

# HOMELESS SERVICE PROVIDERS

To stay informed about COVID-19 in San Diego County, please visit <http://www.coronavirus-sd.com>

For additional resources, please visit <https://www.rtfhsd.org/>

## Stay up to date with local and state COVID-19 activity and developments (in addition to CDC):

- County of San Diego: <https://www.sandiegocounty.gov/coronavirus/>
- State of California: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

## HUD:

- [Disease Risks and Homelessness](#)
- [Infectious Disease Toolkit](#)
- [National Health Care for the Homeless Council: https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/](https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/)

## Provide education for staff, volunteers and clients:

- Place signs that encourage cough and sneeze etiquette, hand hygiene, and staying home when sick at the entrance to your building and in other areas where they are likely to be seen such as:
  - Entrances
  - Gathering areas
  - Dining areas
  - Bathrooms
  - Staff lounges

Train employees and clients to clean their hands often with a 60% ethanol-based or 70% isopropyl alcohol-based hand sanitizer or wash their hands with soap and water for at least 20 seconds. Soap and water are preferred if hands are visibly dirty.

## Provide hygiene and prevention materials:

- Provide easy access to soap, water, hand drying resources, and ethanol-based hand rubs at:
  - All entries
  - Dining areas
  - Restrooms
  - Public phones
  - Computer stations
  - Elevators
- Encourage the use of and distribute disposable face masks to any person with a cough or other respiratory symptoms
- If someone is coughing or sneezing, have them wear a disposable face mask when they are within 6 feet of other people
  - Change the mask if it gets saturated
  - Wash hands with soap and water for 20 seconds after changing mask

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## Screening people for symptoms

- Begin using the Universal Screening Tool for all intakes, and if someone self-identifies as feeling ill. It is recommended it be used daily for all shelter residents, as feasible.
- Prioritize screening current residents who are known to be high risk (elderly, lung/heart diseases, diabetes, other disabling conditions).
- Continue to screen all program residents until entire milieu complete.
- Assist people who may be symptomatic, based on the Universal Screening Tool and/or a fever, to access their medical care provider. If the person does not have a medical care provider, call the 211 Nurse Triage Line.
  - If you can measure temperature, do so. A temperature of 100.4 or higher, represents a fever, or if the person is feeling feverish.
- Re-screen residents:
  - Upon a change in health status (e.g. seen coughing, with fever, and/or reports of these symptoms, etc.). If the person's illness is severe, seek emergency medical assistance.
  - Preferably daily, if feasible.



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## Ensure that adequate supplies are present and maintained:

- Hot and cold running water. Hot water should be maintained at 100°F. If temperature control is automatic, ensure that it does not exceed 120°F
- Liquid hand soap
- Paper hand towels
- Ethanol based hand sanitizer of 60% or greater OR isopropyl based hand sanitizer of 70% or greater
- Facial tissues– place at entrances and community areas
- Disposable wipes that are EPA approved for COVID : <https://www.osha.gov/SLTC/covid-19/controlprevention.html>
- Plastic-lined wastebaskets– place at entrances and community areas
- Disposable surgical masks
  - For clients who are coughing or sneezing
  - For staff working closely with sick people
- Gloves in a variety of sizes (for staff and volunteers)
- Signs addressing hygiene (English) (Simplified Chinese) (Spanish)
- Disposable wipes for staff to clean surfaces
- Thermometers with probe covers or disposable thermometers

## Update your master cleaning schedule and instructions:

- Train staff in how to mix and use disinfectants and sanitizer solutions, following all label instructions
- Use damp cleaning methods. Dry dusting or sweeping can cause airborne virus droplets
- Change mop heads, rags, and other cleaning items frequently
- Provide staff with gloves for cleaning
- Wipe down commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) before each use with disposable wipes
- Clean all common areas at least daily; clean heavily used surfaces more frequently (e.g. doorknobs, elevator buttons, public phones, banisters, tabletops, handrails, workstations, and countertops)
- Empty trash receptacles frequently, wearing gloves
- Regularly clean air vents and replace filters, especially those with HEPA filters
- Open doors and windows when cleaning, if possible
- Use gloves and either a gown, coveralls, aprons, or uniforms when cleaning and launder clothing
- Encourage all staff, volunteers and clients to get the influenza vaccine to prevent illness that is similar to COVID-19

*No special disinfection products are required. See COVID-19 Environmental Cleaning and Disinfection Recommendations from the CDC found [here](#).*

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## Precautions for staff and volunteers:

- Actively encourage sick employees and volunteers to stay home
- Staff and volunteers with cold or flu-like illness should contact their Primary Care Physician for evaluation of symptoms. Any staff should remain home for at least 7 days past initial symptom onset AND 3 days past fever resolution without the aid of fever reducers and improvement in respiratory symptoms.
- Ensure sick leave policies allow employees to stay home if they have symptoms of infection
- Do not require a healthcare provider note for employees who are sick with cold or flu-like illness to return to work, as healthcare provider offices may not be able to provide such documentation in a timely way
- Staff and volunteers developing symptoms while at the service location should immediately wear a facemask, notify management, and leave work

## Precautions for facilities:

- Facility
  - People should sleep head to toe in shelters at least 6 feet apart from one another
  - Identify a location to isolate sick individuals until they are medically evaluated by phone or transferred to care
  - Stagger bathroom schedule to reduce the number of people using the facilities at the same time
- Mealtimes
  - Have staff hand supplies or food to clients, rather than clients reaching into common supplies
  - Maintain 6 feet of distancing between people in line for meals
  - If feasible, stagger meals to reduce crowding
  - Stagger the schedule for use of kitchens
- Recreation/Common Areas/Group Activities to include distribution locations
  - Create a schedule for using common spaces
  - Limit groups to less than 10 people and space individuals 6 feet apart
  - Consider cancelling group activities
- Staff activities
  - Don't hold large meetings when information can be communicated through conference calls



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## Transportation Guidelines:

- Have Hand sanitizer, Lysol spray, and Clorox wipes on hand. Request client to wash hands before being picked up and then have the client or the driver wipe handles when they get in the van; have driver use again after client transport.
  - Follow the contact time for surfaces listed on the wipes before using the vehicle again.
- Alternate vehicles for transport, if possible.
- Limit how many clients are being transported at the same time – recommend only 1 client can be transported at a time and no other persons allowed (note that household contacts with same exposures are okay to ride with client).
- Purchase and utilize plastic disposable seat covers that can be discarded after each transport and follow Center for Disease Control (CDC) guidance on COVID-19 Fighting Products for appropriate surface.
- Driver wears gloves and surgical mask when transporting clients.
- Have the patient wear a mask.
- Roll down windows.
- Do not use vehicle's air conditioner.
- Keep trip as short as possible, preferably under 30 minutes.

