

**UPDATED 3/16/2020: Seattle-King County Public Health's Interim Guidance on
COVID-19
for Homeless Service Providers**

This document provides guidance specific for homeless service providers (such as overnight emergency shelters, day shelters, and meal service providers) during the outbreak of coronavirus disease 2019 (COVID-19). Homeless service providers should collaborate, share information, and review plans with local health officials to help protect their staff, clients, guests and volunteers.

Background:

Coronavirus disease 2019 (COVID-19) is respiratory disease caused by a newly identified coronavirus that was first detected in Wuhan City, Hubei Province, China but has now been detected throughout the world. Community spread of COVID-19 has been identified in Seattle-King County.

Symptoms of COVID-19 can include a fever, cough, and shortness of breath. In addition, illness may be accompanied by other symptoms including headache, tiredness, chills, body aches, and diarrhea. Like seasonal flu, COVID-19 infection in humans can vary in severity from mild to severe. Check CDC's [website](#) for the most up-to-date information on the symptoms of COVID-19. The virus is thought to spread mainly from person-to-person, usually between people who are in close contact with one another (within about 6 feet). This transmission occurs through respiratory droplets produced when an infected person coughs or sneezes.

Transmission of COVID-19 in the community could affect people experiencing homelessness in several ways. The outbreak could cause illness among people experiencing homelessness, could contribute to an increase in emergency shelter usage, or may lead to illness and absenteeism among homeless service provider staff. Furthermore, people who are experiencing homelessness are have underlying medical conditions that put them a higher risk for severe outcomes. Protecting your staff, volunteers, and clients requires a coordinated effort between homeless service providers, healthcare facilities, and the health department. Use this guide to prepare for how to respond if COVID-19 cases are identified.

If COVID-19 is identified in your community:

- Stay informed about the local COVID-19 situation. Get up-to-date information about local COVID-19 activity from public health officials.
- Identify points of contact at your local health department and nearby healthcare facilities and establish ongoing communication.
- Encourage everyone in the facility to cover their cough or sneeze with a tissue and have trash cans available to dispose of tissues immediately.

- Encourage everyone in the facility to wash their hands often with soap and water for at least 20 seconds,
 - Especially after going to the bathroom, before eating, and after blowing their nose, coughing, or sneezing.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
 - Always wash hands with soap and water if hands are visibly dirty.
- Post signs and informational posters for staff, volunteer, and client awareness about [COVID-19](#), [cough etiquette](#), and appropriate [handwashing](#).
- Ideally, all beds/mats will be spaced at least 6 feet apart in a head to toe arrangement. Increasing the space between clients can help reduce the spread of illness.
- Facility clients, staff and volunteers should immediately inform management if they have fever or respiratory symptoms consistent with COVID-19. More details on management follow below.
- Actively monitor the reports of respiratory illness, or reports of confirmed cases of COVID-19 in the facility and inform your local and state health departments.
- Agencies will also need to support the isolation of ill individuals when it is not possible to isolate these individuals elsewhere. Recommendations for isolation management follow below.
- Non-medical homeless service providers are not expected to provide complex care, such as checking vital signs or providing medications to ill individuals.

King County Novel Coronavirus Call Center:

If you are in King County and have symptoms of COVID-19, are a homeless service provider with questions about COVID-19 or concern about a client, or if you're a healthcare provider with questions about COVID-19, contact our novel coronavirus call center: 206-477-3977. The Call Center is open 8am-7pm.

If a client is confirmed to be a case of COVID-19, the recommendation is to isolate the client in a place identified by Public Health, outside a homeless service facility. Seattle King County Public Health is actively working on establishing alternate care sites. As soon as we have information to share, we will update you. See below for isolation considerations within homeless service facilities.

Staff Considerations:

- Plan for staff and volunteer absences. Staff (and volunteers) may need to stay home when they are sick, caring for a sick household member, or caring for their children in the event of school dismissals.
- Encourage 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.
- Plan your staffing to minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.
 - Identify 1 or 2 staff who will bring food, hydration, and check in on clients who have symptoms.
- Ensure access to Personal Protective Equipment (PPE), such as mask, eye protection, gown, gloves and hand washing supplies
- Ideally the staff will wear a surgical mask, gown, gloves, and eye protection if they have direct face-to-face interaction within 6 feet of the ill person. Make sure to train any staff using gloves to [ensure proper use](#).
- Staff need to wear appropriate personal protective equipment (PPE) when bringing supplies (tissue, hand sanitizer), providing support (food, drink), or handling client belongings or laundry used by clients, especially ill individuals.
- 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.
- Use physical barriers to protect staff who will have interactions with clients with unknown infection status. This could include a sneeze guard or placing a big table to increase distance between staff and clients.

Client Considerations:

Many people with COVID-19 will have mild illness and do not need to be hospitalized. Consider the following for symptomatic clients who may not have confirmed COVID-19 by laboratory testing.

If you have a client with severe symptoms of COVID-19 infection, call 911. **Severe symptoms include:**

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen

- Sudden dizziness
 - Confusion
 - Severe or persistent vomiting
 - Flu-like symptoms improve but then return with fever and worse cough
- Mild symptoms do not typically require medical attention but clients with these symptoms will need to be isolated from other clients and staff/volunteers. In addition, if a symptomatic client is over age 60 or has underlying medical problems like diabetes, heart disease or lung disease, weakened/suppressed immune symptoms or is pregnant, they may be more vulnerable to COVID-19 and its complications.
 - Clients with respiratory symptoms should also wear surgical masks to protect those around them.

Isolation in Homeless Shelters:

While isolating ill clients outside homeless shelter facilities is ideal, this may not be possible. Even if some designated sites are available, they might be full or overwhelmed. Although achieving “isolation” in the shelter setting will be challenging, infection control procedures can decrease the risk for everyone

- If possible, sick clients should be confined to individual rooms with separate bathroom and eating facilities and should avoid common areas.
 - In the bedroom/bathroom dedicated for an ill person: consider reducing cleaning frequency to as-needed (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill person.
 - As much as possible, an ill person should stay in a specific room and away from other people in their home, following [home care guidance](#).
- Staff can provide personal cleaning supplies for an ill person’s room and bathroom, unless the room is occupied by child or another person for whom such supplies would not be appropriate. These supplies include tissues, paper towels, cleaners and [EPA-registered disinfectants](#).
- If individual rooms for sick clients are not available, consider using a large, well-ventilated room specifically for sick persons, especially for people with respiratory disease symptoms.
 - **In isolation areas, help reduce spread by:**
 - Arranging beds at least 6 feet apart
 - Creating temporary physical barriers between beds using sheets or curtains.
 - Arranging beds so that individuals lie head to toe relative to each other.

- If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by an ill person. If this is not possible staff should wait as long as practical after use by an ill person to clean and disinfect the high-touch surfaces. See the CDC recommendations on cleaning [here](#).
- Provide clients who are ill or have symptoms consistent with COVID-19 with information on what to do while they are [sick and if they get worse](#).
 - Explain the need to keep them separate from the rest of the population to help limit the spread of disease.
 - Refer to the Interim Guidance on How to Care for Someone with Symptoms Consistent with COVID-19
- Give sick clients access to fluids, tissues, plastic bags for the proper disposal of used tissues, and a means to wash their hands or alcohol-based hand sanitizers.
- The ill person should eat/be fed in their room if possible. Non-disposable food service items used should be handled with gloves and washed with hot water or in a dishwasher. [Clean hands](#) after handling used food service items.
- Give particular consideration to those clients who could be at high risk for complications from COVID-19 (those who are older, have underlying health conditions, or weakened immune systems). Check in on people at least once a day to determine if their health status is getting worse. If an ill person develops severe symptoms, call 911.

Signs of withdrawal from alcohol or other substances also need to be addressed. Sudden withdrawal from alcohol or opioids can cause medical emergencies.

- Individuals who have symptoms of COVID-19 should not be assigned to meal preparation or cleaning tasks within the facility.
- Ill individuals with active substance use, mental health symptoms or who may be aggressive or non-cooperative will need a higher level of care.
- Individuals in isolation may need to refill prescriptions or need access to daily medications such as methadone. Consider what assistance clients and guardians may need to obtain and take prescription or over-the-counter medications.

Cleaning considerations:

- For full guidance on appropriate cleaning in the setting of COVID-19, see CDC’s website [here](#).
 - Public Health recommends using a disinfectant solution that covers COVID-19. See the document “*How and When to Disinfect Surfaces Daily vs. Coronavirus (COVID-19)*” for bleach solution instructions.

- For more information on general infection prevention, sanitation and hygiene please see Public Health's [Sanitation and Hygiene Guidance for Homeless Service Providers](#)
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but they should not be shared without thorough washing.
- Linens (such as bed sheets and towels) should be washed using laundry soap and tumbled dry on a hot setting.
- Staff and volunteers should wash their hands with soap and water or use hand sanitizer immediately after handling dirty laundry.

Healthcare clinic considerations:

If your homeless service facility includes healthcare provision, make sure your clinic staff are prepared for the potential for a COVID-19 outbreak using [CDC guidance](#).