FACT SHEET

Sacramento Homelessness COVID-19 RESPONSE TEAM

Existing Shelters

EEPING SHELTERS OPEN & SAFE

The Response Team coordinates support to emergency shelters so that they can remain open and continue to safely serve the general homeless population. Support is intended to help shelters operate following the guidelines established by the Centers for Disease Control and Prevention (CDC) for congregate shelters and to connect prioritized populations to the Isolation and Quarantine units created under the COVID-19 Homelessness Response Plan.

Examples of support include:

- Provided written guidance to assist shelter staff in implementing recommended practices and holding weekly conversations with shelter providers.
- Established a dedicated medical advice line to assist shelters with questions or concerns. including around specific health conditions of guests.
- Created a rotating team of medical support for onsite visits to congregate shelters with limited capacity for onsite testing (based on testing availability).
- Sourced and distributed available personal protection equipment (PPE) and sanitation supplies for use by staff and quests.

- Provided a modest augmentation of existing City and County **contracts** in the largest congregate settings to offset additional costs related to managing shelter during the pandemic.
- Surveying all shelters on their sanitation and safety practices to understand challenges and assistance needed.
- Assessing shelter populations and conducting contact tracing when a shelter quest tests positive. County Department of Health Services has dedicated staff for these congregate shelter assessments.
- Promoting and facilitating referrals of prioritized shelter quests to the Isolation/Quarantine units and arranging safe transportation.

SAFETY PROTOCOLS & CDC GUIDANCE

The Response Team has released a **directive** to all shelters, which was developed in accordance with CDC guidelines, detailing additional protocols for symptom screening, implementing social distancing, and other protective measures. This directive reiterates the local prioritization for placement of vulnerable populations and reinforces enhanced safety precautions in shelter settings. Below are some of the additional protocols shelters have implemented.

As of April 17, 2020, shelters must:

- Minimize the number of shelter
 Post educational materials staff who have face-to-face interactions with those quests who have respiratory symptoms. Some shelters have dedicated staff who work solely with symptomatic shelter clients.
- Limit non-essential personnel and visitors and add additional screening protocols upon entry into the shelter facility.
- about COVID-19 and methods of prevention. The CDC and local Public Health have developed standard materials for shelter providers and these materials have been made publicly available.
- Practice social distancing in common areas and sleeping areas, and stagger social gatherings including meal services, support

groups, and enclosed outdoor areas like patios and green spaces.

- **De-intensify** (freeing up space) at shelters to make room for social distancing.
- Follow additional onsite sanitation of common spaces, including bathrooms, dining facilities, and areas where clients congregate.



Staff have received **training** from the Response Team on how to respond to these situations and have been made aware of the various resources available depending on the client's presenting needs. This information can be found under the, "Screening Clients for Respiratory Infection Symptoms" section of the **shelter directive**.

If a shelter guest exhibits symptoms for COVID-19, the shelter will assist the client to **connect with their primary health provider.** Shelter staff may also confer with the **medical advice line** or confer with the **medical support team** to arrange for a medical assessment.

If the shelter guest is experiencing difficulty breathing, persistent pain or pressure in the chest, confusion or inability to arouse, or is bluish in the lips or face, shelter staff will **contact 911** for **medical transport.** The guest is **isolated** from the general shelter population until transportation arrives and precautions are taken to practice **social distancing** and additional **cleaning and disinfecting** of shared spaces including the location where the guest was sleeping, and where the guest was exited.

In the event a client is diagnosed COVID+, a referral is made to a **Medically Supported Isolation Care Center.** In the event a client is not diagnosed COVID+, but meets the Public Health criteria as priority population, a referral is made into a **Preventative Quarantine Care Center.** Non COVID+, non-prioritized individuals return to their shelter of origin and comply with CDC guidance for social distancing in congregate facilities.

SAFEGUARDS & MONITORING MEASURES

As with the COVID-19 pandemic broadly, conditions must be **closely monitored** and recommendations may evolve over time. The **safeguard** currently in place – **following CDC guidance**, on-call and roving medical support, proactive testing (as available), contact tracing, and referrals of vulnerable populations to the Isolation/Quarantine units – are intended to **support shelters in staying open.** Conditions will be closely monitored and additional measures could be implemented, based on **consultation** with the Department of Health Services and the Public Health Officer.

