or higher is considered a fever for screening purposes. When there is an outbreak at your facility you should actively screen all staff for symptoms of COVID-19 and conduct a temperature check.</p> <ul style="list-style-type: none">- Screen clients at admission, and if stay is longer than overnight, once per day.- Remind clients to report any new symptoms to staff.- As part of screening, ask clients if they have been in close contact with someone with COVID-19. See Section 6 below.- Screen staff at the beginning of each shift when there is a shelter outbreak. Otherwise, remind staff to stay home if sick and to report any new symptoms.
<p>4. <i>When clients have COVID-19 symptoms</i></p>	<p>Clients with COVID-19 symptoms or fever should be tested as soon as possible with a COVID-19 test.</p> <ul style="list-style-type: none">- If the client has had COVID-19 in the past 90 days, and these symptoms are NEW or WORSE than baseline, use a rapid antigen test as soon as possible. An antigen test is preferred in this situation to better distinguish between inactive viral particle shedding and new active infection.- If the client tests negative, no separation is needed, but a second rapid test is strongly recommended 24-36 hours later.- Staff should wear a respirator (e.g., N95, KN95, KF94) while interacting with the client. Cal-OSHA requires staff to wear a fit-tested N95 respirator when in an area occupied by a client with suspected or confirmed airborne disease such as COVID-19. <p>If your site provides extended care:</p> <ul style="list-style-type: none">- While waiting for the test result, or if testing isn't possible, rapidly move clients who present with COVID-19 symptoms into a separate sick area that is isolated from the rest of the shelter.<ul style="list-style-type: none">• Ideally, it should be a separate building, room, or designated area, away from non-symptomatic clients. A separate bathroom is also optimal.• Place clear signage outside isolation areas so other staff and clients know to maintain distance from those areas.• If there is no way for symptomatic clients to reside in separate rooms, partitions (e.g., linen, dressers, etc.) should be constructed to create as much of a barrier as possible between symptomatic and non-symptomatic clients.• A designated restroom should be identified and reserved for use by symptomatic individuals only. If this is not possible, cleaning after the room has been used by a symptomatic person is essential.- If symptomatic clients need to move through areas used by clients without symptoms, the symptomatic clients should always wear a well-fitting medical mask or respirator.- Symptomatic clients should eat meals separately from clients without symptoms.<ul style="list-style-type: none">• If dining space must be shared, stagger meals so symptomatic clients are not eating with non-symptomatic clients and clean after use by each group to reduce transmission risks.

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	<ul style="list-style-type: none">• Mobile screens (or other ways to form partitions – linens, etc.) should be used to encourage separation in shared spaces.• Minimize the number of staff who have face-to-face interactions with symptomatic clients. Educate staff about isolation protocols at your facility.• Clients with symptoms of possible COVID-19 who test negative with a rapid antigen test should consider repeating testing with a second rapid antigen test or a PCR as recommended by CDC and FDA. Clients may leave the sick area when their symptoms are improving, and there has been no fever for 24 hours without the use of fever-reducing medications.• If Clients test positive and become a confirmed case, they should isolate. Please see section below on COVID-19 positive clients and staff for further information on isolation for confirmed cases.• Staff should keep a daily log of all clients in isolation to monitor symptoms and determine when criteria are met for ending the client’s isolation. <p>If you provide single night stays only</p> <ul style="list-style-type: none">- Place the symptomatic client in a separate, temporary space while you arrange testing.- As above, if a private space is not available, do your best to separate the symptomatic client from others by creating a barrier. Make sure their bed is at least 6 feet in all directions from anyone else and make sure they can use a separate restroom or that a shared bathroom can be effectively cleaned after they use it.- The client should be given a well-fitting medical mask or respirator and instructed to wash their hands before moving to the designated space, or when needing to use shared restrooms.-
5. <i>When staff have symptoms</i>	<p>Staff should monitor their own health daily, stay home if they develop COVID-19 symptoms, and obtain a COVID-19 test as soon as possible.</p> <ul style="list-style-type: none">- Staff with COVID-19 symptoms should not come to work until they’ve tested negative unless there are critical staff shortages. Please consult the State’s requirements on testing.- Staff with COVID-19 symptoms who test negative with a rapid antigen test should consider repeating testing with a second rapid antigen test or a PCR as recommended by CDC and FDA.
6. <i>When clients test positive for COVID-19</i>	<p>Clients who test positive should isolate (separate from others).</p> <ul style="list-style-type: none">- Individuals who test positive should be separated from others for the duration of isolation to avoid spread of infection and allow for appropriate care.- Call the DPH referral line for symptomatic, vulnerable clients with medical comorbidities for isolation placement at a medical shelter: 833-596-1009 from 8am to 8pm daily.- If your site offers only single night stays, you should do your best to identify an alternate place for that client to go before releasing to the streets. Call DPH’s referral

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	<p>line, 833-596-1009 from 8am to 8pm daily, as soon as possible to refer your client for an isolation bed.</p> <ul style="list-style-type: none">- If it is not feasible to transfer the client promptly, follow guidelines provided above for separation of symptomatic persons at your site.- Help symptomatic clients access outpatient therapy to lower their risk of getting very sick and hospitalized for COVID-19. They can call the DPH Tele-Health Service, 1-833-540-0473 (open 7 days a week, 8:00 am – 8:30 pm), for evaluation and COVID-19 treatment.- Report the case (see Required Reporting to DPH below).
7. When staff test positive for COVID-19	<p>Staff who test positive for COVID-19 should isolate and must be excluded from the workplace until they have met all return-to work-criteria. See LAC DPH Responding to COVID-19 in the Workplace.</p> <ul style="list-style-type: none">- Staff who have met return to work criteria must continue to wear a mask around others through Day 10.- If the staff live at your facility, you may also call the DPH referral line, 1-833-596-1009 from 8am to 8pm daily, to seek placement for isolation.- Report the case (see Required Reporting to DPH below).
8. When new clients have symptoms or test positive for COVID-19 upon admission	<ul style="list-style-type: none">- When a new client has symptoms or tests positive for COVID-19 during intake, and it is not feasible to transfer the client to a medical shelter for isolation, shelters are allowed to accept these clients provided they can be kept separated from the unexposed residents and staff, regardless of outbreak status.- Follow guidelines in Section 4 above for separation of symptomatic and/or positive clients at your site, and Section 6 for evaluation of COVID-19 treatment.- Please monitor staff and residents for symptoms of COVID-19, which could indicate transmission within your facility.
9. Duration of isolation for clients	<p>Isolation applies to anyone who tests positive for COVID-19 infection</p> <ul style="list-style-type: none">- Isolation may end after Day 5 (between Day 6-10) ONLY if <u>all</u> the following criteria are met:<ul style="list-style-type: none">• no fever for at least 1 day (24hrs) without use of fever-reducing medications.• no symptoms or symptoms are improving.- A negative test is strongly recommended prior to leaving isolation between Days 6 to 10.- People who continue to have symptoms that are not improving should continue to isolate until their symptoms are improving or until after Day 10.- For further information about isolation please refer to the LACDPH isolation guidance.- Please note Day 1 is the first full day after symptoms developed. If no symptoms develop, Day 1 is the first full day after the positive test was taken. If the person has a condition that severely weakens their immune system or had severe COVID-19,

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they might need to isolate or stay home for longer than 10 days. They should talk to their healthcare provider for more information.

- A well-fitting mask should be worn if the individual must be around others through Day 10. They may discontinue wearing a mask around others between Days 6 to 10 if they have had two sequential negative tests taken at least 1 day apart.

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- If a person's symptoms recur or worsen after ending isolation, they should re-isolate as this may indicate [COVID-19 rebound](#). They should take an antigen test, if they test positive they should restart isolation at Day 0.

10. Dealing with exposure

Definition of a close contact

- A [close contact](#) is anyone who shared airspace with a case for a cumulative total of 15 minutes or more over a 24-hour period while the case was infectious (for example, three separate 5-min exposures for a total of 15 minutes).
- A case is considered infectious starting 2 days before symptoms began until isolation ends. If a case tested positive for COVID-19 but had no symptoms, the infectious period starts 2 days before the test was taken until the end of isolation.
- A person is still considered a close contact even if they and/or the case were wearing a face mask at the time of exposure.
- Exceptions to this are healthcare personnel who were wearing a fitted N95 respirator as per [Aerosol Transmissible Diseases \(ATD\) standard \(California Code of Regulations, Title 8, section 5199\)](#).
- In congregate shelters, DPH outbreak investigation teams will help you determine who is a close contact, based on the space layout of your site.

All close contacts should

- Wear a well-fitting mask or respirator around others while indoors through Day 10 after last exposure. This is especially important when they are near individuals at higher risk for severe COVID-19 disease.
- Monitor their health for 10 days.
- If symptoms develop, isolate and test immediately. If the test is positive, begin isolation.
- Test as soon as possible after exposure if at higher risk for severe illness or living with persons at higher risk for severe illness. This would allow for earlier access to treatment if indicated. If negative, retest between Days 3 and 5 after exposure.
- Get tested between Days 3 and 5 after the last day of exposure (unless previously positive in the past 90 days).

Close contacts who previously tested positive in the past 90 days

- If symptoms develop, regardless of time since recovery from COVID-19, test immediately with a rapid antigen test
- If asymptomatic and the first positive test was:
 - ≤ 30 days ago, testing is not recommended

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- 31-90 days ago, antigen testing is recommended 3-5 days from the most recent exposure.

Work considerations for exposed staff

- Staff who are close contacts may continue to work as long as they do not develop symptoms or test positive for COVID-19. See [LAC DPH Responding to COVID-19 in the Workplace](#).
- Serial testing of staff is strongly recommended after a close contact exposure: upon identification (but not earlier than 24 hours after exposure), then again on Days 3 and 5.
- Exposed staff should wear a well-fitting mask around others indoors for 10 days, especially when near those at higher risk for severe COVID-19 disease.
- If staff develop symptoms, they must be excluded from the workplace and must test as soon as possible. If staff test positive, they must be excluded from work until they meet all return to work requirements.

11. Required reporting to DPH

When Should Cases or Symptomatic Persons Be Reported?

- Sites are required to report to DPH:
 - 3 or more confirmed cases of COVID-19 in either client or staff; however, it is strongly recommended to report a single confirmed case to DPH.
- Reports should be made online via Los Angeles County Dept of Public Health [COVID-19 Cases and Suspected Outbreak Reporting Form for Facilities](#). If you experience technical difficulties with this website, please call the DPH Disease Reporting line at 888-397-3993, 8AM to 5PM, or 213-974-1234 (After Hours Emergency Operator).
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- If you would like consultation on dealing with a symptomatic but unconfirmed case, you may contact the DPH Provider Call Line at 213-240-7941 for assistance, Monday through Friday, 8AM to 5PM (for time-sensitive questions after hours, call 213-974-1234 and ask for the on-call clinician).
- If you have COVID-19 cases who cannot be isolated onsite during their illness, and have medical comorbidities, consider transfer to the medical shelters for isolation housing. Call DPH's referral line at 833-596-1009 (8AM to 8PM daily).

Reporting of Point Care Test (POCT) Results: Rapid Antigen Tests

- Healthcare providers conducting CLIA-waived testing at shelters are required to report positive COVID-19 test results. Reporting of non-positive (negative and indeterminate) results is no longer required.
- As above, it is strongly recommended that shelter operators who are assisting and/or supervising clients and staff in performing over-the-counter rapid antigen tests report all positive COVID-19 test results. Reporting of non-positive (negative and indeterminate) results is not required.
- Positive test results for shelters and facilities serving people experiencing homelessness should use the secure online [PEH Point of Care Test \(POCT\) Result Report Form](#). Reporting positives via this online route replaces submission of

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	<p>information through the COVID-19 Cases and Suspected Outbreak Reporting Form for Facilities.</p> <ul style="list-style-type: none">- If your facility is not listed on the dropdown menu, please complete a one-time registration by emailing ncovid-peh@ph.lacounty.gov. This is required so your facility information can be pre-populated in the POCT reporting portal.- For questions regarding POCT reporting email ncovid-peh@ph.lacounty.gov.
12. <i>Guidelines for use of PPE</i>	<p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none">- PPE should be made available for all staff and clients.- In circumstances in which staff have direct contact with clients who are confirmed COVID-19 cases (delivering meals to bedside, administering medications, etc.), they should wear protective eyewear in addition to a fitted respirator.- Ensure that all staff clean their hands after removing PPE items.
13. <i>Best practices for sanitation and housekeeping</i>	<p>Cleaning Practices</p> <ul style="list-style-type: none">- Routinely clean all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, faucet handles, and phones.- Environmental cleaning should be done with EPA-registered healthcare disinfectant consistent with recommended wet contact time.<ul style="list-style-type: none">• If EPA-registered disinfectant is not available, you may make your own disinfectant by mixing 1 tablespoon of 2% chlorine bleach in 1 quart of water.• Alcohol-based disinfectants may be used if > 70% alcohol and contact time is per label instructions. <p>Supplies</p> <ul style="list-style-type: none">- Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer (especially near food areas and restrooms).- Make sure tissues are available and all sinks are well-stocked with soap and paper towels for hand washing.- Educate and remind clients/residents to perform proper hand hygiene throughout the day, particularly after using the restroom and prior to eating their meals.- Position a trash can near the exit inside any client/resident rooms to make it easy for staff to discard items such as gloves, masks, and gowns.

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Prevent and Reduce Spread of COVID-19 Between Facilities

Transportation

- Limit transport of all clients to essential purposes only.
- When transportation of symptomatic clients is necessary:
 - Symptomatic clients should NOT be transported with non-symptomatic clients.
 - Have symptomatic clients wear well-fitting medical masks or respirators.
 - Avoid transporting multiple symptomatic clients together. When multiple clients need to be transported simultaneously, appropriate physical distancing (at least 6 feet) should be practiced both for clients and the driver. The client should be placed on the opposite side of the car from the driver in the seat farthest away from the driver's seat.
 - Vehicle windows should be rolled down to improve ventilation in the car.
 - Transporting vehicles should be outfitted with plastic tarps or coverings over the seats that can be cleaned and appropriately disinfected after each transport.
 - Include supplies for good hygiene, including tissues, trash cans or trash bags for disposal of used tissues, and alcohol-based hand sanitizer in vehicles used to transport clients.
 - If you plan to transfer the client to higher level of care due to worsening respiratory status, notify EMS or other transporter that the client has an undiagnosed respiratory infection.

Guidance for Drivers

- Drivers of symptomatic clients should take appropriate precautions, including wearing personal protective equipment, including disposable facemask, gloves, eye protection and gown.

Additional Resources

- [COVID-19 Masks](#)
- [COVID-19 FAQ](#)
- [COVID-19 Vaccination FAQ](#)
- [LAC DPH COVID-19 website](#)
- [Los Angeles Health Alert Network](#): DPH emails priority communications to health professionals. Topics include local or national disease outbreaks and emerging health risks.
- Mental Health - LAC Department of Mental Health's [COVID-19 webpage](#) and [211 LA](#) provide local resources for mental health & wellbeing needs. You can also view CDC's webpage [Coping with Stress](#).
- [Staying at Home If You Are Sick - Poster](#)
- [Handwashing](#)

If you have questions and would like to speak to someone, call the Los Angeles County Information line at 2-1-1 which is available 24 hours a day. We appreciate your commitment and dedication to keeping Los Angeles County healthy.