

Seattle-King County Public Health's Interim Guidance on COVID-19 for Homeless Service Providers

This document provides guidance specific for homeless service providers (such as overnight emergency shelters, day shelters, and meal service providers) during the outbreak of COVID-19 virus. Homeless service providers should collaborate, share information, and review plans with local health officials to help protect their staff, clients and guests.

Background:

Coronavirus disease 2019 (COVID-19) is respiratory disease caused by a newly identified coronavirus that was first detected in Wuhan City, Hubei Province, China but has now been detected throughout the world. Community spread of COVID-19 has been identified in SeattleKing County.

Symptoms of COVID-19 can include a fever, cough, and shortness of breath. In addition, illness may be accompanied by other symptoms including headache, tiredness, runny or stuffy nose, chills, body aches, diarrhea, and vomiting. Like seasonal flu, COVID-19 infection in humans can vary in severity from mild to severe. Check [CDC's website](#) for the most up-to-date information on the symptoms of COVID-19. The virus is thought to spread mainly from person-to-person, usually between people who are in close contact with one another (within about 6 feet). This transmission occurs through respiratory droplets produced when an infected person coughs or sneezes.

Transmission of COVID-19 in the community could affect people experiencing homelessness in several ways. The outbreak could cause illness among people experiencing homelessness, could contribute to an increase in emergency shelter usage, or may lead to illness and absenteeism among homeless service provider staff. Furthermore, people who are experiencing homelessness are often at higher risk for infectious diseases and severe outcomes. Protecting your staff and clients requires a coordinated effort between homeless service providers, healthcare facilities, and the health department. Use this guide to prepare before cases are identified in your community and make a plan for how to respond if COVID-19 cases are identified.

If COVID-19 is identified in your community:

- Keep in touch with your local health department and healthcare facilities.
- Encourage everyone in the facility to cover their cough or sneeze with a tissue and have trash cans available to dispose of tissues.
- Facility clients, staff and volunteers should immediately inform management if they have respiratory symptoms consistent with COVID-19.
- Actively monitor the reports of respiratory illness, or reports of confirmed cases of COVID-19 in the facility and inform your local and state health departments.
- During an outbreak, community agencies may need to provide basic support to ill individuals. Agencies will also need to support the isolation of ill individuals when it is

not possible to isolate these individuals elsewhere. *However, homeless service providers are not expected to provide complex care to ill individuals.*

Staff Considerations:

- Encourage ill staff and volunteers to stay home (or be sent home if they develop symptoms while at the facility), to prevent transmitting the infection to others.
- Plan your staffing to minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.
- Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the shelter.
- For staff interacting with a lot of clients with unknown infection status (i.e. front desk staff):
 - Put in a sneeze guard or separate clients by a big table (to increase distance), ○ Use gloves if staff are handling IDs or other client items. Keep in mind, when using gloves:
 - Gloves are not a substitute for hand hygiene.
 - Clean your hands before putting on gloves
 - Clean your hands immediately after removing gloves.
 - Do not touch your face while wearing gloves
 - Change gloves if
 - gloves become damaged,
 - gloves become visibly soiled
 - Carefully remove gloves to prevent contaminating your hands
 - Consider posting signs related to glove use, such as this one from CDC: <https://www.cdc.gov/handhygiene/campaign/provider-infographic-6.html>
 - Staff that might be interacting with confirmed positives will want to use the recommendations for caregivers in non-healthcare settings.
 - Staff providing healthcare to confirmed COVID-19 cases in the shelter setting should adhere to the healthcare recommendations. If staff do wear masks, they should also wear eye protection to get full mucous membrane coverage.

Client Considerations:

Many people with COVID-19 will have mild illness and do not need to be hospitalized. Consider the following for symptomatic clients who may not be confirmed to have confirmed COVID-19 by laboratory testing.

If you identify a client with severe symptoms of COVID-19 infection, take the client to receive medical care immediately. **Severe symptoms include:**

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness

- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

- Mild symptoms, as below, do not typically require medical attention:
 - Runny nose or nasal stuffiness
 - Mild headache ○ Body aches ○ Mild GI upset (more often seen in children) or poor appetite.

- Please keep in mind that these are basic guidelines. Use your judgment. If your client is over age 60 or has underlying medical problems like diabetes, heart disease or lung disease, or weakened/suppressed immune symptoms, they may be more vulnerable to COVID-19 and its complications.

- Clients with respiratory symptoms should wear surgical masks to protect those around them.

Isolation in Homeless Shelters

While isolating ill clients outside homeless shelter facilities is ideal, whether or not that will be possible has not yet been determined. Even if some designated sites are available, they might be full or overwhelmed. Although achieving “isolation” in the shelter setting will be challenging, infection control procedures can decrease the risk for everyone. The following are some of the issues agencies should consider when deciding on isolation options:

- Family shelters, transitional housing programs, and low-income housing sites: Many shelters for homeless families—as well as other types of housing programs for homeless and formerly homeless people—are individual units or apartments. In these situations, isolation will generally be more feasible than in congregates shelters. However, in many of these programs, meals or other activities take place in common areas. Programs may need to think about ways to minimize interactions and gatherings in their particular setting if possible.

- In otherwise congregate settings, sick clients should be confined to individual rooms with separate bathroom and eating facilities and should avoid common areas.

- If individual rooms for sick clients are not available, consider using a large, well ventilated room specifically for sick persons.

- In isolation areas, help reduce spread by arranging beds at least 6 feet apart
 - Create temporary physical barriers between beds using sheets or curtains.
 - Arrange beds so that individuals lie head to toe relative to each other.
- Provide clients who are ill or have symptoms consistent with COVID-19 with information on what to do while they are sick.
- Give sick clients access to fluids, tissues, plastic bags for the proper disposal of used tissues, and a means to wash their hands or alcohol-based hand sanitizers as an adjunct.
- If a person's health status worsens call their PCP for medical advice. If it is a medical emergency, call 911.
- Give particular consideration to those clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly.
- Ill individuals need access to food and drinks. Staff need to wear appropriate personal protective equipment (PPE) when bringing supplies and providing support to ill individuals (e.g., surgical mask and eye protection if providing direct face-to-face care within 3 feet of the ill person).
- Agencies should develop strategies for handling violent, aggressive, or non-cooperative clients who are ill and are required to remain in isolation. Ill individuals in isolation may also have other mental health issues that require intervention.
- During an outbreak, policies related to access to smoking, drugs, or alcohol may need to be changed, particularly for individuals in isolation.
- Individuals in isolation may need to refill prescriptions or need access to daily medications such as methadone. Consider what assistance clients and guardians may need to obtain and take prescription or over-the-counter medications.

Cleaning considerations:

- See Seattle King County Public Health's [Sanitation and Hygiene Guide for Homeless Service Providers](#)
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but they should not be shared without thorough washing.
- Linens (such as bed sheets and towels) should be washed using laundry soap and tumbled dry on a hot setting.
- Staff and volunteers should wash their hands with soap and water or use hand sanitizer immediately after handling dirty laundry.

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Healthcare clinic considerations

If your homeless service facility includes healthcare provision, make sure your clinic staff are prepared for the potential for a COVID-19 outbreak using CDC guidance.[2](#)

For general questions about COVID-19 or Washington State's response, please call the Washington State Novel Coronavirus Call Center at 800-525-0127.