Homeless Encampment Guidance for Prevention and Management of COVID-19

Preliminary Guidance for Street Outreach Service Providers

Updated: April 14, 2020

This guidance was developed by Contra Costa Health Services (CCHS) for use by agencies that provide street outreach services to individuals and families experiencing homelessness that are living outside in vehicles, RV’s, and encampments. Targeted strategies reported to be efficient for controlling or preventing communicable infections for homeless persons living outside should only be conducted by trained mobile street outreach workers in partnership with Healthcare for the Homeless street medicine teams. The goals of this document is to help outreach programs:

- Prevent the introduction of COVID-19 and other respiratory pathogens into encampments
- Reduce the chance of the spread of COVID-19 and other respiratory pathogens within and between encampments
- Rapidly identify persons with respiratory illness
- Know when and how to isolate persons with suspected or confirmed COVID-19

Become familiar with infection control guidance

These recommendations will be updated as new information becomes available.

BACKGROUND: COVID-19 is a new respiratory infection caused by the SARS-CoV-2 virus. Illness severity ranges from asymptomatic to life-threatening. The most common signs and symptoms of infection include fever, cough, and difficulty breathing. Those living outside present unique risks and challenges for outbreaks of infectious diseases and, for multiple reasons could be vulnerable to both a quick spread of the illness and to more severe cases.

People living outdoors often do so in close quarters and lack the ability to maintain basic hygiene, such as hand washing. They may also face more danger from serious infection due to existing illnesses with the potential to make a case of COVID-19 more severe. Based on the limited available data, older adults and those with chronic medical conditions are at highest risk for severe illness.

COVID-19 has the potential to quickly spread through living environments that lack access to adequate sanitation. Spread is believed to mostly occur through respiratory droplets in the air or on surfaces. At present, there is no vaccine to prevent COVID-19 and no antiviral medication that can be used after exposure. Thus, prevention and control efforts must rely on other measures. The general strategies recommended to prevent the spread of COVID-19
are the same strategies used every day to detect and prevent the spread of other respiratory viruses like influenza.

GENERAL MEASURES THAT CAN BE IMPLEMENTED NOW

- **Educate staff and those contacted through street outreach** on the novel coronavirus, symptoms, how it is spread, and preventative measures that can reduce the spread of viruses like COVID-19.
- **Gather and/or procure necessary cleaning supplies**, personal protective equipment, and signs/flyers
- **Increase frequency of vehicle and staff office cleanings.**
- **Perform daily active monitoring** for consumers who may have fever and respiratory symptoms.
- **Plan for employee absences and ways to keep essential services operational**, including food service.
- **Stay up to date** with local and state COVID-19 activity and developments from CCHS.

EDUCATE STAFF AND CONSUMERS

Hand Hygiene and Respiratory/Cough Etiquette

Staff should review and follow recommendations for hand hygiene before and after contact with individuals being served, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).

- For more information about hand hygiene, procedures, and recommendations please visit the following link: [https://www.cdc.gov/handwashing/when-how-handwashing.html](https://www.cdc.gov/handwashing/when-how-handwashing.html)
- Staff should do frequent hand washing.
- Staff should use alcohol-based hand sanitizer when water is not available.
- Educate consumers and other outreach contacts around how to prevent the spread of COVID-19.
- Ensure staff and those served are familiar with the symptoms of general acute respiratory infection, as well as criteria for COVID-19 which includes fever, cough or shortness of breath. Educational materials and information should be provided in a way that can be understood by non-English speakers. When screening for persons who may have COVID-19, provide an interpreter if needed.
- Place hand sanitizer and tissue in agency vehicles and staff offices. Make these items available for outreach teams to distribute and have sinks available with soap and paper towels for hand washing in the office.
- Coughing should be done in a tissue and/or the curve of the elbow.

**Signage**

- Posting signs encouraging hand hygiene and respiratory etiquette in all common areas and staff offices is a great way to share information, and to teach or remind staff how to practice good hygiene. Hand hygiene signage written in multiple translations is available for download at [https://www.cdc.gov/handwashing/posters.html](https://www.cdc.gov/handwashing/posters.html)
• Outreach staff should carry copies COVID19 educational materials for distribution while working in the field
• Signs/flyers should be posted in:
   Agency vehicles used for transport
   Entrances and exits of staff offices
   Bathrooms and Porta Potties that have been placed specifically for the use by homeless individuals living outside

Personal Protective Equipment (PPE)
Staff should use Personal Protective Equipment (PPE) and be trained to use Standard Precautions when cleaning and decontaminating areas such as vehicles used to transport consumers or staff offices.
• Post signs on the door or wall outside of any area that clearly describe the type of required PPE.
• Make PPE, including facemasks and gloves, available immediately.

Position a trash can near the exit inside any staff office to make it easy for staff and consumers to discard PPE.

SANITATION & HYGIENE PRACTICES
Cleaning and Disinfecting
• To reduce the spread of infectious diseases, provide basic hygiene supplies (refer to next section) to staff and consumers, clean and decontaminate regularly, and post information on how to reduce transmission. This will reduce the spread of diseases through the air and through droplets, and will also reduce diseases spread through contact, like COVID-19.
• Clean and sanitize frequently touched surfaces several times per day, which includes agency vehicles used for transport. Pay special attention to electronics (phone, tablet, laptop), car door handles (inside and out), steering wheel, seat belts, pens and or other supplies frequently used in the field for outreach purposes.
• Wash surfaces with a general household cleaner to remove germs. Rinse with water and follow with an EPA-registered disinfectant to kill germs. Read the label to make sure it states that EPA has approved the product for effectiveness against Novel Coronavirus SARS-CoV-2. EPA-registered products can be found at https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf
• If a surface is not visibly dirty, you can clean it with an EPA-registered product that both cleans (removes germs) and disinfects (kills germs) instead. Be sure to read the label directions carefully, as there may be a separate procedure for using the product as a cleaner or as a disinfectant. An EPA-registered disinfection usually requires the product to remain on the surface for a certain period (e.g., letting it stand for 3 to 5 minutes) to kill germs.
• Staff performing the cleaning and disinfecting should use disposable gloves each time they perform the cleaning procedures. For staff interacting with consumers with unknown infection status they should use gloves if they are handling IDs or other
consumer items. Keep in mind, when using gloves, they 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

- Use damp cloth cleaning methods. Dry dusting or sweeping can cause airborne viruses to spread.
- Clean, disinfect, and dry equipment used for cleaning after each use.
- All trash cans should have plastic liners.
- Empty trash receptacles in agency vehicles frequently throughout the day.

**Supplies:**

Outreach workers should be prepared to encounter individuals who present with indicators of an infectious disease, both inside and outside of encampments. During an infectious disease outbreak, every worker conducting outreach activities should carry the certain minimum supplies and documentation for visits and distribution. **Street outreach workers should take standard precautions and not perform the duties of nurse practitioners or medically trained outreach workers.** If medical assistance is needed contact the Healthcare for the Homeless team (contact information in next section).

**Outreach Worker Supplies (Should be available per visit):**

- Phone
- Several pairs of disposable latex or nitrile gloves
- Several surgical masks or surgical mask substitutes
- Moist anti-bacterial hand wipes
- Basic first aid kit
- Bottle of hand sanitizer
- Resealable plastic bags for contaminated garbage
- A water-resistant bag to carry supplies (e.g., plastic bag)
- PA certified cleaning and disinfecting products
- Thermometer for staff to take their own temperatures prior to starting shift

**Supplies for Distribution:**

- Individual size hand sanitizer (with at least 60% alcohol) should be handed out to ALL consumers
- Anti-bacterial Hand wipes
- Facial tissues
- Bottled water
Documents for Distribution:

- List of local health, mental health, and substance use counseling and hygiene resources.
- Educational material on COVID19 that contains basic information on symptoms and when to seek medical care

Recommended Changes to Daily Operations and Staff Activities

- **Use Social Distancing Practices in Staff-Client Meetings**
  - Staff should wear surgical masks or surgical mask substitutes
  - Greet and interact with clients from a distance of 6 feet when possible. Explain that you are taking additional precautions to protect yourself and the client from COVID-19
  - Wear gloves if you need to handle client belongings (wash hands or use sanitizer before and after wearing gloves)
  - Provide all clients with hygiene products when available
  - Maintain good hand hygiene by washing hands with soap and water for at least 20 seconds or using hand sanitizer (with at least 60%) alcohol on a regular basis
  - If at any point staff does not feel they are able to protect themselves and clients from spread of COVID-19 (i.e., client declines or unable to maintain a distance of 6 feet) contact supervisor

- **Encourage Preventative Sleeping Arrangements.** Encourage people staying in encampments to set up their tents/sleeping quarters with at least 12 feet x 12 feet of space per individual.

- **No staff transportation of consumers during this time.**

**MONITORING AND SCREENING FOR SYMPTOMS**

Outreach staff need to be able to **identify** those who are sick, **isolate** them from other consumers and staff members and **coordinate care** with appropriate medical staff.

If staff have any concerns about a consumer or have been contacted by someone who is seeking medical attention:

- staff should contact the PHCS mobile testing unit at 925-608-5276 for screening or send patient to directly to the Healthcare for the Homeless van if they are currently on-site.

If patient will be tested for COVID-19:

- outreach staff should call the Public Health On-Call team (24/7) to arrange for immediate transfer to a hotel, where the test will occur and the patient will stay awaiting results.
- For further instructions, please see the section: “**COVID-19 Testing for Persons Experiencing Homelessness**” on cchealth.org [link: https://www.coronavirus.cchealth.org/for-the-homeless]
Monitoring
Active surveillance should be performed with each consumer contact to help identify individuals who show signs of respiratory illness. Surveillance activities include, but are not limited to:

- Asking COVID19 screening questions (see section below) when triaging outreach calls through dispatch hotline.
- Checking in daily with outreach consumers for fever, new cough, or new shortness of breath. These checks ins should be integrated into daily work activities.
- Watching for trends in known encampments where residents may have pre-existing health conditions, and/or are elderly. If any concerns surface contact HCH staff at the numbers listed above.
- Instructing consumers and staff to report recent symptoms of fever, cough or shortness of breath to the appropriate personnel at the first signs of illness.

Screening and Identification
Implement routine screening procedures to help identify potentially ill consumers. Identifying symptoms can be accomplished through a combination of self-screening and screening questionnaires administered by general staff, with a follow-up done by a medical professional.

*Remember, having symptoms is NOT a reason to deny services. Please work with the appropriate staff from HCH should any questions arise.*

Self-screening refers to consumers identifying themselves as having symptoms. The following activities may encourage self-screening among encampment residents:

- Have outreach staff offer educational materials during each contact with encampment residents that contain information on how to self-screen.
- Make educational materials available in agency vehicles with instructions to notify staff if consumers are feeling unwell.
- Remind consumers upon check-in and at community meetings of common symptoms of infectious diseases, and how they should notify staff.
- When consumers tell outreach staff that they are feeling ill, have staff record the person(s) name(s) and symptoms so they can be followed up by HCH (see contact information in above section).
The screening questionnaire is a simple survey that helps to quickly identify if anyone contacted through outreach may be sick.

The following screening questions should be asked at dispatch, intake and daily with each contact:

- Have you had contact with a confirmed COVID-19 positive patient (within the last 14 days?)
- Do you have a fever? (100 degrees or higher; may rely on patient self-report)
- Do you have a new cough or a cough that is getting worse?
- Do you have new or worsening shortness of breath or difficulty breathing?
- Do you have new onset of diarrhea?

If the individual reports positive to any question, staff should document the consumer’s name, symptoms, and location and contact the Public Health Mobile Test Team at 925-608-5276.

If a consumer is coughing or sneezing, give consumer a mask immediately. Staff may want to have temporal thermometers to help residents self-screen for fever. Remember to clean thermometer with alcohol wipes after every use.

It is recommended that outreach staff also notify their supervisor (if after hours contact the person on-call) with any call that is referred to the HCH team and/or the advice nurse. Be sure to properly document all interactions in the case file and/or log.

CARE FOR SYMPTOMATIC RESIDENTS

If an individual contacted through outreach develops symptoms including fever, cough or shortness of breath, and has reason to believe they may have been exposed to COVID-19, outreach staff should isolate the individual and contact the Public Health Mobile Test team at 925-608-5276 to arrange for testing. Contra Costa Health Services will work to determine if testing for COVID-19 is necessary.

- If this team decides testing is appropriate, they should contact the Public Health On-Call team at 925-500-0042 that will arrange hotel and transportation.
- If it is after work hours (3:30pm any day of the week), the mobile test team will complete testing the following day, but the shelter staff should still contact the Public Health On-Call team, as the patient will immediately be transported to the hotel.
- For further instructions, please see the section: “COVID-19 Testing for Persons Experiencing Homelessness” on cchealth.org [link: https://www.coronavirus.cchealth.org/for-the-homeless]

Isolation

Isolate the individual consumer in a comfortable place with as much distance as possible from the other consumers.

- The ill consumer should remain in isolation as determined by the Health Department.
• If a consumer refuses to wear a surgical mask, practice social distancing with the consumer and have staff members wear masks when interacting with the ill consumer.
• Ensure that food and water and other needed supplies are being delivered on a regular basis. Encourage those who are sick to rest, drink plenty of fluids, and have easy access to tissues and hand sanitizer. Give those who are sick access to plastic bags for the proper disposal of used tissues, and an alcohol-based hand sanitizer.
• If consumer must leave their tent or sleeping area for any reason, ask them to wear a surgical facemask.
• Individuals in isolation may need to refill prescriptions or need access to daily medications such as methadone. Consider what assistance consumers and guardians may need to obtain and take prescription or over-the-counter medications.
• Develop strategies for handling aggressive or non-cooperative behaviors of those who are ill and are required to remain in isolation. Ill individuals in isolation may also have complex behavioral health issues that require intervention.

If the individual(s) chooses to remain in their encampment and is sharing a tent with other encampment residents encourage those who need to be isolated to not share their tent until the isolation period has ended. The CDC recommends people staying in encampments to set up their tents/sleeping quarters with at least 12 feet x 12 feet of space per individual.

Precautions
Staff should implement standard, contact, and airborne precautions.

• Wear gloves if hand contact with blood, body fluids, respiratory secretions or potentially contaminated surfaces is expected.
• Wear a surgical mask or surgical mask substitute/
• Change gloves after each encounter and wash hands or use alcohol hand sanitizer immediately after removing gloves.
• Wash hands with soap and water when hands are dirty or contaminated with respiratory secretions.

Once a consumer has been identified as having symptoms and has been isolated from others at the site, the resident may need to be transferred to the appropriate medical facility or isolation site. This is especially true if the consumer becomes more ill or cannot be effectively isolated from others. This should be decided with the appropriate CCHS medical personnel.

Transfers and transportation:
Residents may need to be transferred to appropriate medical facilities or isolation sites if they have been identified as having symptoms and/or if they become more ill or cannot be effectively isolated from others. This should be decided with the appropriate CCHS medical personnel (see above).
• If CCHS medical personnel are asking you to have the individual transported to a testing site or to the hospital (for a non-emergency), you will need to secure a taxi
and have the individual transported and cover the cost of transportation, unless the individual has their own vehicle.

- When looking for a cab company, please let the company know that you would prefer a vehicle with a barrier between the driver and the passenger.

**WHAT TO DO AFTER COVID-19 INFECTION IS CONFIRMED**

When a consumer who has tested positive has been living in close quarters with others (sharing a tent, etc.) or is known to utilize other services (warming center, CARE center, shelter), staff need to determine who else among staff and consumers might have been exposed to the virus. In consultation with Contra Costa Health Services (CCHS) COVID-19 Clinical Consultation Center, the following actions may be required:

- Make a record of all persons who enter the encampment or provide services or treatment for the infected consumer.
- Monitor and isolate resident(s) who were in contact with the infected consumer.
- Maintain strict isolation of infected consumer with standard, contact, and airborne precautions.
- Minimize the number of staff providing services or treatment for infected consumer.

Please review the [COVID-19 Outbreak Management Checklist for Congregate Living](https://cchealth.org) available at [cchealth.org](http://cchealth.org) for information on what to do if there is an outbreak at the facility.

**NOTE:** This guidance is based on the best information currently available and will be updated as more is learned about the COVID-19 outbreak.

**AGENCY CONSIDERATIONS FOR PREPAREDNESS**

**Assessing Risk to Employees and Measures to Maintain Their Health**

- Contra Costa Health Officer requires all homeless service provider staff to be screened at the beginning of each shift for temperatures over 100 degrees F. Individuals with fevers of 100 degrees or above should be sent home immediately.
- Assess the potential exposure risks to COVID-19 for all employees. Consider those who require prolonged close contact in heavily occupied encampment areas, or those who are doing long transports in agency vehicles.
- Provide employees with information about preventing the spread of respiratory illnesses. Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.
- Advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.
- Encourage ill staff and volunteers to stay home (or be sent home if they develop symptoms while at work), to prevent transmitting the infection to others.
• Plan staffing to minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms; have surgical masks for distribution if needed.
• 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.
• Use self-care practices at home and at work, as appropriate, to support coping and managing stress
  o Acknowledge and reduce secondary traumatic stress reactions
  o This may include taking breaks, asking for help, exercise, healthy eating, sleeping, meditation, avoiding alcohol and drugs, and connecting with others.

Agency Emergency Operations Plan
It is also recommended to develop or update the agency emergency operations plan. The plan should include at minimum:

- A list of key contacts at local and state health departments;
- Identify a list of healthcare facilities and alternative care sites where clients with respiratory illness can seek housing and receive appropriate care;
- Contingency plans for increased absenteeism caused by employee illness or leave to care for family members. (Consider planning for extended hours, cross-training current employees, or hiring temporary employees).
ADDITIONAL RESOURCES

Center for Disease Control

- Preventing COVID-19 Spread in Communities
- Coronavirus Disease 2019 (COVID-19) Print Resources (handouts and posters)
- Managing Anxiety and Stress for Staff and Consumers

Department of Housing and Urban Development

- Preventing and Managing the Spread of Infectious Disease for People Experiencing Homelessness (PDF)
- Preventing and Managing the Spread of Infectious Disease within Shelters (PDF)
- Preventing and Managing the Spread of Infectious Disease within Encampments (PDF)

National Healthcare for the Homeless

- [Pandemic Influenza Guidance for Homeless Shelters and Homeless Service Providers](https://www.healthyhomeless.org/coronavirus)

Contra Costa Health Services

- [https://cchealth.org/coronavirus/](https://cchealth.org/coronavirus/)
- CCHS webpage: “For People Experiencing Homelessness”
- [Guidance from Contra Costa Health Services for Persons at Higher-Risk from COVID-19](https://cchealth.org/coronavirus/higher-risk/
- Healthcare for the Homeless
- Health, Housing, and Homeless Services
- Behavioral Health Services