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## **PUBLIC HEALTH SERVICES COMMUNICABLE DISEASE CONTROL**

### **2019 Novel Coronavirus (COVID-19) FAQs for Homeless Shelters (version 4/9/20)**

See <https://occovid19.ochealthinfo.com/homelessness-care-providers> for HCA resources mentioned in this document.

#### **Health Questions:**

**1. How do we know whether or not someone may have COVID-19?**

*There is no way to know for sure if a respiratory infection is COVID-19 unless the individual is tested. However, if someone has fever and cough or shortness of breath, we are assuming that they may have COVID-19 and they should be masked and isolated (separated) from the other clients and staff. Mild cases may not need medical evaluation or testing but should still be isolated. See #3 and HCA Interim Guidance on COVID-19 for Homeless Shelter Operators.*

**2. How do we manage common cold/other non-COVID-19 conditions and chronic conditions that may also cause cough or chronic shortness of breath along with COVID-19 cases in shelters?**

*People with chronic cough or shortness of breath without fever can be managed how they usually are managed. Ideally, people with new onset of even mild respiratory symptoms without fever should be separated from other clients if feasible. If they do have fever with their new or worsening cough/shortness of breath, they should be managed as per #1.*

**3. Whom do we call when we put someone with symptoms into isolation?**

*If someone has fever and either cough and/or shortness of breath, they are considered a suspect COVID-19 case. After placing a mask on the individual and separating them from other clients/staff in your isolation area, call the Illumination Foundation (IF) Access Referral Line (714) 543-9400 for temporary isolation shelter placement of suspect COVID-19 adult cases. For questions or assistance related to suspect or confirmed COVID-19 cases at the shelter, call the HCA COVID-19 Disease Control for Shelters Help Line (714) 567-6246. See the HCA Interim Guidance on COVID-19 for Homeless Shelter Operators, Shelter COVID-19 Management Algorithm, and the COVID-19 Shelter Resource Contact List for details.*

**4. How do we get one of our residents or staff with COVID-19 symptoms tested?**

*See above. If resident is transferred to temporary isolation shelter by Illumination Foundation (IF), IF will arrange for testing. Residents not being transferred to an IF temporary isolation shelter can be tested through their medical provider, or if medical evaluation is not needed, shelters may contact the HCA COVID-19 Disease Control for Shelters Help Line (714) 567-6246 to coordinate testing. Ill staff should call their own medical provider for testing. See the HCA Interim Guidance on COVID-19 for Homeless Shelter Operators, Shelter COVID-19 Management Algorithm, and the COVID-19 Shelter Resource Contact List for details.*

**5. How will we know when one of our residents tests positive?**

*We recommend that you have clients sign consents allowing their medical provider to share medical information with appropriate shelter staff so that you will have access to the results for follow-up at the facility. If the HCA's Public Health Services team is notified about a confirmed case in a shelter, we will assist in making recommendations as to other actions to follow-up exposed clients or staff, if needed, depending on the situation and level of contact.*

**6. What are we to do if one of our residents is positive? Does the entire shelter go into quarantine?**

*If the HCA's Public Health Services team is notified about a confirmed case in a shelter, we will assist in making recommendations as to other actions to follow-up exposed clients or staff, if needed, depending on the situation and level of close contact. Given that there is ongoing community transmission of COVID-19 in Orange County, it is unlikely that the entire shelter would be quarantined. At minimum, shelters will be asked to screen all residents every 72 hours for 14 days after the last exposure. See Shelter COVID-19 Management Algorithm.*

**7. How do we handle staff who may have been exposed to COVID-19, either at the shelter or in the community?**

*With COVID-19 widespread in the community, shelter staff may come in contact with persons infected with COVID-19. High-risk COVID-19 exposures are those that include 3 factors: 1) close contact (within 6 feet) to a confirmed case while 2) neither case nor contact is wearing a mask and 3) lasting for at least 10 minutes. Exposures that do not include all 3 of these criteria are relatively low-risk and generally would not merit workplace exclusion. For staff who experience high-risk exposure, consideration can be given to excluding that person from work for 14 days from exposure. However, multiple known and unknown community exposures to COVID-19 may occur for each staff member in the coming months, and exclusion of staff in these situations could pose significant workforce capacity issues. Persons with COVID-19 infection are most infectious when they have symptoms. The facility may elect to allow the exposed staff person to continue to work with additional precautions and exclusion from work if any symptoms (either cough or fever) develop. These additional precautions for asymptomatic exposed staff include pre-screening (temperature and symptoms), self-monitoring of symptoms, wearing face masks, social disinfecting, and cleaning and disinfecting work spaces. See [CDC Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#) and Shelter COVID-19 Management Algorithm for more information.*

**8. We don't have any Intakes right now. Can we screen our current residents?**

*Shelters should be screening all residents at least once weekly for symptoms of COVID-19 (i.e., fever/feverish and either cough and/or shortness or breath). Shelters can use the screening tool, sample screening log, or any other method they would like to track screening information. Shelters should implement processes likely to be effective and feasible in their shelter settings, whether it be one-on-one questioning, group announcements with opportunity for individual private symptom reporting, or any other systematic process. Once a confirmed COVID-19 case is identified, shelters will be asked to screen all residents every 72 hours for 14 days after the last exposure. See the HCA Interim Guidance on COVID-19 for Homeless Shelter Operators, screening section for more information. In addition, HCA has created visual alerts reminding clients to report symptoms.*

**9. What do we do if residents don't answer truthfully because they think they will be exited if they are sick?**

*Shelters should be encouraging reporting of symptoms to protect the safety and health of the other clients and staff. Staff should explain that clients will not lose their place in the shelter, even if they have to be separated for a little while until they are better.*

**10. How do we handle residents who refuse to follow social distancing rules?**

*Explain why social distancing is done (for the health of the residents) including their friends and those at high risk of severe infection. Use positive reinforcement, redirection, engage champions within the resident community and allow people to encourage each other to follow the guidance. Space chairs and tables in the TV, eating and smoking areas to support social distancing and limit gatherings in those areas. If someone continuously and blatantly refuses to comply, it is up to the shelter to use whatever measures they use for enforcement of other rules/policies. If a resident in isolation refuses to stay in isolation, call the HCA COVID-19 Disease Control for Shelters Help Line (714) 567-6246 to assist in determining if there is another isolation solution available.*

**11. How can we get hospitals to screen our residents for COVID-19 before they are released back to the shelter, either from the ER or from a hospitalization?**

*Persons with fever and cough living in congregate settings, such as shelters, are among the priority group for testing. If the person has symptoms consistent with COVID-19 and testing is not available through the ER/hospital, the ER/hospital staff can collect the specimen and send it to the HCA's Public Health Laboratory for testing, after calling to request approval. If no testing is available, verify with the provider that they have assessed the person for COVID-19.*

**12. What if a staff member has someone very sick at their home, like cancer? Should they keep working?**

*There is no specific recommendation for this, as all individuals and organizations should actively seek to reduce risk of infection for all employees. Staff should be practicing social distancing at work to the extent possible and washing their hands regularly. The family member with cancer (or other chronic medical condition) is considered at increased risk of severe illness and should also be trying to practice social distancing to the extent possible at home. Everyday preventive actions such as frequent handwashing and cleaning/disinfection are important. If the staff member develops any symptoms of respiratory illness or fever, they should self-isolate away from the family member. This can be done in a separate bedroom, preferably with its own bathroom. See <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>.*

**13. Should shelter staff and residents be wearing face masks?**

*Staff and residents with symptoms of COVID-19 (i.e., fever/feverish and either cough and/or shortness of breath) should wear a face mask, as should any staff who must have face-to-face interaction with the ill staff/resident. All staff and residents who are well and have no symptoms should be wearing cloth face coverings to slow the spread of the virus from people who may not know they are infected (i.e., who do not have any symptoms). Do NOT use surgical masks or N-95 respirators for this purpose, as these are critical health care supplies. See the [Orange County Health Officer recommendation](#) and [CDC Cloth Face Coverings](#) for more information. Use of cloth face coverings does NOT replace social distancing, handwashing, or staying home when well, but these measures may all be helpful in combination.*

**Logistics/System Questions:****1. How do we screen if we don't have a thermometer? Where can we get one?**

*The first screening question is for fever and/or feeling feverish. If yes, then proceed to ask about cough and shortness of breath. If the shelter does not have a thermometer, they do not need to take a temperature and can just base the screen on the client reporting feeling feverish or symptoms of fever, such as chills or body aches. See #1 and #3 under Health Questions.*

**2. How do we protect ourselves if we don't have masks? Where can we get them, and other Personal Protective Equipment (PPE)?**

*Request PPE through your organization's usual chain of resource requests; and if unable to attain, then place a request through your city Emergency Operations Center (EOC), if activated. It*

is a priority to get at least a few masks to place on ill clients while promptly moving them to isolation area, at least 6 feet away from others. If staff can maintain 6 feet of distance from the ill client, the staff do not need to wear PPE. If they must have face-to-face interaction within 6 feet, staff should wear a mask and have the ill client wear a mask as well. If no masks are available, homemade masks (e.g., bandana, scarf) might be used to cover the mouth and nose of the client, and for the staff. The effectiveness of these types of masks has not been evaluated. See HCA Interim Guidance on COVID-19 for Homeless Shelter Operators, Staff Considerations section.

**3. Who can teach us how to use PPE? How do we safely remove gloves and masks?**

Shelter management can contract with a company to train employees on how to use PPE, including how to safely remove gloves and masks. With all PPE, it is important to realize that the outside may be contaminated and that the sequence of method of taking off the PPE is important so as not to contaminate your hands (which later might touch your nose, eyes, and mouth). After removing any PPE, including gloves, you must wash your hands. This flyer may be helpful in demonstrating the steps for proper donning (putting on) and doffing (taking off) PPE: <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>. However, training and practice is essential to ensure worker safety. CHAT-H Public Health Nurses, if available, may assist with questions on PPE, but are not able to be the designated trainers for all shelter staff.

**4. Who do we contact for assistance with setting up an isolation area in the shelter?**

See HCA Interim Guidance on COVID-19 for Homeless Shelter Operators, Isolation section. The HCA's Office of Care Coordination may be able to provide operational guidance.

**5. If more than one person is in isolation at the shelter, and someone in isolation is positive, can we put them in the same area?**

Ideally, isolation is in single rooms with their own bathroom. If this is not possible, a well ventilated area, allowing 6 feet separation between beds and physical dividers, may be considered. Preferably, confirmed cases would be isolated separate from suspect cases (in case they have something else) and people with different types of symptoms (e.g., diarrhea or rash) would be isolated separately as well. If isolated people are sharing a bathroom, the bathroom should be cleaned and disinfected after each use unless they are all known to have the same infection. See HCA Interim Guidance on COVID-19 for Homeless Shelter Operators, Isolation section.

**6. Can we put a mother and her baby in isolation together if the mother has symptoms?**

That would depend on a number of factors including the age and health status of the infant (e.g., are they a newborn, were they premature, do they have underlying medical issues), the likelihood that the infant is already infected or if they are symptomatic, the availability of others to care for the infant, and the living situation. The risks and benefits of a temporary separation would need to be considered as there are concerns for the baby's health. If the baby will be staying with the mother, the mother should take all possible precautions to avoid spreading the virus to her infant, including ensuring the infant is kept at least 6 feet from the mother (using a curtain, isolette, or other physical barrier to facilitate separation), washing her hands before touching the infant and wearing a face mask while within 6 feet of the infant, including while holding and feeding of the infant. See the Centers for Disease Control and Prevention (CDC)'s "Steps to help prevent the spread of COVID-19 if you are sick" <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html> for more information on precautions to take in the home. In hospital settings, this is CDC's guidance on this situation <https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>. For specific guidance contact (in the following order) the client's healthcare provider, CalOptima Nurse Line or the HCA COVID-19 Disease Control for Shelters Help Line (714) 567-6246.

**7. If individuals in isolation are sharing a bathroom/shower, how do we minimize staff exposure to the virus? Do we have to clean between individuals using them?**

*If the individuals in isolation all have COVID-19, the bathroom/shower would only need to be cleaned/disinfected as needed. Staff should ask clients to assist in cleaning and disinfecting when possible. If the individuals do not all have COVID-19, the bathroom/shower should be cleaned and disinfected after each use by an ill person. Again, staff should ask clients to assist in cleaning and disinfecting when possible. If staff must do the cleaning/disinfecting, they should wait as long as practical after use before entering, open windows if able, and wear gloves and gowns while cleaning/disinfecting. For more information, see <https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html>.*

**8. Who do we contact for help fixing restrooms, sanitizer dispensers, and/or sinks, including getting necessary supplies (e.g. soap, hand sanitizer, paper towels and toilet paper)?**

*Utilize your regular sources for maintenance and supplies since many of those supplies are continually being shipped to local stores. Think creatively about requesting donations from supporters, contacting a local grocery store or hardware store, and consider making hand sanitizer. You may also request supplies through your city's EOC. Contact the HCA's Office of Care Coordination if challenges still remain.*

**9. Where do we get the signs (visual alerts) for our shelters?**

*Email [ochomelessnessresponse@ochca.com](mailto:ochomelessnessresponse@ochca.com) for printed versions or you can print them yourself from <https://occovid19.ochealthinfo.com/homelessness-care-providers>*

**10. How do drivers safely transport clients who are suspects or positive COVID-19 cases?**

*The ill client should be masked and sitting in the back seat. Open the windows of the car with fan on fresh air. Driver should be masked and face forward. After client leaves, clean and disinfect the car.*