

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Homeless Shelters

The Los Angeles County Department of Public Health (DPH) is asking for your assistance to slow the spread of the novel (new) coronavirus disease 2019 (abbreviated COVID-19) in Los Angeles County. There continues to be a growing number of people infected with this virus. According to the World Health Organization, the worldwide spread of COVID-19 now qualifies as a pandemic. We need to work together to slow the spread of this infection locally.

As a basic, first step in response to the COVID-19 outbreak, we strongly recommend that all homeless shelters review and update their emergency plans and consider ways to continue essential services if onsite operations must be reduced temporarily. Beyond that first step, this document provides general information about COVID-19, followed by specific actions you should take to help slow the spread of respiratory infections, including COVID-19.

The goals of this document are to help homeless shelters develop strategies to:

- Prevent and reduce the spread of COVID-19 within your shelter.
- Prevent and reduce the spread of COVID-19 between and outside of facilities.

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General Information

What is novel coronavirus?

COVID-19 is caused by a virus that has never been seen in humans before. In some ways it is like other viruses we have seen, but there are important factors that set it apart:

- Since it has never infected humans before, none of us are immune to it;
- It can be spread from person to person more easily than some other virus;
- It can be spread by someone who doesn't have any symptoms and has no idea they are infected;

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- While it causes mild or moderate symptoms in most people, it can be very serious and even fatal for people in high-risk groups.

High-risk groups

High-risk groups for COVID-19 include people over age 65, people with chronic conditions, including those that affect heart, lungs or kidneys, people who have weakened immune systems due to disease, chemotherapy or other medical treatments or conditions and people who are pregnant.

What are common symptoms of COVID-19?

COVID-19 causes symptoms consistent with a respiratory illness. Symptoms include:

- Cough
- Fever
- Shortness of breath or difficulty breathing

It may be feasible to manage care of most guests with mild to moderate symptoms in a shelter. However, about 20% of infected individuals in the general population need to be hospitalized during their illness. Given other health risks associated with homelessness, that figure may be higher among shelter guests. The symptoms of more serious illness include severe difficulty breathing (inability to walk more than a few steps or speak words without becoming short of breath), persistent chest pain, confusion or inability to arouse, bluish lips or face, profound weakness, inability to eat or drink for one or more days, or inability to care for self in the shelter. The guidance below identifies appropriate steps if you identify guests or staff who have symptoms consistent with COVID-19, including what to do if the symptoms are severe. It also provides guidance that will help you respond when a guest or staff person has been exposed to a person with symptoms of COVID-19.

How are coronaviruses spread?

Like other respiratory illnesses, such as influenza, human coronaviruses are most commonly spread to others by an infected person who has symptoms. Spread occurs through:

- Droplets produced when an infected person coughs or sneezes.
- Close personal contact, such as caring for an infected person.
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands.

COVID-19 is new and we continue learning more each day about how it spreads and how long it takes for people to become sick. As information changes, we will keep you informed. We encourage you to visit the DPH Novel Coronavirus webpage for resources including a variety of documents providing an overview of COVID-19 prevention and care and a Frequently Asked Questions for Workplace Managers (<http://ph.lacounty.gov/media/Coronavirus/FAQ-Managers.pdf>). Additional resources are noted through this document where relevant.

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Prevent and Reduce Spread of COVID-19 Within Your Shelter

1. Steps to reduce risk of infection

Signage

- Post signs for guests and staff on the importance of handwashing and hand sanitizing.
- Provide signs and remind guests to alert staff if they have new fever, cough and/or shortness of breath.

Hygiene

- Make it easy for staff and residents to practice good hand hygiene. Make sure bathrooms are well stocked with soap and disposable towels.
- Post reminders to wash hands with soap and water for at least 20 seconds and to dry hands on a single-use or personal towel.
- If handwashing is not feasible, staff and residents should use hand sanitizer containing at least 60% alcohol.
- It is especially important to clean hands after going to the bathroom, before and after eating, and after blowing your nose, coughing, or sneezing.
- Tissues should be widely available, and staff and residents should be reminded to cover coughs and sneezes with a tissue, and then dispose of the tissue and clean hands immediately. If tissues are not available, they should sneeze or cough into an elbow, rather than a hand.
- Minimize, the sharing of objects such as cups, utensils, food, and drink.

Social distancing

- Promote social distancing: no handshakes, no hugs, no close-up conversations. Guests and staff need to stay at least 6 feet away from each other.
- If there are circumstances in which guests stand in line, inside or outside your site, make sure spacing of six feet is maintained between people.
- Re-arrange common areas, including waiting areas, to avoid having more than 10 seats in an enclosed space and so seats are at least 6 feet apart and facing away from one another.
- Beds should be placed at least 6 feet apart, when possible, and positioned head-to-toe, with heads positioned as far apart as possible (see Guide to Bed Positioning at <http://ph.lacounty.gov/media/Coronavirus/GuidanceBedPositions.pdf>).
- Stop large group meals. Stagger meals so groups can be kept small. If guests have more than one meal at your site, serve meals with same group of guests at each meal to reduce transmission risk. If weather permits, serve them in outdoor areas that allow for social distancing.
- Restrict entry into the site. Only guests, essential staff and other essential personnel should be going in and out of the shelter.

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	<ul style="list-style-type: none">- Limit transportation of guests to essential trips only. Make sure guests know how to practice safe distancing when they must leave.- Cancel any group activities that may be offered at your site. One-to-one interactions between staff and guests should be kept to a minimum and arranged so preventive guidelines (distance of six feet, no physical contact (such as handshakes), no sharing of objects, etc.) can be followed.
<p>2. <i>Screen guests for symptoms of COVID-19</i></p>	<ul style="list-style-type: none">- Screen guests. Assess all guests at admission and, if stay is longer than overnight, at least once per day for symptoms of acute respiratory illness. These may include feeling feverish or alternating sweats and chills, a new cough, or difficulty breathing. Remind guests to report any new respiratory symptoms to staff.- If able, take guest temperatures with a scanning or disposable thermometer at admission and, if stay is longer than overnight, at least once per day. A temperature of 100.4 °F or higher is considered a fever for screening purposes.- Given the current outbreak, any guest with symptoms of respiratory illness can be presumed to have COVID -19. It is not necessary for the guest to have had laboratory testing to confirm diagnosis in most cases.- As part of screening, ask guests if they have close contact with a symptomatic person.<ul style="list-style-type: none">• Close contact is defined as contact within 6 feet of a symptomatic person (whether or not COVID-19 has been confirmed by test) for 10 minutes or more.• Anyone who had contact with body fluids and/or secretions of a symptomatic person (they were coughed on/sneezed on, shared utensils or saliva) or provided direct clinical care to a symptomatic person without wearing a surgical mask or gloves, also needs to be in quarantine• The contact may have occurred while the infected person was symptomatic OR up to 48 hours (two days) BEFORE the infected person showed symptoms.- Any guest who meets criteria for close contact is required to self-quarantine for 14 days. Guidelines for self-quarantine are described below, under the heading “Arrange for Self-quarantine of Exposed Guest.”
<p>3. <i>When a guest is symptomatic</i></p>	<p>Separate symptomatic guests</p> <ul style="list-style-type: none">- Individuals with symptoms need to be isolated from others to avoid spread and allow for appropriate care of the symptomatic person. This is true whether or not they have been tested for COVID-19. <p>If your site provides extended care:</p> <ul style="list-style-type: none">- Rapidly move guests who present with respiratory symptoms into a separate sick area that is isolated from the rest of the shelter<ul style="list-style-type: none">• Ideally, it should be a separate building, room, or designated area, away from non-symptomatic guests. A separate bathroom is also optimal.

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- Place clear signage outside isolation areas so other staff and guests know to maintain distance from those areas.
 - If there is no way for symptomatic guests to reside in separate rooms or buildings, partitions (e.g., linen, dressers, etc.) should be constructed to create as much of a barrier as possible between symptomatic and non-symptomatic guests.
 - A designated restroom should be identified and reserved for use by symptomatic individuals only. If this is not possible, cleaning after the room has been used by a symptomatic person is essential.
 - If symptomatic guests need to move through areas used by guests without symptoms, they should wear a surgical mask and minimize their time in these areas.
 - Symptomatic guests should eat meals separately from guests without symptoms.
 - If dining space must be shared, stagger meals so symptomatic guests are not eating with non-symptomatic guests and clean after use by each group to reduce transmission risks.
 - Mobile screens (or other ways to form partitions – linens, etc.) should be used to encourage compliance with separation in shared spaces.
 - Minimize the number of staff members who have face-to-face interactions with guests with symptoms. Provide instructions to all staff to prevent disease spread. Section 8, below, provides guidance on use of Personal Protective Equipment for staff who must have contact with a symptomatic guest.
 - Guest isolation may be discontinued when the following conditions are met:
 - At least 7 days has passed since symptoms first appeared AND at least 3 days (72 hours) since symptoms have improved and fever is resolved (without the use of fever reducing medications).
 - Staff should keep a daily log of all guests in isolation to monitor symptoms and determine when criteria are met for ending the guest's isolation.
 - If a guest who fits into a high-risk group (over 65, has a chronic condition, pregnant) is symptomatic at admission or during a stay, encourage them to call their primary care provider. If their symptoms worsen, they should notify a staff member to call 911. When calling 911, staff members should notify the dispatcher that this guest has COVID-19 symptoms.
- If you provide single night stays only**
- If a guest screens positive at entry to your facility and you are not set up to offer extended stays, you should do your best to identify an alternative place for that guest to go.
 - Place the symptomatic guest in a separate, temporary space while you make arrangements for alternative placement. Ideally, this should not be a private office or other site containing items that would be difficult to clean if contaminated.

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- The guest should be given a surgical mask and instructed to wash their hands before moving to the designated space.
- Guests who are symptomatic and have nowhere to self-isolate may be eligible for temporary Office of Emergency Management quarantine/isolation housing. Call DPH's referral line to learn about available placements at 833-596-1009.
- If it is not feasible to move the guest promptly, you should follow guidelines for isolation provided above for longer-stay sites. As above, if a private space is not available, do your best to separate the guest from others by creating a barrier. Make sure their bed is at least 6 feet in all directions from anyone else and make sure they can use a separate restroom or that a shared bathroom can be effectively cleaned after they have used it. Guidelines for cleaning appear in Section 10, below.
 - Should this kind of temporary isolation arrangement be needed, contact the Hotline number above in the morning to learn where the guest can find a more appropriate place while ill.
- Guests who have symptoms may return to your site only when at least 7 days have passed since symptoms first appeared AND at least 3 days (72 hours) since symptoms have improved and fever is resolved (without the use of fever reducing medications).

If symptoms are severe

- If you identify any guest with severe symptoms, call 911. Before transfer, notify the transfer team that the guest is suspected for COVID-19. Severe symptoms include:
 - Extreme difficulty 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

If possible, separate guests at high risk even if they have not been exposed

- Consider placing high-risk guests in separate rooms or shared rooms with a maximum of 10 beds even when there are no suspected or confirmed cases of COVID-19 at the site.

4. *What to do if someone on staff has symptoms*

Symptomatic Staff

- Staff should monitor their own health daily and be encouraged to go home if they are ill.
- Staff with symptoms of COVID-19 should be instructed to go home to self-isolate. They should be reminded to call their health care provider should symptoms worsen.



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	<ul style="list-style-type: none">• Information on self-isolation can be found on the DPH website at: http://publichealth.lacounty.gov/acd/docs/HomeisolationenCoV.pdf- Symptomatic staff caring for themselves at home may discontinue home isolation only when the following conditions are met:<ul style="list-style-type: none">• At least 7 days have passed since symptoms first appeared, AND• At least 3 days (72 hours) have passed since improvement in symptoms and since resolution of fever (without the use of fever reducing medications), whichever is longer.
5. <i>Dealing with Exposure</i>	<p>Arrange for Quarantine of Exposed Guests</p> <ul style="list-style-type: none">- Guests who do not screen positive for symptoms of COVID-19 but have come in <u>close contact</u> with a symptomatic person must be placed in quarantine for 14 days.<ul style="list-style-type: none">• If your site has capacity to provide the guest with shelter for 14 days, they may remain at your site. As in the case of infected guests, they should be kept apart from other guests.• If your site does not have capacity for self-quarantine, the procedure is the same as for an infected client:<ul style="list-style-type: none">○ An exposed guest should be kept separate from other guests and staff while you contact the DPH Hotline and arrange for alternative placement.○ As in the case of an infected guest, if it is not feasible to find an alternative placement for the night, the guest may remain on site overnight but separated from other guests to the extent feasible. A distance of 6 feet must be kept between the exposed client and others and they must be instructed on the need to wash hands frequently and avoid sharing of any objects.• Exposed guests who are sent elsewhere to quarantine or are in quarantine at your site, may only rejoin the general guest population at your site when the 14-day quarantine period is over.<ul style="list-style-type: none">○ If a guest begins to show symptoms during the quarantine period, the guidelines for isolation described above apply. The guest's isolation period must be counted from the start of symptoms rather than the start of their quarantine period. <p>Arrange for Quarantine of Exposed Staff</p> <ul style="list-style-type: none">- Staff who have come in close contact with symptomatic guests or staff must be sent home to quarantine or, if feasible, placed in onsite quarantine for 14 days.- The guidelines for staff quarantine are the same as those for guests (see Quarantine Exposed Guests, above).- However, in times of <u>extreme workforce shortage</u>, non-symptomatic staff who were exposed can continue to work PROVIDED they wear a surgical mask at all times while at work for 14 days. Guidance for home quarantine can be found at: http://publichealth.lacounty.gov/acd/docs/COVHomeQuarantine.pdf

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	<ul style="list-style-type: none">• Non-symptomatic staff who were exposed and continue to work should self-monitor for symptoms of COVID-19. They should self-monitor for symptoms twice daily, once before coming to work and the second, twelve hours later.
6. <i>Returning to work</i>	<p>Returning to Work after Isolation or Quarantine</p> <ul style="list-style-type: none">- If a staff or guest person is sent home, guidelines for transportation (below) must be followed and the person should be given DPH Guidelines for Self-Isolation or quarantine.- A staff person or guest who is sent home may return to the site after:<ul style="list-style-type: none">• At least 7 days since symptoms first appeared, AND• At least 3 days (72 hours) since improvement in symptoms and since resolution of fever (without the use of fever reducing medications). Some examples of what this means :<ul style="list-style-type: none">○ A staff person who had lunch with another member of the staff on Friday and then learned that their lunch partner had called in sick Monday because of COVID-19 symptoms that had started on Sunday, would have to be in quarantine until two Fridays after the day of contact.○ A guest sent to an alternative Quarantine and Isolation site or staff person sent home with symptoms that were mild and only lasted a day, would still need to remain away from the site for the minimum 7 days from the start of symptoms.○ A guest who was being quarantined on site and then on day 6 of quarantine developed symptoms including fever that lasted 8 days, could be reintegrated into the general guest population after 17 days – the six days of quarantine plus 8 days of illness and 3 days following the last fever.
7. <i>Reporting requirements</i>	<p>When Should Cases Be Reported?</p> <ul style="list-style-type: none">- To report a confirmed case of COVID-19 call the Department of Public Health Acute Communicable Disease Program at 213-240-7941 during daytime hours or 213-974-1234 (After Hours Emergency Operator). A Public Health Nurses (PHN) may visit the site to consult on additional measures for separation and to screen close contacts.- Notify Los Angeles County Department of Public Health at 213-240-7941 during daytime hours or (213) 974-1234 (After Hours Emergency Operator) if three or more guests or staff become sick with acute respiratory illness within 72 hours.- If you have symptomatic guests who cannot be isolated onsite during their illness , consider transfer to the Office of Emergency Management quarantine/isolation housing. Call DPH’s referral line at 833-596-1009.
8. <i>Guidelines for use of PPE</i>	<p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none">- Under most circumstances neither staff nor guests are required to use PPE in a shelter. Individual staff or guests may use face coverings (such as scarf, neck gator or fabric covering).

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	<ul style="list-style-type: none">- Symptomatic individuals (guests or staff) should be given surgical face masks to wear whenever they are around other people.- Quarantined individuals (guests or staff) should also be given surgical face masks to wear whenever they around other people.- If there are circumstances in which staff provide direct clinical care to isolated or quarantined guests (delivering meals to bedside, administering medications, or performing a physical exam or procedures), they should put on a surgical mask, gloves, eye protection and gown.- Necessary PPE should be made available in clinical care areas for staff performing clinical duties.- Ensure that all employees clean their hands, including before and after contact with guests, after contact with contaminated surfaces or equipment, and after removing PPE items.- Make sure tissues are available and all sinks are well-stocked with soap and paper towels for hand washing. Hand sanitizer should be available to staff and guests where soap and water washing is not feasible.
<p>9. <i>Best practices for sanitation and housekeeping</i></p>	<p>Cleaning Practices</p> <ul style="list-style-type: none">- Routinely and effectively clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, faucet handles, and phones.- Environmental cleaning should be done with EPA-registered healthcare disinfectant consistent with recommended wet contact time. <i>Reference: California Department of Public Health AFL for Environmental Infection Control for the Coronavirus Disease 2019 (COVID-19) (02/19/20)</i><ul style="list-style-type: none">• If EPA-registered disinfectant is not available, you may make your own disinfectant by mixing 1 tablespoon of 2% chlorine bleach solution in 1 quart of water.• Alcohol-based disinfectants may be used if > 70% alcohol and contact time is per label instructions.- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but should not be shared without thorough washing. Instruct cleaning staff to avoid “hugging” or shaking out laundry before washing it to avoid self-contamination. Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry. <p>Supplies</p> <ul style="list-style-type: none">- Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer (especially near food areas and restrooms).- Hand hygiene stations (sinks with antibacterial soap and alcohol gel products) should be readily available throughout the shelter, especially at the entrances of the shelter.

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- Make sure tissues are available and all sinks are well-stocked with soap and paper towels for hand washing.
- Educate and remind guests to perform proper hand hygiene throughout the day, particularly after using the restroom and prior to eating their meals.
- Position a trash can near the exit inside any guest rooms to make it easy for employees to discard items such as gloves, surgical masks, and gowns.

NOTE: DPH Environmental Health Specialists can provide technical assistance to your site on sanitation and cleaning practices if needed. An Environmental Health Specialist can be requested by calling Environmental Health Program at (626) 430-5201.

Prevent and Reduce Spread of COVID-19 Between Facilities

Transportation

- Limit transport of all guests to essential purposes only. Non-essential transportation should be postponed or cancelled.
- When transportation of symptomatic guests is necessary:
 - Symptomatic guests should NOT be transported with non-symptomatic guests.
 - Have symptomatic guests wear surgical masks.
 - Avoid transporting multiple symptomatic guests together. When multiple guests need to be transported simultaneously, appropriate social distancing (at least 6 feet) should be practiced both for guests and the driver. The guest should be placed on the opposite side of the car from the driver in the seat farthest away from the driver's seat.
 - Vehicle windows should be rolled down to improve ventilation in the car.
 - Transporting vehicles should be outfitted with plastic tarps or coverings over the seats that can be cleaned and appropriately disinfected after each transport.
 - Include supplies for good hygiene, including tissues, trashcans or trash bags for disposal of used tissues, and alcohol-based hand sanitizer in vehicles used to transport guests.
 - If you plan to transfer the guest to higher level of care due to worsening respiratory status, notify EMS or other transporter that the guest has an undiagnosed respiratory infection.
- **Guidance for Drivers**
 - Drivers of symptomatic guests should take appropriate precautions, including wearing personal protective equipment, including 1 mask, gloves, eye protection and gown.

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Additional Resources

- LAC DPH coronavirus website: <http://www.ph.lacounty.gov/media/Coronavirus/>
- Los Angeles Health Alert Network: The Department of Public Health (DPH) emails priority communications to health care professionals through LAHAN. Topics include local or national disease outbreaks and emerging health risks. <http://publichealth.lacounty.gov/lahan/>
- [FAQ](#)
- [What You Should Know \(Infographic\)](#)
- [Environmental Health \(Infographic\)](#)
- [Mental Health](#)
- [Staying at Home If You Are Sick - Poster](#)
- [Handwashing](#)
- [What to Do If I Am Exposed](#)

If you have questions and would like to speak to someone call the Los Angeles County Information line 2-1-1 which is available 24 hours a day.

We appreciate your commitment and dedication to keeping Los Angeles County healthy.

