

## Responding to COVID-19 in Homeless Service Provider Sites

July 30, 2020

Homeless service providers can be presented with unique challenges during the COVID-19 pandemic. Because these sites are often in crowded settings with shared rooms, the virus may spread easily among clients, staff, and volunteers. Additionally, clients at homeless service sites may be older adults or have underlying medical conditions, increasing their likelihood of [severe illness from COVID-19](#). Homeless service providers should work to identify sites where COVID-19 cases can be isolated safely and where close contacts can be quarantined if they have no other options.

Review the [Interim Guidance for Homeless Service Providers to Plan and Respond Coronavirus Disease 2019](#) for further information about planning and conducting services during the pandemic period. Continuing homeless services during community spread of COVID-19 is critical, and homeless shelters should not close or exclude people who are having symptoms or test positive for COVID-19 without a plan for where these clients can safely access services and stay.

The New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS) COVID-19 Cluster Investigation team will work closely with you if COVID-19 is identified in your facility. The following checklist outlines **immediate public health actions** to take when a client or staff member with COVID-19 is identified.

### IMMEDIATE STEPS TO TAKE

- Notify NH DPHS about any confirmed case of COVID-19, or one or more clients or staff with new onset of symptoms of respiratory infections (e.g., >2 clients or staff with new-onset respiratory symptoms over 72 hours).

**Call 603-271-4496** (after-hours 603-271-5300). You will be connected to the COVID-19 Cluster Investigation Unit, who will provide public health guidance and support to the facility.

- The COVID-19 Cluster Investigation Team may suggest testing of staff and residents of the shelter in order to determine the extent of infection. If so, they will guide you in testing procedures.

**Please prepare the following for the COVID-19 Cluster Investigation Team:**

- A current list of all COVID-19 positive residents and staff using the attached COVID-19 case line list. (Include the total number of staff and residents at your facility).
  - Please be prepared to also provide a daily shelter sign in-sheet for the two days prior to the resident or staff's onset of illness.
- A daily update of all newly ill residents and staff using the line list form, if they remain at the shelter. Please prepare a separate list for staff and residents. The line list should reflect new symptoms, resolution of symptoms, hospitalizations, or deaths.
- A daily floor plan record of the sleeping area in the shelter, with bed assignments, including indication of where COVID-19 positive residents slept, for at least the two days before onset of resident's illness.
- A facility floor plan that includes all units/wings/floors.
- A list of others who may have had close contact to the individual while they were in the shelter. Staffing and daily resident lists will assist in this identification.

This data should be sent using encryption to protect privacy and confidentiality. In order to ensure encryption, DHHS will provide you with instructions via email.

- Physically separate individuals who are ill and/or those who have tested positive for COVID-19 from others when identified. Ideally isolate them in a separate room with ventilation.
- Rapidly identify and separate close contacts of those who are ill and/or those who have tested positive for COVID-19 from others. Ideally quarantine in a separate room with ventilation. Close contact is defined as someone who was within 6 feet of an infected person for at least 10 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated. Work with the Cluster Investigation
- Use standard facility procedures to determine whether the client needs immediate medical attention. Emergency signs include: trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, or bluish lips or face. If these are present, arrange for transportation to a medical facility. Prior to transport, notify the mode of transportation and receiving facility of the person's COVID status.
- Arrange for the client(s) diagnosed with COVID-19 to be transitioned to an alternate site where they can receive health services or be isolated. Routine food, medication and other supportive services should be provided at this alternate site. Prior to transition, notify the receiving facility of the person's COVID status.

- If the homeless service facility has an onsite healthcare clinic, inform the clinic staff of the client's status and make sure they facility has supply of personal protective equipment (PPE).
- Cleaning staff should be instructed to wear disposable gloves and a face mask while cleaning areas used by the suspect/confirmed case. Use of a disposable gown is also recommended, if available.

To the extent possible, close off areas where the individuals who have tested positive have been and wait 24 hours or as long as possible before cleaning these locations. See cleaning guidance below. Open doors and windows to increase ventilation.

- Linens, towels and other personal items that have been touched by the client should be placed in a plastic bag and laundered. Staff handling laundry should use gowns, gloves and masks in preparing laundry.
- Clean surfaces known to be touched by the infected individual such as desks, doorknobs, keyboards and faucets etc. See [CDC's Cleaning and Disinfecting Your Facility](#) webpage for further details.
  - Ensure disinfectants are effective against COVID 19 by checking the [US Environmental Protection Agency List N](#).
  - If it has been 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary.
- Ensure that clients use cloth face masks, which should be laundered regularly.
- Make sure 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 at key points within the facility, including registration desks, entrances/exits, and eating areas and remind clients the importance of their regular use.