4/9/20 Update: Orange County Health Care Agency (HCA) Interim Guidance on COVID-19 for Homeless Shelter Operators

This document provides interim guidance specific for homeless shelters to plan, prepare and respond to novel coronavirus disease 2019 (COVID-19) in their community and specifically in their shelter. With COVID-19 circulating in our community, persons experiencing homelessness may be at increased risk for infection, with some also being at increased risk for severe illness due to age or underlying medical conditions. Homeless shelters pose unique challenges in terms of space accommodation, hygiene, and restrictions on client movement. Social distancing measures put in place in the community to mitigate the impact of a pandemic may be difficult to enact in some shelter settings. Protecting your clients, staff and volunteers against this emerging public health threat requires a coordinated effort between homeless shelter operators, the local health department (HCA), other county agencies, and cities.

The COVID-19 situation is rapidly evolving and recommendations may change at any time as additional information becomes available. See www.ochealthinfo.com for the latest recommendations for Orange County.

Key Updates since 3/27/20 Version:

- Process for referrals of suspect COVID-19 cases to Temporary Isolation Shelter
- Updated Screening Tool and new COVID-19 Resource Contact Numbers
- Recommendation for wearing of cloth face coverings for all staff and residents to decrease spread from people who may not know they have the virus
- Recommendations for management of COVID-19 case in shelter and Shelter COVID-19 Management Algorithm (Resource)
- Recommendation for process to screen all clients at least weekly for COVID-19 symptoms
- Additional suggestions for implementation of social distancing
- Expectation that all shelters have a designated isolation area to at minimum hold symptomatic clients while awaiting transfer to off-site isolation location
- Definitions

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I. **Background on COVID-19 and Definitions**

**What are coronaviruses and what is COVID-19?**

Coronaviruses are a large family of viruses that can infect animals or humans. The types of coronaviruses that infect humans generally cause mild respiratory infections, such as the common cold, but can cause more severe disease such as pneumonia in the elderly and those with underlying medical conditions. Two coronaviruses in the past (Severe Acute Respiratory Syndrome [SARS] and Middle East Respiratory Syndrome [MERS]) caused more severe illness and large outbreaks throughout the world. SARS emerged in 2002, caused over 8,000 infections and 750 deaths, then disappeared completely in 2004, while MERS has continued to cause illness (over 2,400 cases and 850 deaths) mainly in the Arabian Peninsula since 2012.

The novel coronavirus disease now called COVID-19 was first reported in late December 2019 in Wuhan, China. It is caused by a new coronavirus, SARS-CoV-2, which likely first infected animals, but then changed over time to be able to infect people and be spread from person-to-person. Through travel, the virus quickly spread throughout the world, and has caused sustained ongoing transmission in many countries.

**What are the symptoms of COVID-19 and how is it spread?**

Symptoms of COVID-19 range from no symptoms to mild respiratory symptoms, such as cough, with fever, to more severe disease with difficulty breathing, pneumonia, and even respiratory failure and death. People at increased risk of severe infection include the elderly and people with underlying chronic medical conditions such as a compromised immune system, heart or lung disease. Spread of the virus mainly occurs between people in close contact (within six feet of each other), through respiratory droplets from an infected person coughing and sneezing. Recent data suggest people may be able to spread the virus before they have symptoms or if they don’t have symptoms, although people are generally most infectious when they are sick. People generally get sick (if they are going to develop symptoms) within approximately 2-14 days after exposure.

**How is COVID-19 prevented?**

There is currently no vaccine for COVID-19 and no FDA-approved treatment; several drugs are in trials. Prevention of COVID-19 relies on everyday preventive actions, including washing hands, avoiding ill people, cleaning and disinfection of surfaces and frequently touched items, covering your cough, and staying home when ill. Wearing cloth face coverings when out in public may help slow the spread of the virus by keeping people who do not know they are infected from transmitting it to others. During large global outbreaks of a new virus such as COVID-19 to which people have no immunity, social distancing measures have been recommended to decrease interactions between people and slow down transmission, thereby reducing the burden on the healthcare system and protecting those at highest risk of severe illness. In areas where social distancing measures have included canceling all gatherings and staying home, such as in California, these mandates exclude essential operations such as supporting food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals, such as those residing in shelters.
Definitions

Asymptomatic: No symptoms of COVID-19 (e.g., no fever or respiratory symptoms).

Symptomatic = Suspect COVID-19 case: Person with fever (either feeling feverish or a temperature of 100.4°F or higher), combined with cough and/or shortness of breath.

Confirmed COVID-19 case: Person with positive respiratory specimen test results done by molecular detection method (e.g., polymerase chain reaction (PCR) or other nucleic acid amplification testing (NAAT)).

Infectious period (for symptomatic cases): From 48 hours before symptoms started until at least 7 days after symptoms started and at least 72 hours after fever resolved, without using fever-reducing medications, and symptoms improving. Note: this does not mean to withhold fever-reducing medications from cases if they need it. The 72 hours begins after they no longer have a fever and they do not need the fever-reducing medications.

High-risk contact: Person with high risk exposure type listed below to suspect or confirmed COVID-19 case during infectious period (see above):
- Household member or intimate partner
- Individual providing care in a household without using recommended infection control precautions (e.g., minimum mask and gloves)
- Individual who has had close contact (within 6 feet) for a prolonged period of time (at least 10 minutes) while neither the case nor contact was wearing a mask.

Isolation: Separation of people ill and infected with a communicable disease from those who are healthy to prevent the spread of the disease.

Quarantine: Separation of people who are not ill but have been exposed to a communicable disease from those who have not been exposed to prevent the spread if they exposed do become infected.

II. The Communicable Disease Response Plan

Homeless shelters may encounter communicable diseases (CDs) at any time that can spread rapidly amidst their congregate living situation. Shelters should have plans in place to identify sign/symptoms of CDs in clients, separate potentially infectious clients from the general shelter population, arrange for the evaluation and diagnosis if needed, and communicate with Public Health about specific reportable diseases and clusters or outbreaks of any CDs. If a CD response plan is already in place, it could be used for any CD, including COVID-19, with slight modifications depending on the specifics of the disease. Conversely, if a CD plan is not in place and a COVID-19 response plan is being created right now, this COVID-19 response plan can later be expanded to be applicable to all CDs. This document provides guidance for many of the components of a COVID-19 Response Plan, but requires tailoring to the operational practices, layout, and unique features of the individual shelter or shelter system. This guidance reflects best practices, realizing that some recommendations may not be feasible at this time in specific settings or situations and that facilities may need to make modifications based on available options.
III. Communication and Key Contacts

- Establish ongoing communication with the local health department (in Orange County, this is the Health Care Agency [HCA]).
  - Identify reliable sources of health information and updates.
    - For Orange County, see www.ochealthinfo.com
    - National guidance and updates: Centers for Disease Control and Prevention (CDC) www.cdc.gov
    - California Department of Public Health (CDPH): www.cdph.ca.gov
    - Office of Care Coordination listserv for homeless service providers (join by emailing OCHomelessnessResponse@ochca.com)
    - HCA CHAT-H (Comprehensive Health Assessment Team-Homeless): (714) 834-8498
      - Public Health Nurses (PHNs) are available to assist with health questions and case management of clients. Note: CHAT-H PHNs do not provide clinical or medical evaluation or care.
  - Identify resource for disease control guidance for COVID-19.
    - HCA COVID-19 Disease Control for Shelters Help Line at (714) 567-6246
  - Identify reporting mechanism for clusters or outbreaks of communicable diseases, including COVID-19, or other reportable diseases, such as, measles, Shigella, hepatitis A, tuberculosis.
    - HCA Communicable Disease Control Division (CDCD): (714) 834-8180
      - Do NOT use this number for reporting individual suspect cases of COVID-19 needing evaluation or testing.
      - Clusters and outbreaks include multiple people presenting with the same symptoms such fever/cough, fever/rash, or vomiting/diarrhea. The actual number that defines a cluster or outbreak depends on the size of the population and how common these symptoms generally are in the population.
  - Participate in community-wide planning.
    - Join the Office of Care Coordination (OCC) listserv for homeless service providers by emailing OCHomelessnessResponse@ochca.com.
    - County-wide plans are underway to assist with alternate placement of suspect or confirmed COVID-19 cases either upon identification at a shelter or upon discharge from a hospital. Updates will be provided via the OCC listserv.
  - Identify alternate sites to refer clients if your shelter is full.
  - Identify key contacts with your city and processes for communication and resource requests during an emergency.
    - Resource requests (including hand sanitizer, other hygiene supplies, and personal protective equipment) should be made through the city emergency operations center (EOC), if activated.
  - Identify healthcare facilities and services that can assist in medical evaluation and care of ill shelter clients, including transportation if off-site.
  - Establish a communication plan for your management, staff, and volunteers for distributing timely and accurate health and staffing information.
  - Provide regular situation and health information updates to clients as well, addressing potential language, culture and disability barriers.
IV. Key Prevention Strategies

- **Promote and implement the practice of everyday preventive actions.** Instruct staff on how to help clients implement these practices.
  - Wash your hands often. Use soap and water for at least 20 seconds or alcohol-based hand sanitizer with at least 60% alcohol if hands are not visibly dirty.
  - Don’t touch your eyes, nose, and mouth.
  - Cover your cough or sneeze with a tissue. Dispose of the tissue in the trash and then wash your hands.
  - Avoid close contact with people who are sick.
    - Clients should report illness to staff.
    - Staff and volunteers should not come to work ill.
- **Ensure prevention supplies are available** throughout the facility in strategic locations.
  - Provide access to working and well-stocked handwashing stations with soap, water and paper towels/hand dryer, hand sanitizer, tissues, and no-touch waste receptacles.
  - Plan for higher usage of these supplies during the outbreak.
  - Place visual alerts for handwashing, covering your cough, and reporting illness throughout the facility, addressing potential language, culture and disability barriers. See [Resources](#) section for sample flyers/posters.
  - Provide disposable masks* for clients who are sick with respiratory symptoms.
- **Establish social distancing, to the extent possible**
  - Ideally, space beds/mats at least six (6) feet apart (ensure minimum three [3] feet apart) in the general sleeping area and request all clients sleep head-to-toe. Ensure spacing is six (6) feet apart in the isolation areas.
  - Limit visitors to facility to clients, essential staff, and support services.
  - Don’t allow non-residential clients receiving food or other services to enter the residential area.
  - Encourage clients to maintain as much distance between each other as possible, limiting gatherings in one area. Suggestions include:
    - Staggering of meals
    - Marking floor with tape to indicate 6 feet in areas clients must wait or line up
    - Placing seats/tables 6 feet apart in eating, smoking, lounge areas.
- **Promote and implement wearing of cloth face coverings for all staff and residents, if able,** to slow the spread of the virus from people who may not know they have it. The Orange County Health Officer strongly recommends all essential workers wear a face covering while at work when interacting with the public or co-workers. Do NOT use surgical masks or N-95 respirators for this purpose, as these are critical health care supplies. See [CDC Cloth Face Coverings](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/clothslbrace.html) for more information.
- **Screen for fever and respiratory illness.** Implement process to screen all clients at least once weekly. Clients who are sick with fever, AND cough OR shortness of breath should be masked and immediately separated from others. See [Screening/Check-In](#)

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*mask = disposable surgical or procedure mask, not N-95 respirator. See [Staff Considerations](#) section if masks not available.*
section of this guidance and “COVID-19 Screening Tool and Guidance” and sample “COVID-19 Screening Log” in Resources section.

- **Identify isolation area or, at minimum, a temporary holding area,** to keep ill clients separate from the rest of the shelter population and staff. See Isolation Area section.

- **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 illness status, e.g., at check-in. Examples include installing a sneeze guard or placing tables in front of staff to establish the six feet separation.
  - Mask* clients with respiratory symptoms.
  - Restrict staff entry to isolation areas to essential functions only.
  - Provide personal protective equipment (PPE) for those who must have close contact (see Staff Considerations section).

- **Identify clients who are at higher risk of complications,** including the elderly and people with underlying medical conditions such as a compromised immune system, chronic heart or lung disease, or diabetes.
  - Prioritize these clients for separate housing areas if available, to further protect them from illness.
  - Consider other measures to protect vulnerable clients such as allowing for six (6) feet social distancing in their sleeping area and separate meal time.
  - Closely monitor these clients if they do become ill, and refer promptly for medical evaluation if worsening.

V. **Screening/Check-In**

- **Post visual alerts** about handwashing, covering your cough, and reporting symptoms of illness to staff at screening/check-in.

- **Limit visitors to facility** to clients and essential staff and support services.

- **Encourage all clients, staff, and others entering the facility to use alcohol-based hand sanitizer (or wash their hands with soap and water) upon entry.**

- **Use physical barriers** (such as a sneeze guard, if available, or at least 6 feet separation using tables or ropes) **to protect staff** who will have interactions with clients with unknown infection status.

- **Have disposable masks,** alcohol-based hand sanitizer, tissues, and plastic bags (to discard tissues) **available** for clients who are ill with respiratory symptoms.

- **Provide clients observed having visible respiratory symptoms with a mask.**

- **Have PPE available** for staff who must have direct face-to-face interaction within 6 feet of clients with fever and respiratory symptoms. See Staff Considerations section.

- **Verbally screen all persons entering the facility for fever and cough or shortness of breath. Implement process to screen all clients at least once weekly.** See sample “COVID-19 Screening Log” in Resources section.

- **Utilize “COVID-19 (Novel Coronavirus) Screening Tool and Guidance” for all intakes.** See Resources section.

* mask = disposable surgical or procedure mask, not N-95 respirator. See Staff Considerations section if masks not available.
VI. Management of Suspect COVID-19 Cases

- Utilize “COVID-19 (Novel Coronavirus) Screening Tool and Guidance” to determine who qualifies as a Suspect COVID-19 Case. See Resources section.
- Mask* client.
- Put on mask* and eye protection if you must be within 6 feet of suspect case, and gown and gloves if you will have physical contact with the case or their secretions.
- Separate suspect COVID-19 case from other clients. Move client to your facility’s designated isolation/holding area. See Isolation Area section.
- Take temperature. Document on COVID-19 Screening Tool. If no thermometer is available, temperature is not required. Use history of fever or feeling feverish, i.e., chills, body aches etc.
- At any time, call 911 if client with severe symptoms (e.g., difficulty breathing, chest pain or pressure, new confusion or inability to arouse, or bluish lips or face).
- If between 8 a.m.-6 p.m. (7 days a week), call the Illumination Foundation (IF) Access Referral Line (714) 543-9400 for temporary isolation shelter (TIS) placement of suspect COVID-19 adult cases. IF will coordinate transportation and COVID-19 testing after transfer as needed.
- If staying at shelter (in your isolation area) or at another non-IF isolation location (e.g., city/shelter arranged motel/hotel) and medical evaluation needed, refer client through usual medical care process, informing them that this is a suspect COVID-19 case so appropriate precautions are taken and testing is done by the medical provider at that time.
  - Client’s medical provider
  - Shelter’s established relationships for medical care (e.g., community clinics, etc)
  - CalOptima Field Teams: (657) 900-1446
  - CalOptima Member Services 24/7: (888) 587-8088
  - CalOptima 24/7 Nurse Advice Line: (844) 447-8441
- For questions or assistance related to suspect or confirmed COVID-19 cases at the shelter, call HCA COVID-19 Disease Control for Shelters Help Line (714) 567-6246.
- For other (non-COVID-19) case management consultation, referral, and linkage to care of individuals and families, call CHAT-H at (714) 834-8498.
- See COVID-19 Shelter Resource Contact List.
- If staff or resident confirmed for COVID-19:
  - See “Shelter COVID-19 Management Algorithm” in Resources section.
  - Notify all staff and residents about confirmed COVID-19 case at shelter (without disclosing identity of case), educate them about symptoms of COVID-19 and how to report, and reinforce preventive measures (see Key Preventive Measures section in guidance).
  - Screen all staff and residents for symptoms of COVID-19. Shelter should use process most likely to be effective in their setting, whether it be one-on-one questioning or group announcements with availability of private individual reporting. See sample “COVID-19 Screening Log” in Resources section.
  - Follow instructions above or on page 2 of “Shelter COVID-19 Management Algorithm” for any symptomatic staff or clients, respectively.

* mask = disposable surgical or procedure mask, not N-95 respirator. See Staff Considerations section if masks not available.
 Continue to screen staff and residents for symptoms of COVID-19 and provide education at minimum **every 72 hours** for 14 days after last exposure at the shelter. Resume weekly symptom screening once 14 days has passed since last exposure.

- Follow Public Health instructions as to when confirmed COVID-19 cases (whether resident or staff) may return to shelter.
- Additional recommendations may be given by Public Health if multiple cases identified at shelter.

### VII. Isolation Area

#### A. Set-Up

- **Ideally, isolate clients who are suspected or confirmed to have COVID-19 in another location**, not in the shelter facility.
- **All shelters should have a designated isolation area to at minimum hold symptomatic clients while awaiting transfer to the temporary isolation shelter or other hotel/motel, or if other location not available.**
- **Isolate COVID-19 cases preferably in single room with separate bathroom.**
  - Limit cleaning and disinfecting of **private** ill room to as-needed only to avoid unnecessary contact with ill persons.
- **If single rooms not available, consider large, well ventilated room specifically for sick**
  - Arrange beds at least 6 feet apart, head-to-toe configuration.
  - Create temporary physical barriers between beds using sheets, curtains or dividers.
- **Limit items in isolation area to things that may be disinfected, washed, or disposed of.**
- **If possible, identify space that can be used to accommodate clients with mild respiratory symptoms** and separate them from others.
- **Ideally, identify separate isolation areas** for clients with different types of symptoms.

#### B. Management of the Isolated Client

- **At any time, call 911 if client with severe symptoms (e.g., difficulty breathing, chest pain or pressure, new confusion or inability to arouse, or bluish lips or face).**
- Provide ill clients with tissues, plastic bags for disposal of used tissues, and hand hygiene supplies.
- **Ensure ill person stays in their isolation area as much as possible**, including for meals, wearing a mask* if they must leave isolation area.
- **Limit staff members interacting with clients in isolation**, including those checking on client and providing food and drink. Provide PPE as needed, depending on interaction (See [Staff Considerations](#) section on PPE).

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*mask = disposable surgical or procedure mask, not N-95 respirator. See [Staff Considerations](#) section if masks not available.*
Monitor ill clients for worsening symptoms, especially those at high risk for severe infection (e.g., the elderly and people with underlying medical conditions), and arrange for medical evaluation as needed.

Ensure access to routine medications.

Handle non-disposable food service items with gloves and wash them with hot water or in a dishwasher.

Handle client belongings with gloves.

VIII. Staff Considerations

- Develop contingency plans for increased absenteeism due to illness (of employees or employees’ family members), dependent care with school/child care closures, and fear, as well as higher emergency shelter usage during the outbreak.
  - Develop flexible attendance and sick-leave policies.
  - Identify critical job functions and positions and cross-train staff members.
  - Consider extending hours or hiring temporary employees.
  - Consider resources for additional volunteer staff.
  - Review policies for credentialing of temporary employees or volunteers, as applicable.

- Provide regular situational updates to staff and volunteers, including measures in place to protect workforce.

- Educate staff/volunteers on everyday preventive actions and reinforcing with clients.

- Educate staff/volunteers to stay home if ill with fever and respiratory symptoms.

- Review recommendations for exclusion of asymptomatic staff who may have been exposed to COVID-19 in “Shelter COVID-19 Management Algorithm” in Resources section.

- Educate staff on how to minimize face-to-face interactions with ill clients.

- Recommend staff wear cloth face coverings, if able, at all times while at shelter. See Health Officer recommendation for essential workers. Do NOT use surgical masks or N-95 respirators for this purpose, as these are critical health care supplies. See CDC Cloth Face Coverings for more information.

- Provide personal protective equipment (PPE) for staff, along with training on its proper use, including removal (“doffing”) of gloves and other PPE, and hand hygiene.
  - Use disposable gloves if handling client belongings.
  - Instruct staff to minimize face-to-face interaction within six (6) feet clients with fever and respiratory symptoms.
  - For staff who must have direct face-to-face interaction within six (6) feet of clients with fever and respiratory symptoms, PPE should include mask* and eye protection; also gown and gloves if having physical contact with client or their secretions.
  - Staff using PPE should be trained in advance.
  - Staff should wash hands after removing PPE, including after removing gloves.

- If recommended PPE is not available or limited:
  - Most important steps in decreasing risk of transmission to staff and other clients are to maintain the six (6) feet distance and mask* the ill client.

* mask = disposable surgical or procedure mask, not N-95 respirator. See Staff Considerations section if masks not available.
The following suggestions have not been evaluated and are not recommendations but potential options only if all PPE resources exhausted:

- If no masks* are available, homemade masks (e.g., bandana, scarf) might be used on ill client to attempt to contain the droplets while moving them immediately to isolation area, and for staff member who must be within six (6) feet of ill client. **Restocking of mask* supply is a priority.**

- If no gowns are available and direct contact with client and secretions anticipated and unavoidable, possible alternatives to wear over and protect routine clothes and arms include:
  - Disposable laboratory coats or aprons (single use; discard after use)
  - Reusable (washable) patient gowns, lab coats, or combinations of clothing
    - Use gloves to handle any soiled laundry prior to washing. Wash hands after removing gloves.
    - Wash in normal laundry detergent in washing machine and dry thoroughly using the warmest temperature recommended on the clothing label.

- **Do not assign staff or volunteers at higher risk of severe illness** (i.e., those who are 65 years of age or older, or who have underlying health conditions) to care for sick clients.

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*mask = disposable surgical or procedure mask, not N-95 respirator. See Staff Considerations section if masks not available.
IX. References

Shelter Guidance

HUD Infectious Disease Toolkit for CoCs
https://www.hudexchange.info/resource/5985/infectious-disease-toolkit-for-cocs/
- Preventing and Managing the Spread of Infectious Disease for People Experiencing Homelessness
- Preventing and Managing the Spread of Infectious Disease within Shelters
- Preventing and Managing the Spread of Infectious Disease within Encampments


Optimizing Personal Protective Equipment (PPE) Supply


Use of Cloth Face Coverings

X. **Resources**

**COVID-19 (Novel Coronavirus) Screening Tool and Guidance, version 4/9/20**

**Shelter COVID-19 Screening Log Template, version 4/9/20**

**Shelter COVID-19 Management Algorithm, version 4/9/20**

**Shelter COVID-19 Resource Contact Numbers, version 4/9/20**

**Visual Alerts**: for printed copies, contact the Office of Care Coordination at OCHomelessnessResponse@ochca.com

- Cover Your Cough
  - English (poster): [https://www.health.state.mn.us/people/cyc/genposter.html](https://www.health.state.mn.us/people/cyc/genposter.html)
  - Spanish: [https://www.health.state.mn.us/people/cyc/cycphcsa.pdf](https://www.health.state.mn.us/people/cyc/cycphcsa.pdf)
  - Vietnamese: [https://www.cdc.gov/flu/pdf/protect/vie/covercough_school8-5x11-vietnamese.pdf](https://www.cdc.gov/flu/pdf/protect/vie/covercough_school8-5x11-vietnamese.pdf)

COVID-19 (Novel Coronavirus) Screening Tool and Guidance (Version 4-9-20)

For use with Interim Guidance on COVID-19 (Novel Coronavirus) for Homeless Shelters: SCREENING

*Note this tool only screens for suspect COVID-19 cases that warrant medical evaluation and testing. It does NOT screen for other communicable diseases. Shelters should also be following their routine procedures to screen for other communicable diseases.

Client Last Name: _________________________  Client First Name:______________________

Location: ____________________________________________________________________

Date of Birth (MM/DD/YY):________________________Gender: □ Male  □ Female  □ Other

<table>
<thead>
<tr>
<th>SCREENING QUESTIONS</th>
<th>Q1. Do you have fever or are you feeling feverish?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
</tr>
</tbody>
</table>

If YES, continue below. If NO, proceed with intake

<table>
<thead>
<tr>
<th>Use this row only if answers YES to fever/feeling feverish</th>
<th>Do you have new or newly worsening:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use this row only if answers YES to fever/feeling feverish</td>
<td>□ Cough</td>
</tr>
<tr>
<td>Use this row only if answers YES to fever/feeling feverish</td>
<td>□ Shortness of breath</td>
</tr>
<tr>
<td>If YES to fever AND YES to cough OR shortness of breath → Suspect COVID-19 (see below)</td>
<td></td>
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<tr>
<td>If NO to cough and NO to shortness of breath, implement routine facility procedure for clients with fever</td>
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</tbody>
</table>

Initial Management of Suspect COVID-19 Cases (as screened above with fever AND cough OR shortness of breath):

- □ Mask* client.
- □ Put on mask* and eye protection if you must be within 6 feet of suspect case, and gown and gloves if you will have physical contact with the case or their secretions.
- □ Separate suspect COVID-19 case from other clients. Move client to your facility’s designated isolation/holding area. See Isolation Area section of guidance.
- □ Take temperature. Document here: ___________ (if able to take temperature)
- □ Call 911 if client unresponsive, has difficulty breathing, chest pain or pressure, new confusion, or needs emergent medical evaluation. Let them know that this is a suspect COVID-19 case so appropriate precautions are taken.
- □ If between 8 a.m.-6 p.m. (7 days a week), call the Illumination Foundation (IF) Access Referral Line (714) 543-9400 for temporary isolation shelter (TIS) placement of suspect COVID-19 adults case. IF will coordinate transportation and COVID-19 testing after transfer as needed.
- □ If staying at shelter (in your isolation area) or at another non-IF isolation location (e.g., city/shelter arranged motel/hotel) and medical evaluation needed, refer client through usual medical care process, informing them that this is a suspect COVID-19 case so appropriate precautions are taken and testing is done by the medical provider at that time. See COVID-19 Shelter Resource Contact Numbers.
- □ For questions or assistance related to suspect/confirmed COVID-19 at the shelter, call HCA COVID-19 Disease Control for Shelters Help Line (714) 567-6246.

Person completing screening (print): _________________________ Date (MM/DD/YY): _____________

*mask = disposable surgical or procedure mask, not N-95 respirator. See guidance if masks not available.
# COVID-19 Screening Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth (MM/DD/YY)</th>
<th>Gender (M/F/O)</th>
<th>Fever/Feverish</th>
<th>Cough</th>
<th>Short of Breath</th>
<th>Temperature (if taken)</th>
<th>Screener Initials</th>
<th>FOR SUSPECT CASE: Disposition (Isolation, IF, Hospital, etc.)/Comments</th>
<th>COVID-19 test date (highlight if positive)</th>
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<tbody>
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See COVID-19 Screening Tool and Guidance for Initial Management of Suspect COVID-19 Cases
Shelter COVID-19 Management Algorithm

Definitions

**Asymptomatic:** No symptoms of COVID-19 (e.g., no fever or respiratory symptoms).

**Symptomatic = Suspect COVID-19 case:** Person with fever (either feeling feverish or a temperature of 100.4°F or higher), combined with cough and/or shortness of breath.

**Confirmed COVID-19 case:** Person with positive respiratory specimen test results done by molecular detection method (e.g., polymerase chain reaction (PCR) or other nucleic acid amplification testing (NAAT)).

**Infectious period (for symptomatic cases):** From 48 hours before symptoms started until at least 7 days after symptoms started and at least 72 hours after fever resolved, without using fever-reducing medications, and symptoms improving. Note: this does not mean to withhold fever-reducing medications from cases if they need it. The 72 hours begins after they no longer have a fever and they do not need the fever-reducing medications.

**High-risk contact:** Person with high risk exposure type listed below to suspect or confirmed COVID-19 case during infectious period (see above):
- Household member or intimate partner
- Individual providing care in a household without using recommended infection control precautions (e.g., minimum mask and gloves)
- Individual who has had close contact (within 6 feet) for a prolonged period of time (at least 10 minutes) while neither the case nor contact was wearing a mask.

**Isolation:** Separation of people ill and infected with a communicable disease from those who are healthy to prevent the spread of the disease.

**Quarantine:** Separation of people who are not ill but have been exposed to a communicable disease from those who have not been exposed to prevent the spread if they exposed do become infected.

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**Confirmed COVID-19 Case (Resident or Staff) in Shelter During Infectious Period**

- Notify all staff and residents about confirmed COVID-19 case at shelter (without disclosing identity of case), educate them about symptoms of COVID-19 and how to report, and reinforce preventive measures (see Key Preventive Measures section in guidance).
- Screen all staff and residents for symptoms of COVID-19. Shelter should use process most likely to be effective in their setting, whether it be one-on-one questioning or group announcements with availability of private individual reporting. See sample “COVID-19 Screening Log.”
- Follow instructions on page 2 for any asymptomatic staff or clients, respectively.
- Continue to screen staff and residents for symptoms of COVID-19 and provide education at minimum **every 72 hours** for 14 days after last exposure at the shelter. Resume weekly symptom screening once 14 days has passed since last exposure.
- Follow Public Health instructions as to when confirmed COVID-19 cases (whether resident or staff) may return to shelter.
- Additional recommendations may be given by Public Health if multiple cases identified at shelter.
STAFF: Does not warrant work exclusion.

Contact should self-monitor for fever (either feeling feverish or a temperature of 100.4°F or higher) and cough or shortness of breath, and stay home if these symptoms develop.

**NO (i.e., contact, but not high risk)**

STAFF: Exclude from work for 14 days after exposure, if workforce capacity allows. Given that multiple known and unknown community exposure may occur for each staff member in the coming months, and persons with COVID-19 are generally most infectious when they have symptoms, facility may elect to have exposed staff person to continue to work with additional precautions (see CDC guidance for exposed critical infrastructure workers) and exclusion if any symptoms (either cough or fever) develops.

RESIDENTS: Given multiple exposures in shelter setting, would monitor closely for symptoms as above.

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**Symptomatic Staff**

- Mask* immediately and separate from other staff/clients.
- Refer to primary care provider for COVID-19 testing.
- If not tested, exclude from work for at least 7 days after onset of symptoms and at least 72 hours after fever resolves without fever-reducing medications and symptoms improving. If confirmed, see page 1.

**Symptomatic Resident**

- Mask* immediately and separate from other staff/clients. Move client to your facility’s designated isolation/holding area. See Isolation Area section of guidance.
- Put on mask* and eye protection if you must be within 6 feet of suspect case, and gown and gloves if you will have physical contact with the case or their secretions.
- Call 911 if client unresponsive, has difficulty breathing, chest pain or pressure, new confusion, or needs emergent medical evaluation. Let them know that this is a suspect COVID-19 case so appropriate precautions are taken.
- If between 8 a.m.-6 p.m. (7 days a week), call the Illumination Foundation (IF) Access Referral Line (714) 543-9400 for temporary isolation shelter (TIS) placement of suspect COVID-19 adult cases. IF will coordinate transportation and COVID-19 testing after transfer as needed.
- If staying at shelter (in your isolation area) or at another non-IF isolation location (e.g., city/shelter arranged motel/hotel) and medical evaluation needed, refer client through usual medical care process, informing them that this is a suspect COVID-19 case so appropriate precautions are taken and testing is done by the medical provider at that time. See COVID-19 Shelter Resource Contact Numbers.
- For questions or assistance related to suspect/confirmed COVID-19 cases at the shelter, call HCA COVID-19 Disease Control for Shelters Help Line at (714) 567-6246, available 24/7.

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**Asymptomatic High Risk Contact to Suspect or Confirmed COVID-19 Case**

- STAFF: Exclude from work for 14 days after exposure, if workforce capacity allows. Given that multiple known and unknown community exposure may occur for each staff member in the coming months, and persons with COVID-19 are generally most infectious when they have symptoms, facility may elect to have exposed staff person to continue to work with additional precautions (see CDC guidance for exposed critical infrastructure workers) and exclusion if any symptoms (either cough or fever) develops.
- RESIDENTS: Given multiple exposures in shelter setting, would monitor closely for symptoms as above.

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**Asymptomatic Contact to a Contact of a COVID-19 Case**

- STAFF: Does not warrant work exclusion.
- If contact to COVID-19 case develops symptoms and thus becomes a suspect/confirmed case also, proceed as above.
- Otherwise see below.

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**ALL Asymptomatic Staff and Residents**

- Practice social distancing to the extent possible.
- Practice everyday preventive actions (e.g., handwashing, avoiding touching eyes, nose, mouth, cleaning and disinfecting, covering your cough).
- Wear cloth face covering at all times, if able, while in shelter.
- STAFF: Stay home if fever and cough or shortness of breath develop.
- RESIDENTS: Notify shelter staff if fever and cough or shortness of breath develop.

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*mask = disposable surgical or procedure mask, not N-95 respirator. See guidance if masks not available
Shelter COVID-19 Resource Contact Numbers (version 4-9-20)

Call 911 if client unresponsive, has difficulty breathing, chest pain or pressure, new confusion, or needs emergent medical evaluation. Let them know that this is a suspect COVID-19 case so appropriate precautions are taken.

Temporary Isolation Shelter (TIS) Placement of Suspected COVID-19+ adults

- Illumination Foundation (IF) Access Referral Line (714) 543-9400
- 8 a.m. – 6 p.m., 7 days/week
- IF will coordinate transportation and COVID-19 testing after transfer as needed

Medical evaluation of suspect COVID-19 cases staying at shelter or non-IF isolation location:

- Client’s medical provider
- Shelter’s established relationships for medical care (e.g., community clinics, etc)
- CalOptima Field Teams: (657) 900-1446
- CalOptima Member Services 24/7: (888) 587-8088
- CalOptima 24/7 Nurse Advice Line: (844) 447-8441

Questions or assistance related to suspect or confirmed COVID-19 cases at the shelter:

- HCA COVID-19 Disease Control for Shelters Help Line: (714) 567-6246

Other (non-COVID-19) case management consultation, referral, and linkage to care of individuals and families.

- HCA Comprehensive Health Assessment Team-Homeless (CHAT-H): (714) 834-8498
Attack those germs!

Wash your hands!

SCRUB YOUR HANDS WITH SOAP AND WATER
LAVE SUS MANOS CON JABÓN Y AGUA
chà tay bằng xà phòng và nước

RINSE YOUR HANDS
ENGUAGA SUS MANOS
rửa tay

DRY YOUR HANDS
SECA SUS MANOS
Tay khô
Feeling Sick?

If you feel unwell or have the following symptoms please let shelter staff know right away!

Let us know if you have:

- Fever
- Cough
- Shortness of Breath (Difficulty Breathing)

Thank you for helping us keep our clients and staff safe. – Your Shelter Staff

For more information, please visit [ochealthinfo.com/novelcoronavirus].
Stop the spread of germs that make you and others sick!

Cover your Cough

Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.

Clean your Hands

after coughing or sneezing.

Wash hands with soap and warm water or clean with alcohol-based hand cleaner.
Coronavirus (COVID-19)
Information for Homeless Shelters and Homeless Service Providers

Coronavirus disease 2019, or COVID-2019, is a new respiratory illness caused by a virus that spreads from person to person.

Symptoms
People with COVID-19 have had symptoms of:

- FEVER
- COUGHING
- SHORTNESS OF BREATH

These can appear up to 14 days after being exposed to the virus.

Who is Most At Risk
Anyone can get this illness. People at the highest risk are:
- Older adults
- People who have serious chronic medical conditions like:
  - Heart disease
  - Diabetes
  - Lung disease
- People who regularly come into contact with sick people.

How Does It Spread
COVID-19 spreads in a similar way to the cold and the flu:
- Invisible droplets carried by the air caused by coughing and sneezing.
- Touching things with the virus on them, and then touching the eyes, nose, or mouth.
How to Protect Yourself and Others

For many people, the shelter is home. Shelters should be prepared to take in people who may have symptoms, and to protect others who must share the same facility.

Protect Yourself

Avoid close contact with people who are sick. Close contact = about 6 feet.

Cover coughs and sneezes. If you use a tissue, throw it in the trash.

Avoid touching the eyes, mouth, and nose.

Wash your hands with soap and water for at least 20 seconds. If soap and water are not available, use alcohol-based hand sanitizer.

If you are in contact with sick clients, wearing a face mask or respirator may lower your risk.

Protect Others

Encourage those who are sick to avoid others.

If people who are sick wear face masks or respirators, it may lower the risk to others. For people at the highest risk, wearing a face mask or respirator may lower their risk.

Make sure hand washing supplies are easy for people to find and use.

Regularly clean and disinfect contact surfaces. The virus can exist for many hours on surfaces.

On surfaces, use a detergent or soap and water first. Then, use a disinfectant.

Share accurate information about COVID-19, without increasing fear.
How to Care for the Sick

Caring for sick clients first requires assessing the severity of the illness to see if they are in need of medical evaluation.

- Gather information from the client.
- Help them describe how they are feeling by asking about their symptoms and when they first noticed them.
- Try to gauge the severity of the symptoms by using a 1 - 10 scale (10 being the worst).
- Take their temperature if possible. An oral temperature of 101°F constitutes a fever.
- Common symptoms of COVID-19 (coronavirus) are fever, cough, and shortness of breath.

What to Do

If possible, designate a room and bathroom for clients with respiratory symptoms to separate them from others and clean/disinfect the room daily. If individual rooms are not available, consider placing the person in a large, well-ventilated room, increase spacing between beds, use sheets to create temporary barriers between beds, and arrange beds so that clients lie head-to-toe. Avoid housing the sick person in a room with people who are at increased risk of complications from COVID-19; older adults and those with asthma, HIV/AIDS, diabetes, and pregnancy.

- Provide the sick person with a mask.
- Encourage the person to lie down and rest.
- Prevent dehydration. Encourage the person to drink plenty of water, clear soup, decaffeinated tea, or juice.
- Provide a blanket if possible.
- Encourage the person to wash their hands frequently and provide them with hand sanitizer, a box of tissues and a plastic bag or lined garbage can to dispose of tissues.
- Encourage the person to cough into their elbow area or cover their mouth with tissues or paper towels when they cough or sneeze.
- Have meals brought to the sick person’s room if possible.
- Check on the person every two to three hours. For clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) reach out to them more regularly if possible.

If you identify any client with severe symptoms, notify your public health department and arrange for the person to receive immediate medical care. If COVID-19 is suspected, notify the transfer team and medical facility before transfer. See next page for list of severe symptoms.
How to Care for Yourself

It is very important that in addition to looking out for shelter clients, you also take care of yourself.

If you are sick, stay home except to get medical care. Separating yourself from other people will decrease the chance of spreading the virus to others. If this is not possible and you must leave your home, try to avoid using public transportation, ride-sharing, or taxis.

To reduce the chance of spreading the illness, follow the same guidelines you would give to someone in your care:

- **WEAR A FACEMASK AROUND OTHERS.**
- **COVER YOUR COUGHS AND SNEEZES.**
- **WASH YOUR HANDS REGULARLY.**
- **AVOID SHARING PERSONAL ITEMS.**
- **CLEAN ALL SURFACES THAT YOU REGULARLY TOUCH.**

Monitor your symptoms and seek prompt medical attention if you notice your illness is worsening (e.g. difficulty breathing).

### Severe Symptoms

- Extremely difficult breathing (not being able to speak without gasping for air).
- Bluish lips or face.
- Persistent pain or pressure in the chest.
- Severe persistent dizziness or lightheadedness.
- New confusion, or inability to arouse.
- New seizure or seizures that won’t stop.

### More Information

For more information visit the Coronavirus Resources Section of the National Health Care for the Homeless Council’s website: www.nhchc.org

Sources: Information in this document came from the Centers for Disease Control and Prevention and other sources available at www.nhchc.org