

COVID-19

Los Angeles County Department of Public Health Guidance for Homeless Shelters

Recent Updates: 1/5/22:

- Updates on vaccination verification and testing requirements.
- Updates on regular testing of clients and staff.
- Updates on point of care tests (POCT) and reporting methods for POCTs.
- Updates on preferred testing methods for symptomatic persons who have had COVID-19 within the past 90 days.
- Updates on shortened isolation and quarantine guidance when certain criteria are met.

The Los Angeles County Department of Public Health (DPH) is asking for your ongoing assistance to slow the spread of [COVID-19](#) in Los Angeles County. We need to continue 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 COVID-19?

COVID-19 is a disease that was first identified in humans in 2019. It is caused by the SARS-CoV-2 virus. Most people who have COVID-19 have mild symptoms. But COVID-19 can also cause severe illness and death. People can also be infected and never have symptoms. Some groups have a higher risk of severe COVID-19 disease, especially unvaccinated older adults and unvaccinated people who have [certain medical conditions](#). In addition, some vaccinated people are also at higher risk, especially those who have [weak immune systems](#). Some people experience post-COVID conditions. This includes a wide range of new or returning symptoms or ongoing health problems that can last for weeks or months. Even people who did not have symptoms at first can experience post-COVID conditions. See [CDC Post-COVID Conditions](#).

What are common symptoms of COVID-19?

People with COVID-19 have had a wide range of symptoms ranging from mild symptoms to severe illness. Symptoms of COVID-19 may include some combination of the following:

- Fever (100.4 F or higher)
- Cough
- Shortness of breath or difficulty breathing
- Diarrhea
- Nausea or vomiting
- Fatigue
- Runny nose or congestion
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

This list of symptoms is not all inclusive. Clients or staff should consult a medical provider and their employer about the need for testing and isolation for these or any other symptoms that are severe or concerning.

Isolation duration applies to staff/clients/residents who test positive for COVID-19 infection, regardless of vaccination status, previous COVID-19 infection, or lack of symptoms. Isolate for at least 5 days since symptoms first appeared if symptomatic or at least 5 days from test date if asymptomatic. After 5 days, if patient has had at least 1 day (24hrs) without fever without use of medications, AND symptoms (such as cough and shortness of breath) have improved, a negative COVID-19 antigen test result from a specimen collected on Day 5 or later can release the patient from isolation. The patient must wear a medical grade mask indoors and outdoors for a total of 10 days. If the test on Day 5 is positive, continue isolation for 10 days total. Please note that Day 0 is the first day of symptoms and Day 1 is the first full day after symptoms developed.

Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face
- Other serious symptoms

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When calling 911, notify the operator that the individual who is sick might have COVID-19. The person should put on a surgical face mask before medical help arrives.

How is COVID-19 spread?

The SARS-CoV-2 virus spreads from person to person mainly through respiratory droplets that are released into the air by a person who has COVID-19. For example, when they speak, sing, cough, shout, sneeze, or breathe heavily. These droplets are then breathed in by other people or land in their nose, mouth, or eyes. A person's risk of getting infected goes up the closer they are to someone with COVID-19. Enclosed places with poor air flow can also increase the risk of getting infected. This is because the droplets that have the virus can concentrate and spread in the air past 6 feet. They can even stay floating in the air after an infected person has left the room. It is also possible, but less common, for the virus to spread by touching a surface with droplets on it and then touching your eyes, nose, or mouth.

See the CDC webpage [How COVID-19 spreads](#).

As we continue to learn more each day about COVID-19 and information changes, we will keep you informed. Visit the DPH COVID-19 webpage for resources and the latest recommendations for COVID-19 prevention and care. Additional resources are noted through this document where relevant.

Steps to Protect the Health and Safety of Clients and Staff

Prevent and Reduce Spread of COVID-19 Within Your Shelter	
1. <i>Steps to reduce risk of infection</i>	<p>Vaccination</p> <ul style="list-style-type: none">- Provide education on vaccination for COVID-19 (COVID-19 Vaccination FAQ).- When possible, assist unvaccinated clients and staff with getting vaccinated.- All adults are eligible for a COVID-19 vaccine booster. When possible, assist clients and staff with getting their booster.- The California Department of Public Health and Los Angeles County Department of Public Health require homeless shelters to verify proof of vaccination status for all workers, and consider anyone without valid proof of vaccination as unvaccinated. <p>Vaccination status should NOT be a barrier to accessing homeless services. Being vaccinated should not be a pre-requisite for housing.</p> <p>Signage</p> <ul style="list-style-type: none">- Post signs for clients and staff on the importance of handwashing and hand sanitizing.- Provide signs and remind clients to alert staff if they have new fever, cough and/or shortness of breath.

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Hygiene

- Make it easy for staff and clients 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 clients 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 clients 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 their elbow, rather than their hand.
- Minimize the sharing of objects such as cups, utensils, food, and drink.

Physical distancing

- Promote physical distancing: no handshakes, no hugs, no close-up conversations. Clients and staff need to stay at least 6 feet away from each other.
- If there are circumstances in which clients stand in line, inside or outside your site, make sure spacing of 6 feet is maintained between people.
- Re-arrange common areas, including waiting areas, so seats are at least 6 feet apart and facing away from one another.
- Beds should be placed at least 6 feet apart and positioned head-to-toe, with heads positioned as far apart as possible. When positioning beds 6 feet apart is not possible, beds must be spaced at least 3 feet apart with a head-to-toe arrangement. Consider placing partitions between beds as an additional precaution to prevent respiratory droplets from reaching others (see Guide to [Bed Positioning](#)).
- Stop group meals. Stagger meals so groups can be kept small (ideally groups of 10 or less). If clients have more than one meal at your site, serve meals with same group of clients at each meal to reduce transmission risk and maintain 6 feet distance at all times. If weather permits, serve them in outdoor areas that allow for social distancing.
- Minimize entry into the site. Only clients, essential staff and other essential personnel should be going in and out of the shelter.
- Limit transportation of clients to essential trips only. Make sure clients know how to practice safe distancing when they must leave.
- Limit any in-person group activities that may be offered at your site. One-to-one interactions between staff and clients should be kept to a minimum and arranged so preventive guidelines (distance of 6 feet, no physical contact, no sharing of objects, etc.) can be followed.

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<p>2. <i>Test staff and clients weekly</i></p>	<ul style="list-style-type: none">- The California Department of Public Health and Los Angeles County Department of Public Health <u>require</u> homeless shelters to verify proof of vaccination status for all workers, and consider anyone without valid proof of vaccination as unvaccinated.- The California Department of Public Health and Los Angeles County Department of Public Health also require <u>unvaccinated</u> staff to test weekly, and for the employer to track and ensure testing compliance.- Testing is not required for clients, but highly encouraged and should be offered weekly to those who are not vaccinated.- Testing should NOT be a requirement for accessing housing.- When community transmission is high, and during COVID-19 surges, testing of clients and staff, regardless of vaccination status, is recommended.- When community transmission is high, testing clients and staff twice weekly is recommended if resources allow, to curtail transmission at your facility as quickly as possible.- It is acceptable to use over the counter-rapid-antigen tests for both screening and symptomatic testing.- Please ensure that your facility has sufficient test kits onsite.- Please observe and assist with clients and staff performing testing.
<p>3. <i>Screen clients and staff for symptoms of COVID-19</i></p>	<ul style="list-style-type: none">- Screen all clients at admission and, if stay is longer than overnight, at least once or twice 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 clients to report any new respiratory symptoms to staff.- Take clients' temperatures with a scanning or disposable thermometer at admission and, if stay is longer than overnight, at least once or twice per day. A temperature of 100.4 °F or higher is considered a fever for screening purposes.- Given the current situation any client with symptoms of respiratory illness should be assumed to have COVID-19 until they have had a test for COVID-19.- As part of screening, ask clients if they have had close contact with COVID-19 case.- Close contact is defined as:<ul style="list-style-type: none">• Contact within 6 feet of an infected person for <u>a total of 15 minutes or more over a 24-hour period</u>. 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 appropriate personal protective equipment.• In addition to the general definitions for close contacts, in high-risk congregate settings, accurate exposure histories and contacts may be difficult to determine, and all clients at the facility may be considered exposed when a case is identified.• A person is still considered a <u>close contact</u> even if they and/or the case were wearing face mask at the time of exposure. Exceptions to this are healthcare personnel who were wearing a fitted N95 respirator as per Aerosol



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	<p>Transmissible Diseases (ATD) standard (California Code of Regulations, title 8, section 5199).</p> <ul style="list-style-type: none">• The contact may have occurred while the infected person was symptomatic OR up to two days BEFORE the infected person showed symptoms or tested positive if asymptomatic. <p>- Any client or staff who meets criteria for close contact with a COVID-19 case should follow current quarantine guidelines. See Section 6 below.</p>
<p>4. <i>When clients are symptomatic</i></p>	<p>Separate symptomatic clients</p> <ul style="list-style-type: none">- Individuals with symptoms need to be separated 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.- Help the client obtain a COVID-19 test as soon as possible.- If the client has had COVID-19 in the past 90 days, and these symptoms are NEW or WORSE than baseline, use a rapid antigen test as soon as possible. <p>If your site provides extended care:</p> <ul style="list-style-type: none">- Rapidly move clients 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 clients. A separate bathroom is also optimal.• Place clear signage outside isolation areas so other staff and clients know to maintain distance from those areas.• If there is no way for symptomatic clients 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 clients.- 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 clients need to move through areas used by clients without symptoms, the symptomatic clients should wear a tightly fitting surgical mask at all times.- Symptomatic clients should eat meals separately from clients without symptoms.<ul style="list-style-type: none">• If dining space must be shared, stagger meals so symptomatic clients are not eating with non-symptomatic clients 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 clients with symptoms. Provide instructions to all staff to prevent disease spread. Section 9, below, provides guidance on use of Personal Protective Equipment for staff who must have contact with a symptomatic client.



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- Client isolation may be discontinued when they have met the [isolation duration \(see page 1\)](#).
- Staff should keep a daily log of all clients in isolation to monitor symptoms and determine when criteria are met for ending the client's isolation.
- If a client is symptomatic at admission or during a stay, they should be tested right away. A rapid test can be used to obtain a quick answer. If their symptoms worsen, they should notify a staff member to call 911. When calling 911, staff members should notify the dispatcher that this client/resident has COVID-19 symptoms.

If you provide single night stays only

- If a client 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 client to go.
- Place the symptomatic client 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.
- The client should be given a surgical mask and instructed to wash their hands before moving to the designated space.
- Clients who are symptomatic and have nowhere to stay may be eligible for temporary medical shelters for quarantine/isolation housing. Call DPH's referral line for available placements at 833-596-1009 from 8am to 8pm daily.
- If it is not feasible to move the client 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 symptomatic client 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, call the DPH referral line 833-596-1009 in the morning to learn where the client can find a more appropriate place while ill.
- Clients who have symptoms may return to your site only after they have met the [isolation duration](#) criteria at the beginning of this document.

Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:

- Trouble breathing
- Persistent pain or pressure in the chest
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- Bluish lips or face
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	<p>If possible, separate clients at high risk even if they have not been exposed</p> <ul style="list-style-type: none">- When possible, designate a separate area for non-symptomatic clients who are also high-risk (e.g., age over 65 or with chronic medical problems). This is intended to protect the person at high risk from infection. However, if separate areas are not possible, use partitions or other means to keep high-risk individuals separate from others.- If possible, this area for high-risk clients should not house more than 10 persons.- This area should be separate from the isolation and quarantine areas in your facility.
<p>5. <i>When staff have symptoms</i></p>	<p>Symptomatic Staff</p> <ul style="list-style-type: none">- Staff should monitor their own health daily and stay home if they are ill.- Staff with symptoms of COVID-19 should be instructed to go home and obtain a COVID-19 test. Over-the-counter rapid tests may be used but do need a confirmatory test offered by a provider, unless supervised by an observer that is designated by your employer. Staff should also be reminded to call their health care provider should symptoms worsen. Information for people with symptoms is available at ph.lacounty.gov/covidcare.- Symptomatic staff who test positive for COVID-19 may discontinue home isolation only when they have met the isolation duration criteria on page 1 of this document. Information on self-isolation can be found on the DPH website at: ph.lacounty.gov/covidisolation.- Staff with recent COVID infections within the past 90 days who develop NEW or WORSENING symptoms should be tested again with a rapid antigen test right away.
<p>6. <i>Dealing with Exposure</i></p>	<p>Arrange for Quarantine of Exposed Clients</p> <ul style="list-style-type: none">- Please note that guidelines for high-risk residential congregate settings may evolve quickly, depending on community transmission levels and vaccination coverage.- Clients who do not screen positive for symptoms of COVID-19 but have come in close contact with a lab-confirmed case should follow current quarantine guidelines as noted below.- Clients who are unvaccinated, fully vaccinated and not boosted but booster eligible, or who are within 90 days of previous infection need to quarantine for 5 to 10 days. They can exit quarantine after Day 5 if they have no symptoms AND a negative COVID-19 viral test with specimen collected on Day 5 or later. Please note that Day 0 is the first day of symptoms and Day 1 is the first full day after symptoms developed. If they are unable to test or choose not to test, and symptoms are improved or not present, quarantine can end after day 10. They must wear a medical grade mask indoors and outdoors for a total of 10 days.- Fully vaccinated and boosted clients or fully vaccinated and not yet eligible for booster DO NOT need to quarantine as long as they remain asymptomatic. They need to test for COVID-19 immediately and if the test is negative, test again on Day 5 after the last day of exposure. They must wear a medical grade mask indoors and

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outdoors for a total of 10 days. The need for quarantine will be determined by the Department of Public Health's outbreak investigators based on the results of testing and transmission patterns at each outbreak location.

- If symptoms develop, they must isolate and test immediately. If the test is positive, they must follow the isolation duration on page 1.
- If your site has capacity to provide the client with shelter for the duration of their quarantine period, they may remain at your site. As in the case of infected clients, they should be kept apart from other clients.
- If your site does not have capacity for self-quarantine, the procedure is the same as for an infected client:
 - An exposed client should be kept separate from other clients and staff while you contact the DPH referral line (833-596-1009) and arrange for alternative placement.
 - As in the case of an infected client, if it is not feasible to find an alternate placement for the night, the client may remain on site overnight but separated from other clients 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 clients who are sent elsewhere to quarantine or are quarantining on site at your facility, may only rejoin the general client population at your site when the quarantine period is over.
 - If a client begins to show symptoms during the quarantine period, follow the guidelines for isolation described on page 1. The client's NEW isolation period must be counted from the start of symptoms rather than the start of their quarantine period. Try to get your client tested as soon as possible.

Arrange for Quarantine of Exposed Staff

Staff who have come in [close contact](#) with a lab-confirmed COVID-19 case should follow the instructions for close contacts at ph.lacounty.gov/covidquarantine. The current quarantine guidelines as follows:

- Staff who are unvaccinated, fully vaccinated and not boosted but booster eligible, or within 90 days of previous infection need to quarantine for 5 to 10 days. They can exit quarantine after Day 5 if they have no symptoms AND a negative COVID-19 viral test with specimen collected on Day 5 or later. Please note that Day 0 is the first day of symptoms and Day 1 is the first full day after symptoms developed. If they are unable to test or choose not to test, and symptoms are improved or not present, quarantine can end after day 10. They must wear a medical grade mask indoors and outdoors for a total of 10 days. If they are unable to test or choose not to test, and symptoms are not present, quarantine can end after day 10. They must wear a medical grade mask indoors and outdoors for a total of 10 days.

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	<ul style="list-style-type: none">- Staff who are fully vaccinated and boosted OR fully vaccinated and not yet eligible for booster DO NOT need to quarantine but need to test for COVID-19 immediately and again on Day 5 after the last day of exposure; the need for quarantine will be determined by the Department of Public Health's outbreak investigators based on the results of testing and transmission patterns at each outbreak location. They must wear a medical grade mask indoors and outdoors for a total of 10 days.- If symptoms develop, staff must isolate and test immediately. If test is positive, follow isolation duration on page 1.- During times of COVID-19 surges and as new variants spread, quarantine for all those exposed, regardless of vaccination status, may be required by the Department of Public Health to more quickly curtail the surge. This will be communicated to you by the outbreak investigator assigned to your facility.
7. <i>Returning to work</i>	<p>Returning to Work after Isolation or Quarantine</p> <ul style="list-style-type: none">- Staff under isolation may return to work onsite after they meet the isolation duration criteria noted on page 1 of this document.- Exposed staff in quarantine may return to work onsite after they meet the quarantine duration criteria noted in the exposure section above.- If staff are sent home to isolate or quarantine, guidelines for transportation (below) must be followed and the person should be given DPH Guidelines for Self-Isolation or Quarantine. Some examples of what this means:<ul style="list-style-type: none">• If staff or client contacts who are under quarantine test positive for COVID-19, they will need to remain away from the site until they meet the full isolation duration criteria noted on page 1 of this document.• A client who was being quarantined on site and then on day 6 of quarantine developed symptoms needs to start a new period of isolation (see instructions) from the day the client first had symptoms-- if they test positive.
8. <i>Required reporting</i>	<p>When Should Cases or Symptomatic Persons Be Reported?</p> <ul style="list-style-type: none">- Sites must report to the Department of Public Health under two circumstances:<ul style="list-style-type: none">• A single confirmed case of COVID-19 in either client or staff;OR<ul style="list-style-type: none">• Two or more individuals, clients or staff, who show symptoms of acute respiratory illness occurring within 14 days of each other, whether or not COVID-19 has been confirmed.- Reports should be made online via Los Angeles County Dept of Public Health COVID-19 Cases and Suspected Outbreak Reporting Form for Facilities. If you experience technical difficulties with this website, please call the DPH Disease Reporting line at 888-397-3993, 8AM to 5PM, or (213) 974-1234 (After Hours Emergency Operator).- If you have a single symptomatic but unconfirmed case, please notify the Los Angeles County Department of Public Health via the online COVID-19 Cases and Suspected Outbreak Reporting Form for Facilities.



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- If you would like consultation on dealing with a symptomatic but unconfirmed case, you may contact the DPH Provider Call Line at 213-240-7941 for assistance, Monday through Friday, 8AM to 5PM (for time-sensitive questions after hours, call 213-974-1234 and ask for the on-call clinician).
- If you have symptomatic clients who cannot be isolated onsite during their illness, consider transfer to the medical shelters for quarantine/isolation housing. Call DPH's referral line at 833-596-1009 (8AM to 8PM daily).

Reporting of Point of Care Test (POCT) Results: Rapid Antigen Tests

- Healthcare providers conducting CLIA-waived testing at shelters are required to report all positive COVID-19 test results. Reporting of non-positive (negative and indeterminate) results is no longer required but is strongly recommended.
- Shelter operators who are assisting and/or supervising clients and staff performing over-the-counter rapid antigen tests are requested to report all positive COVID-19 test results. Reporting of non-positive (negative and indeterminate) results is not required.
- Positive test results for shelters and facilities serving people experiencing homelessness should use the secure online [***Shelters POCT Result Reporting Form***](#). Reporting positives via this on-line route replaces the requirement for submitting information through the ***COVID-19 Cases and Suspected Outbreak Reporting Form for Facilities***.
 - ***If your facility is not listed on the drop down menu, please complete a one-time registration by emailing ncovid-peh@ph.lacounty.gov***. This is required so your facility information can be pre-populated in the POCT reporting portal.
- For questions regarding POCT reporting email [**ncovid-peh@ph.lacounty.gov**](mailto:ncovid-peh@ph.lacounty.gov).

9. Guidelines for use of PPE

Personal Protective Equipment (PPE)

- Symptomatic individuals (clients or staff) should be given surgical face masks to wear whenever they are around other people.
- Quarantined individuals (clients or staff) should also be given surgical face masks to wear whenever they are around other people.
- Surgical masks should be preferentially worn by all staff and clients in settings where other people are present. Cloth face coverings are acceptable if surgical masks are not available. It is important to note that masks are not a substitute for always practicing physical distancing and frequent handwashing. For guidance on use of face coverings, see: publichealth.lacounty.gov/acd/ncorona2019/masks/
- In circumstances in which staff have direct contact with isolated or quarantined clients (delivering meals to bedside, administering medications, etc), they should put on a N95 respirator with protective eye wear.
- Ensure that all staff clean their hands, including before and after contact with clients, after contact with contaminated surfaces or equipment, and after removing PPE items.



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	<ul style="list-style-type: none"> - 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 clients where soap and water washing is not feasible.
<p>10. <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. - Make sure tissues are available and all sinks are well-stocked with soap and paper towels for hand washing. - Educate and remind clients/residents 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 client/resident rooms to make it easy for staff to discard items such as gloves, surgical masks, and gowns.

Prevent and Reduce Spread of COVID-19 Between Facilities

Transportation

- Limit transport of all clients to essential purposes only.
- When transportation of symptomatic clients is necessary:
 - Symptomatic clients should NOT be transported with non-symptomatic clients.
 - Have symptomatic clients wear surgical masks.



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- Avoid transporting multiple symptomatic clients together. When multiple clients need to be transported simultaneously, appropriate physical distancing (at least 6 feet) should be practiced both for clients and the driver. The client 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 clients.
- If you plan to transfer the client to higher level of care due to worsening respiratory status, notify EMS or other transporter that the client has an undiagnosed respiratory infection.

Guidance for Drivers

- Drivers of symptomatic clients should take appropriate precautions, including wearing personal protective equipment, including disposable facemask, gloves, eye protection and gown.

Additional Resources

- [COVID-19 FAQ](#)
- [COVID-19 Vaccination FAQ](#)
- [LAC DPH coronavirus website.](#)
- [Los Angeles Health Alert Network](#): DPH emails priority communications to health professionals. Topics include local or national disease outbreaks and emerging health risks.
- [Isolation Order](#)
- [Quarantine Order](#)
- Mental Health - LAC Department of Mental Health's [COVID-19 webpage](#) and [211 LA](#) provide local resources for mental health & wellbeing needs. You can also view CDC's webpage [Coping with Stress](#).
- [Staying at Home If You Are Sick - Poster](#)
- [Handwashing](#)

If you have questions and would like to speak to someone call the Los Angeles County Information line at 2-1-1 which is available 24-hours a day. We appreciate your commitment and dedication to keeping Los Angeles County healthy.