

Sacramento Homelessness COVID-19 RESPONSE TEAM

Existing Shelters

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Q. How is the Homelessness COVID-19 Response Team supporting existing shelters so they can remain safe and open during the pandemic?

A. 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 provided over the past few weeks includes:

- 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 guests;
- 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 guest tests positive. County Department of Health Services has dedicated staff for these congregate shelter assessments.
- Promoting and facilitating referrals of prioritized shelter guests to the Isolation/Quarantine units and arranging safe transportation.

Q. How do shelters promote safety and what are the highlights of the CDC Guidance?

A. 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. The full directive is attached. Below are some of the additional protocols shelters have implemented:

As of April 17, 2020, shelters must:

- Minimize the number of shelter staff who have face-to-face interactions with those guests 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.
- Post educational materials 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 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.

Q. What happens if a shelter client is symptomatic or becomes infected with the virus?

A. 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. 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.

Q. Should congregate shelters remain open given the experience of the San Francisco shelter where 90 or so guests and staff tested positive?

A. 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.

Message to Shelters and Homeless Service Providers RE: Screening clients for symptoms and implementing social distancing and other protective measures

As the COVID-19 virus pandemic continues, state and local public response systems are implementing a number of public health strategies to prevent further exposures and slow the spread of the virus. People experiencing homelessness are considered a high-risk population for severe illness as a result of COVID-19 and infections among that population present specific challenges due to a combination of factors, including: having overall poorer health than the housed population, living in congregate settings, being an aging population, and having limited ability to follow public health advice and access health care.

As part of overall community efforts to slow the spread of COVID-19, homeless service providers must work to provide social distancing, isolation, and quarantine options for people experiencing homelessness and to connect persons experiencing symptoms¹ to needed health care resources.

To support that effort, effective immediately, all emergency shelter providers that receive funding from either or both the City and County of Sacramento must incorporate the following, to the fullest extent possible:

- Prioritize placement of vulnerable populations as defined by²:
 - Age 55+ with pre-existing health conditions(s) with symptoms
 - Age 55+ without pre-existing health conditions(s) with symptoms
 - Age 54 and under with pre-existing health conditions and/or with symptoms
- Screen shelter guests for symptoms of COVID-19 at intake and on a daily basis using the, “Screening Clients for Respiratory Infection Symptoms” tool.
- Incorporate social distancing guidelines and other protective measures consistent with the [CDC’s guidance for homeless service providers to plan](#)

¹ COVID *symptomatic* means having a fever (temperature higher than 100.4 degrees) **OR** new/worse than usual cough **OR** difficulty breathing

² Revised prioritization as of 4.16.2020,. This replaces prioritization found in version 1.0.

[and respond to coronavirus disease 2019](#). Shelters should, among other things:

- Download [COVID-19 posters and CDC Fact Sheets](#) and keep your clients and guests informed about public health recommendations to prevent disease spread and about changes to services that might be related to the outbreak. Messaging may include:
 - Posting signs at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
 - Providing educational materials about COVID-19 for non-English speakers, as needed.
 - Encouraging 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.
- Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms. Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g., check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them.
 - Note: Disposable facemasks should be reserved for use by clients who exhibit respiratory symptoms. Clients who become sick should be given a clean disposable facemask to wear while staying at the shelter.
- 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.
- If staff are handling client belongings, they should use disposable gloves. Make sure to train any staff using gloves to ensure proper use.
- Limit visitors to the facility.
- In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 3 feet apart, and request that all clients sleep head-to-toe
- Provide access to fluids, tissues, plastic bags for the proper disposal of used tissues.

- Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas.
- At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask.
- Monitor 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.
- Confine clients with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.
- Ensure that all common areas within the facility follow good practices for environmental cleaning. Cleaning should be conducted in accordance with [CDC recommendations](#).
- De-intensifying is the recommendation from CDC, at this time. This may take several forms and could include: reductions in shelter capacity, spreading out of shelter guests into non-traditional sleeping spaces, a 1 person per bunkbed policy, and provisions for folks to camp on the shelter facility—provided they are consistently monitored and connected to shelter services.
 - This does not mean providers should not fill beds as they turn.
 - City/County/SHRA staff are available to work with providers for project specific support to comply with CDC guidelines.

To the extent possible, all providers should also work to enforce a shelter-in-place protocol for residents, except as needed to maintain continuity of operations of the federal critical infrastructure sectors, as outlined at <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>.

Screening Clients for Respiratory Infection Symptoms

For use by shelter and outreach staff. In shelters, guests should be screened at entry and once per day thereafter.

Disclaimer: If a client exhibits **emergency warning signs** for COVID-19 **call 911** to get medical attention immediately for the client. Emergency warning signs include:

- Abnormal or difficulty breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Note: This list is not all-inclusive. Emergency services should be contacted if the shelter guest requests. Please consult a medical provider for any other symptoms that are severe or concerning.

SCREENING PROCESS:

1. Determine if the shelter guest has a fever, by:

- Taking their temperature using a temporal thermometer (see box) if available
OR
- Asking “Are you feeling feverish?”

2. Ask the shelter guest, “Do you have a new or worsening cough today?”

3. Ask the shelter guest, “Are you having difficulty breathing (worse than usual)?”

If the shelter guest has a fever (temperature higher than 100.4 degrees) **OR** new/worse than usual cough or difficulty breathing:

1. Provide a facemask for the shelter guest to wear over their nose and mouth, if facemasks are available and if the shelter guest can tolerate it.
 - If facemasks are not available, advise the shelter guest on cough etiquette and provide tissues.
2. Notify shelter management.
3. Request the shelter guest contact their primary healthcare provider, as available and assist in this connection, as necessary.
4. Complete referral to the COVID-19 Temporary Shelter System Referral Process.

5. If available, relocate the shelter guest to the area designated for symptomatic persons (following the, “Social Distancing Protocols for Shelter Providers”).
 - Shelter guest should remain in designated space until referred and accepted to higher-level of care or symptoms are resolved.
6. Inform the shelter guest that:
 - They must immediately notify shelter staff if their symptoms change or worsen.
 - They must not leave their room/the symptomatic area except to use the restroom.
7. If they leave their room/the symptomatic area, they must wear a mask, covering their nose and mouth. If symptoms worsen and shelter guest develops difficulty or inability to breathe, contact 9-1-1 for immediate medical intervention.

Taking a client’s temperature using a temporal thermometer

Temporal thermometers use an infrared scanner to measure the temperature of the temporal artery in the forehead. Temperature takers should keep as much distance from clients as they can, wash their hands with soap and water or use alcohol-based hand sanitizer (at least 60% alcohol) regularly, and use gloves if available.

To use thermometer:

Turn on the thermometer.

Gently sweep the thermometer across the client’s forehead.

Remove the thermometer and read the number:

Fever: Any temperature 100.4 F or greater is considered a fever.

No fever: People with temperatures at or below 100.3F may continue into the shelter using normal procedures.

Clean the thermometer with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

Social Distancing Protocols for Shelter Providers

	Individual's Presentation	Set-up	Healthcare Staffing
OBSERVE CDC GUIDELINES FOR SOCIAL DISTANCING	Asymptomatic	Enroll following typical shelter policy and comply with the 3 ft "social distance" rule	Public Health Nurse Advice Line
	Symptomatic (mild to severe)	<p>Shared bedroom spaces with 6ft separation</p> <p>Makeshift walls that are floor to ceiling (if feasible) should be created</p> <p>Arrange all sleeping areas (including beds/cots) so that individuals are separated by putting a minimum of 6 feet between individual sleeping surfaces to prevent the spread of infections</p> <p>Shared bathroom that are cleaned and disinfected after each use by an ill person</p> <p>Dedicate an entrance(s) or passageway(s) for infectious individuals when feasible</p>	<p>Identifying dedicated staff to care for symptomatic clients</p> <p>Public Health Nurse Advice Line</p> <p>Mobile medical personnel available on a rotating basis</p> <p>Appropriate level of PPE available for staff</p>