



COVID-19 Guidance for Homeless Shelters

GUIDANCE FOR PROMOTING SAFE, HEALTHY HOMELESS SHELTER
ENVIRONMENTS

FDEM HUMAN SERVICES BRANCH

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Table of Contents

Background on COVID-19	2
What should you do during blue skies?	2
Before a COVID-19 outbreak occurs in your community: PLAN	2
During an outbreak in your community: Act	5
After a COVID-19 outbreak has ended in your community: Follow Up	7
Know the terminology	8
What to expect in the homeless shelters?	8
Prevention measures	10
Non-Congregate Sheltering	10
Sanitation considerations	11
How do I prevent and prepare for COVID-19 in my shelter operations?	12
Know the symptoms and signs of COVID-19	14
Services and resources for homeless veterans at high-risk of COVID-19.....	15
Screening questions	15
References and Resources	16

Background on COVID-19

The Florida Division of Emergency Management (FDEM) Human Services Branch is committed to providing resources and guidance to those entities requesting information as they prepare to make decisions affecting their commercial delivery workers and their local communities.

As positive cases of COVID-19 in Florida continue to increase, there will be a need to be proactive and take preventative measures for Florida's estimated 25,000 homeless population. As the COVID-19 continues to evolve, shelters should use the following guidance in the development of COVID-19 emergency operating procedures. Please continue to monitor the [Florida Department of Health \(FDOH\) website](#) for the latest COVID-19 information.

What should you do during blue skies?

Emergency plans assist shelter management in maintaining continuity of operations during times of crisis. Persons experiencing homelessness may be at risk for infection during an outbreak of COVID-19. This interim guidance is intended to support response planning by homeless service providers, including overnight emergency shelters, day shelters, and meal service providers. CDC has developed recommendations for homeless service providers about how to protect their staff, clients, and guests. The **Before**, **During**, and **After** sections of this guidance offer suggested strategies to help homeless service providers plan, prepare, and respond to this emerging public health threat.

Shelter providers should review and prepare emergency plans to provide for continued operations and to reduce the risk to the organization. For shelter providers who previously planned for influenza pandemics, planning for COVID-19 may involve updating plans to address the specific exposure risks, sources of exposure, routes of transmission, and other unique characteristics of SARS-CoV-2 (i.e., compared to pandemic influenza viruses). Shelters who have not prepared for pandemic events should prepare themselves and their workers as far in advance as possible of potentially worsening outbreak conditions. Lack of continuity planning can result in a cascade of failures as shelters attempt to address COVID-19 challenges with insufficient resources and an inadequate staff unable to perform under pandemic conditions.

Before a COVID-19 outbreak occurs in your community: PLAN

Although it is not possible to know the course of the outbreak of COVID-19 in the United States, preparing now is the best way to protect people experiencing homelessness, homeless service provider staff, and volunteers from this disease. An outbreak of COVID-19 in your community could cause illness among people experiencing homelessness, contribute to an increase in emergency shelter usage, and/or lead to illness and absenteeism among homeless service provider staff.

Consult your local County Health Department to determine the immediate risk to the homelessness population in your area. *Communicate* with your homeless provider staff and volunteers for the possibility of a COVID-19 outbreak and the possible effects within your community. Be aware of people experiencing homelessness, contributing to an increase in emergency shelter usage, and/or leading to illness and absenteeism among homeless service provider staff. When planning and preparing, the [Centers for Disease Control \(CDC\) and Prevention](#) recommends the following:

Establish ongoing communication with your local public health department to facilitate access to relevant information before and during an outbreak.

Having an emergency plan in place can help reduce the impact of the outbreak. During your planning process, homeless service providers should collaborate, share information, and review plans with community leaders and local public health officials to help protect their staff, clients, and guests. Set a time to discuss what homeless service providers should do if cases of COVID-19 are suspected in their facility, if a confirmed case of COVID-19 is identified in a client, or if a confirmed case of COVID-19 in a person experiencing homelessness is discharged from a local hospital. Identify if alternate care sites are available for clients with confirmed COVID-19 or if service providers should plan to isolate cases within their facility.

Connect to community-wide planning

Find out if your local government has a private-public emergency planning group that meets regularly. Building strong alliances before an outbreak may provide your organization with the support and resources needed to respond effectively. Also, in recognition of the "whole community" approach to emergency planning and management, your input as community leaders and stakeholders helps ensure that your local government's emergency operations plan is complete and represented.

Develop or update your emergency operations plan

- Identify a list of key contacts at your local and state health departments.
- Identify a list of healthcare facilities and alternative care sites where clients with respiratory illness can seek housing and receive appropriate care.
- Include contingency plans for increased absenteeism caused by employee illness or by illness in employees' family members that requires employees to stay home. These plans might include extending hours, cross-training current employees, or hiring temporary employees.

Partnerships

Form partnerships with those in your local community, such as local health department, healthcare facilities, law enforcement, homeless coalitions, ministerial, or civic organizations. Clearly communicate plans with all stakeholders:

- Homeless outreach teams
- Public health outreach workers
- State and local health departments
- Healthcare facilities
- Emergency management planners
- Law enforcement
- Ministerial or civic organizations
- Educational systems

Address key prevention strategies in your emergency operations plan

- **Promote the practice of everyday preventive actions.** Use health messages and materials developed by credible public health sources, such as your local and state public health departments or the Centers for Disease Control and Prevention (CDC).
- **Provide COVID-19 prevention supplies at your organization.** Have supplies on hand for staff, volunteers, and those you serve, such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, and trash baskets.
- **Plan for staff and volunteer absences.** Develop flexible attendance and sick-leave policies.
 - 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.
 - Identify critical job functions and positions, and plan for alternative coverage by cross-training staff members.
- **Report cases of COVID-19.** Be prepared to report cases of respiratory illness that might be COVID-19 to your local health department and to transport persons with severe illness to medical facilities.
 - Discuss reporting procedures ahead of time with a contact person at your local health department.
- **Designate a sick space.** If possible, identify space that can be used to accommodate clients displaying mild respiratory symptoms and separate them from others.
 - Most persons with COVID-19 infections will likely have mild symptoms and not require hospital care. Furthermore, it might not be possible to determine if a person has COVID-19 or another respiratory illness. Consider your high-risk clients and how to best protect them. Possible suggestions include setting up high-risk or isolation shelters at:
 - Alternate sites
 - Hotel partnerships
 - School shelters
 - Define how you will transport clients for treatment
- **Identify high risk populations.** Identify clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) to ensure their needs are taken into consideration.
- **Plan for increases / less beds.** Plan for higher shelter usage during the outbreak.
 - Consult with community leaders, local public health departments, and faith-based organizations about places to refer clients if your shelter space is full.
 - Identify short-term volunteers to staff shelter with more usage or alternate sites.
 - Consider the need for extra supplies (e.g., food, toiletries, etc.) and surge staff, ensuring they have personal protective equipment.

Communicate about COVID-19 and everyday preventive actions

- Create a communication plan for distributing timely and accurate information during an outbreak. Identify everyone in your chain of communication (for example, staff, volunteers, key community partners and stakeholders, and clients) and establish systems for sharing information. Maintain up-to-date contact information for everyone in the chain of

communication. Identify platforms, such as a hotline, automated text messaging, and a website to help disseminate information to those inside and outside your organization. You also can learn more about communicating to workers in a crisis.

- Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers, volunteers, and those you serve. Learn more about reaching people of diverse languages and cultures.
- Help counter stigma and discrimination in your community. Speak out against negative behaviors and engage with stigmatized groups.
- People experiencing homelessness may be at increased risk of adverse mental health outcomes, particularly during outbreaks of infectious diseases. Learn more about mental health and coping during COVID-19.

During an outbreak in your community: Act

If cases or clusters of COVID-19 disease are reported in your community, put your emergency plan into action, to protect your clients, staff, and guests.

Early action to slow the spread of COVID-19 will help keep staff and volunteers healthy and help your organization maintain normal operations.

If your community has active COVID-19 cases reported, put your emergency plan into action to protect your clients and staff. If necessary, review and develop policies and procedures for prompt identification and isolation of sick people and implementing protocols and controls.

Put your emergency operations and communication plans into action

- Stay informed about the local COVID-19 situation. Get up-to-date information about local COVID-19 activity from public health officials. Be aware of temporary school dismissals in your area because these may affect your staff, volunteers, and families you serve.
 - *Note: Early in the outbreak, local public health officials may recommend schools be dismissed temporarily to allow time to gather information about how fast and severe COVID-19 is spreading in your community. Temporary school dismissals also can help slow the spread of COVID-19.*
- Implement everyday preventive actions and provide instructions to your workers about actions to prevent disease spread. Meet with your staff to discuss plans to help clients implement personal preventive measures.
- Communicate with your local health department if you are concerned that clients in your facility might have COVID-19. Learn more about COVID-19 symptoms.
- [Download COVID-19 posters and Fact Sheets](#) from the Florida Department of Health (FDOH) and keep your clients and guests informed about public health recommendations to prevent disease spread and about changes to services that might be related to the outbreak. Messaging may include:
 - Posting signs at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
 - Providing educational materials about COVID-19 for non-English speakers, as needed.

- Encouraging 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.
- 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 infection status (e.g. check-in staff).
 - For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them.
- 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.
- All staff, especially handling client belongings, should use disposable gloves. Make sure to train any staff using gloves to ensure proper use.
- Limit visitors to the facility.

Ensure that clients receive assistance in preventing disease spread and accessing care, as needed

- In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least **6 feet apart**, and request that all clients sleep head-to-toe.
- Provide access to
 - Fluids to stay hydrated
 - Tissues
 - Plastic bags for the proper disposal of used tissues
- Ensure 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 (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas.
- At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask.
 - If there is person to person spread in your local community, clients may have COVID-19.
- Monitor clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly.
- Confine clients with **mild** respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.
 - Follow CDC recommendations for how to prevent further spread in your facility.
 - If individual rooms for sick clients are not available, consider using a large, well-ventilated room.
 - In areas where clients with respiratory illness are staying, keep beds at least 6 feet apart and use temporary barriers between beds, such as curtains, and request that all clients sleep head-to-toe.
 - If possible, designate a separate bathroom for sick clients with COVID-19 *symptoms*.
 - Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to ill persons to as-needed cleaning (e.g., of soiled items and surfaces) to avoid unnecessary contact with the ill persons.

Decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in the shelter or be directed to alternative housing sites should be made in coordination with local health authorities. Similarly, identifying respite care locations for patients with confirmed COVID-19 who have been discharged from the hospital should be made in coordination with local healthcare facilities and your local health department.

- If you identify any client with severe symptoms, notify your public health department and arrange for the client to receive immediate medical care. If this is a client with suspected COVID-19, notify the transfer team and medical facility before transfer. Severe symptoms include:
 - 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
- Ensure that all common areas within the facility follow good practices for environmental cleaning. Cleaning should be conducted in accordance with CDC recommendations.

After a COVID-19 outbreak has ended in your community: Follow Up

Remember, a COVID-19 outbreak could last a long time, and the impact on your facility may be considerable. When public health officials determine the outbreak has ended in your community, take time to talk over your experiences with your clients and staff. As public health officials continue to plan for COVID-19 and other disease outbreaks, you and your organization have an important role to play in ongoing planning efforts.

Evaluate the effectiveness of your organization's plan of action

- Discuss and note lessons learned. Were your COVID-19 preparedness actions effective at your organization? Talk about problems found in your plan and effective solutions. Identify additional resources needed for you and your organization.
- Participate in community discussions about emergency planning. Let others know about what readiness actions worked and lessons learned. Maintain communication lines with your community (e.g., social media and email lists).
- Continue to practice everyday preventive actions. Stay home when you are sick; cover your coughs and sneezes with a tissue; wash your hands often with soap and water; and clean frequently touched surfaces and objects daily.

Maintain and expand your emergency planning. Look for ways to expand community partnerships. Identify agencies or partners needed to help you prepare for an infectious disease outbreak in the future.

Know the terminology

- **Isolation** means the separation of a person or group of people known or reasonably believed to be *infected with a communicable disease and potentially infectious* from those who are not infected to prevent spread of the communicable disease.
 - Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.
- **Quarantine** in general means the separation of a person or group of people reasonably believed to have been *exposed to a communicable disease but not yet symptomatic*, from others who have not been so exposed, to prevent the possible spread of the communicable disease.
- **Conditional release** defines a set of legally enforceable conditions under which a person may be released from more stringent public health movement restrictions, such as quarantine in a secure facility. These conditions may include public health supervision through in-person visits by a health official or designee, telephone, or any electronic or internet-based means of communication as determined by the CDC Director or state or local health authority. A conditional release order may also place limits on travel or require restriction of a person's movement outside their home.
- **Controlled travel** involves exclusion from long-distance commercial conveyances (e.g., aircraft, ship, train, bus). For people subject to active monitoring, any long-distance travel should be coordinated with public health authorities to ensure uninterrupted monitoring. Air travel is not allowed by commercial flight but may occur via approved noncommercial air transport. CDC may use public health orders or [federal public health travel restrictions](#) to enforce controlled travel. CDC also has the authority to issue travel permits to define the conditions of interstate travel within the United States for people under certain public health orders or if other conditions are met.
- **Congregate settings** are crowded public places where close contact with others may occur, such as shopping centers, movie theaters, stadiums.
- **Non-Congregate Shelters** are private or public facilities (e.g. - hotels, dorms, etc.) that, by design, provide a short-term lodging function and an increased degree of privacy over congregate (i.e. - communal) shelters. Non-congregate sheltering provides alternatives for incidents when congregate sheltering is unavailable, overwhelmed, or longer-term temporary sheltering is required.
- **Social distancing** means remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.

What to expect in the homeless shelters?

Many people experiencing homelessness have chronic mental and physical conditions, engage in high rates of substance abuse (including sharing of needles), and have often less access to health care, all of which could lead to potential problems with screening, quarantining, and treating people who might have COVID-19. Such problems have occurred as recently as last year, when outbreaks of typhus, hepatitis A, tuberculosis, trench fever, and Shigella bacteria were reported among people experiencing homelessness in US cities with large homeless populations.

- In this section, we have included information related to respiratory diseases transmitted through coughing, sneezing, or being near someone who is sick. You might suspect that

someone has a respiratory disease if they are coughing frequently. However, there are also some causes of cough that are not a result of infectious diseases. Allergies, smoking, asthma, and some medications can cause people to cough. *Usually, clients with a respiratory infection will also have other symptoms such as a runny nose, body aches, or fever.*

- Older adults and people who have severe underlying chronic medical conditions like those listed below seem to be at higher risk for developing more serious complications from COVID-19 illness. Persons experiencing homelessness may be at risk for infection during an outbreak of COVID-19.

People who are generally at ***higher risk*** from severe illness

- Older adults (65 Years and Older)
 - People who have serious underlying medical conditions:
 - Heart disease
 - Diabetes
 - Lung disease
 - People with Asthma
 - People with HIV (those with a low CD4 cell count or those not on treatment)
 - Pregnant women and infants (*unsure of possible risks*)
-
- During a COVID-19 outbreak, all sick employees and/or volunteers should stay home and away from the shelter. At all times, respiratory etiquette and hand hygiene should be encouraged, and routine cleaning of commonly touched surfaces should be performed regularly.
 - If your facility has a health care provider, they should evaluate clients with respiratory disease symptoms, especially if they also have a fever. If not, encourage the client to seek health care as soon as possible. The best way to avoid transmission of respiratory diseases is to limit contact between those who are sick and those who aren't sick. Enough distance between beds or separate rooms for sick clients are necessary to prevent spread. Clients with respiratory disease and those who interact with them should wash their hands thoroughly and regularly.
 - If a respiratory disease is circulating among clients of the facility, increase the frequency of surface sanitization. Increase messaging about handwashing and availability of soap and hand sanitizer. Provide tissues and make trash cans available for disposal. Post signs for cough etiquette. Clients with the following respiratory disease/illness, may need additional care:
 - Tuberculosis (TB)
 - Influenzas (Flu)
 - Whooping cough (pertussis)
 - Mumps
 - Meningococcal disease (Meningitis and Septicemia)
 - Respiratory Syncytial Virus (RSV)

Prevention measures

Encampments

- Unless individual housing units are available, **do not clear encampments** during community spread of COVID-19. Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious disease spread.
- Encourage people staying in encampments to set up their tents/sleeping quarters with at least 12 feet x 12 feet of space per individual.
- Ensure nearby restroom facilities have functional water taps, are stocked with hand hygiene materials (soap, drying materials) and bath tissue, and remain open to people experiencing homelessness 24 hours per day.
- If toilets or handwashing facilities are not available nearby, provide access to portable latrines with handwashing facilities for encampments of more than 10 people.

Communications

Provide straightforward communications to people sleeping outside in the appropriate language. Identify people who are influential in the community who can help communicate with others. Post signs in strategic locations to provide information on hand hygiene, respiratory hygiene, and cough etiquette. Request up-to-date contact information for each person.

Information to share includes:

- The most recent information about COVID-19 spread in their area
- Advice to avoid crowded areas if COVID-19 is circulating in their community
- Social distancing recommendations
- Hand hygiene instructions, cough etiquette instructions, and advice not to share personal items
- How to recognize the symptoms of COVID-19 and what to do if they are sick
- What to do if their friends, family, or community members are sick
- How to isolate themselves if they have symptoms
- Updated information on where to find food, water, hygiene facilities, regular healthcare, and behavioral health resources if there have been local closures or changes

Non-Congregate Sheltering

FEMA's Assistant Administrator for Recovery recently provided guidance regarding non-congregate sheltering (FEMA, 2020). In accordance with section 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of state, local, tribal, and territorial public health officials may be reimbursed under Category B of FEMA's Public Assistance program.

The criteria for approval of non-congregate sheltering, along with necessary support services to meet the needs of the public health emergency, are summarized in the following criteria:

1. The non-congregate sheltering must be at the direction of and documented through an official order signed by a state, local, tribal, or territorial public health official.
2. Any approval is limited to that which is reasonable and necessary to address the public health needs of the event and should not extend beyond the duration of the Public Health Emergency.
3. Applicants must follow FEMA's Procurement Under Grants Conducted Under Exigent or Emergency Circumstances guidance and include a termination for convenience clause in their contracts.
4. Prior to approval, the applicant must provide an analysis of the implementation options that were considered and a justification for the option selected.
5. The funding for non-congregate sheltering to meet the needs of the Public Health Emergency cannot be duplicated by another federal agency, including the U.S. Department of Health and Human Services or Centers for Disease Control and Prevention.
6. Applicable Environmental and Historic Preservation laws, regulations, and executive orders apply and must be adhered to as a condition of assistance.

Please work with your public health officials and the State, including FDEM, to follow the process and requirements outlined by FEMA for seeking approval for non-congregate sheltering from FEMA Region IV for the purposes of potential FEMA reimbursement.

Sanitation considerations

While considerations are made for your shelter operations, keep in mind not all clients will remain in the shelter. As businesses cease operations or limit hours, health and sanitation concerns will need to be addressed for the health and safety of your community. Make considerations and preparations for those homeless clients/individuals needing:

- Portable hand-washing stations (and regular service)
- Portable toilets rentals (and regular service)
- Portable drinking water stations

Isolation housing

Local partners should plan for where individuals and families with suspected or confirmed COVID-19 experiencing unsheltered homelessness can safely stay. These should include places where people who are confirmed to be positive and those awaiting test results can be isolated.

How do I prevent and prepare for COVID-19 in my shelter operations?

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus and avoid exposing other people. Here's how:

Practice social distancing

If you are around other people, keep 6 feet between you when possible. Avoid hugs, handshakes, large gatherings and close quarters.



Why? The virus is thought to spread mainly from person-to-person. When someone coughs or sneezes, they spray small liquid droplets from their nose or mouth, which may contain the virus. If you are too close, you can breathe in the droplets, including the coronavirus if the person coughing has the disease.



Clean your hands often

Wash your hands frequently with soap and water for at least 20 seconds. Or use a hand sanitizer with at least 60% alcohol.

Clean your hands especially after you have been in a public place, or after blowing your nose, coughing or sneezing.

Why? Washing your hands with soap and water or using alcohol-based hand sanitizer kills viruses that may be on your hands.

Avoid touching eyes, nose and mouth

Why? Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth.



Cover coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash.

Why? Droplets spread the virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.

Clean and disinfect “high-touch” surfaces

Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

If surfaces are dirty, first clean with detergent or soap and water, and then disinfect. Most common EPA-registered household disinfectants, diluted household bleach solutions, and alcohol solutions with at least 70% alcohol will work. See how to make a bleach solution if disinfectants are not available.

For additional guidance, see the [Environmental Cleaning and Disinfection Recommendations](#) as recommended by the Centers for Disease Control and Prevention.



Cleaning vs. Sanitizing vs. Disinfecting

Keeping surfaces clean is important to reduce the number of infectious agents in circulation at the shelter.

Cleaning is the process of using soap or detergent and water to physically remove bacteria, viruses, and fungus from surfaces. Cleaning also removes dirt and other debris.

Sanitization is a process of using chemicals to reduce infectious agents to a level that can prevent disease transmission.

Disinfection involves killing most infectious agents on a surface. Cleaning is a necessary first step because sanitization and disinfection will not work if dirt and debris have not been removed.

A list of products can be found here: [Using Disinfectants to Control the COVID-19 Virus](#).

Client belongings

Many infestations (bed bugs, lice) and infectious disease agents can travel in the belongings of individuals. One way to prevent spread is through plastic bagging of personal belongings. Clients should be discouraged from sharing personal items (hats, scarves, coats, combs and brushes).

Some shelters limit the quantity of belongings to no more than the equivalent of two large (30 gallon) bags full of personal belongings per person. Storage areas for belongings should include barriers (e.g., tubs or bags) between clients' items and should be regularly cleaned.



Sleeping space

In shelters and other homeless service programs, large numbers of people may live together. These individuals often share sleeping facilities and have close contact with other people with infectious diseases.

The following recommendations can decrease the spread of infectious disease:

- Arrange all sleeping areas, including cots or mats on the floor, so there is a minimum of 6 feet between individual sleeping areas to prevent the spread of infections.
- Clients should be instructed to sleep head to toe.
- Clients should stay in the same bed each night.
- Beds should be at least 2 inches from the wall and bedding should not touch the floor.
- Mattresses and pillows should be enclosed in impermeable barriers (plastic cover) to protect them from becoming contaminated.
- Small mattress tears should be mended or covered (e.g., using duct tape) as soon as possible.

Know the symptoms and signs of COVID-19

Symptoms may appear 2-14 days *after* exposure. Patients with confirmed COVID-19 infection have reportedly had mild to severe respiratory illness with symptoms of:



If you notice any of the following **emergency warning signs*** for COVID-19 symptoms in your clients, seek **immediate medical attention** for your clients:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

**This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.*

Services and resources for homeless veterans at high-risk of COVID-19

Florida is committed to its Veterans and their families. For very low-income Veterans, SSVF provides case management and supportive services to prevent the imminent loss of a Veteran's home or identify a new, more suitable housing situation for the individual and his or her family; or to rapidly re-house Veterans and their families who are homeless and might remain homeless without this assistance. During the COVID-19 Public Health Emergency, for the next 30 days beginning March 17, SSVF will be modifying guidance it provides to grantees around temporary housing placements.

It is critical that VA medical centers actively engage area SSVF grantees to understand available capacity and work collaboratively to prioritize referrals for such emergency housing placements. The form may be downloaded here: [Referral form for SSVF Emergency Housing Assistance \(At Risk COVID-19\)](#).

Possible assistance includes:

- The SSVF Program can place homeless Veterans households in emergency housing (hotels and motels) for up to 45 days pending placement into permanent housing.
- In response to the COVID-19 outbreak, SSVF grantees will not be allowed to offer emergency housing placements even if other temporary housing options are available if those options would place high-risk Veterans into congregate living environments.
 - High-risk Veterans would include those Veterans **over the age of 60** and/or
 - Veterans with significant **underlying health problems**, particularly those with a **weakened immune system** or **health problems that impact lung function**.
- It is important to note that such temporary housing placements are only available to eligible, homeless Veteran households enrolled in SSVF who need placement into permanent housing.
- Veterans who are symptomatic with COVID-19 should not be referred for these emergency housing placements as SSVF grantees do not have the capacity to place and adequately monitor such patients.

For additional information, see <https://www.va.gov/homeless/SSVF/>

Screening questions

If your clients exhibit any of the COVID-19 symptoms or you adopt a screen process, below is a list of questions to consider using during the screening process:

1. Have you traveled outside the state of Florida in the last 14 days?
2. Have you had contact with anyone with confirmed COVID-19 in the last 14 days?
3. Have you had any of these symptoms in the last 14 days?
 - a. Fever greater than 100
 - b. Difficulty breathing
 - c. Cough
4. Are you currently experiencing fever over 100, difficulty breathing or cough?

If they answer yes to any of the above questions, you will want the client to be referred to your local health department.

References and Resources

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