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Los Angeles County Department of Public Health Guidance for Homeless Service Agencies and Outreach Teams

Summary of Recent Changes:

02/25/22:

- Updated the section on isolation and quarantine
- Added the requirement for health care workers to be fully vaccinated or test regularly
- Added resource information for vaccines
- Updated case and outbreak reporting information

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 (LA) County. We need to continue to work together to slow the spread of this infection locally. The following recommendations are for homeless service agencies and outreach teams. They are designed to help you:

- Prevent and reduce the spread of COVID-19 among your staff and clients and
- Prevent and reduce the spread of COVID-19 between your staff and clients and others in the community.

This guidance reflects the continued spread of COVID-19 in the community and the increased transmissibility of new COVID-19 virus variants. People experiencing homelessness (PEH) may be particularly vulnerable to becoming infected in the context of community spread due to crowded living conditions, limited access to hygiene facilities and supplies, and underlying health problems that may have compromised immune function. If infected, PEH may be particularly vulnerable to serious illness, because of the higher burden of conditions like chronic obstructive pulmonary disease (COPD), heart failure, and diabetes, and the accelerated aging and frailty that come with life on the street. For these reasons, the Department of Public Health is following and reporting the number of cases of COVID-19 among PEH and working with other County agencies and community partners on preventing, screening, and reporting of COVID-19 cases among PEH and staff working with PEH.

Homeless Services Agencies must follow the [Cal/OSHA COVID-19 Prevention Emergency Temporary Standards](#) (ETS) and the [County Health Officer Order](#), including the more protective measures of mandated indoor masking, reporting of cases, clusters, and outbreaks to the LA County Department of Public Health. Note that the directives in the LA County Health Officer Order must be followed when they are more stringent than the Cal/OSHA ETS. Agencies providing interim housing such as homeless shelters must follow the [CA Code of Regulations on Aerosol Transmissible Diseases](#), and the [CA Health Officer Order for health care workers in high-risk settings](#).

We strongly encourage that all homeless service agencies review and update their emergency plans and consider ways to continue essential services if operations must be reduced temporarily. This document provides general information about COVID-19 and specific actions you should take to help slow the spread of COVID-19 and other respiratory infections.



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Create, review, or revise your infection control plan for your homeless services agency

- **Prevent and reduce transmission among employees**
 - **Encourage vaccination:** COVID-19 vaccines are [safe and effective](#) and are the best way to prevent COVID-19 outbreaks in the workplace and in the community. COVID-19 vaccine is free and [widely available](#) in every community.
 - Consider offering a vaccination clinic at your workplace to make it more convenient for your employees to get vaccinated. Consider opportunities to support and incentivize your employees to get vaccinated or to make it easier to get vaccinated. This might include offering rewards such as paid time off or cash bonus payments, and/or policies that require employees to be fully vaccinated and boosted against COVID-19, or that offer more flexibility for employees who are fully vaccinated and boosted against COVID-19.
 - To request a vaccination team or clinic at your workplace, please call (833) 900-2558 Monday-Friday between 8:00AM-5:00PM, and one of the County's vaccination teams working in the sector for people experiencing homelessness will connect with you to provide vaccines to both staff and clients.
 - For more information about legal issues related to implementing vaccine requirements in your workplace, visit these sites from the [U.S. Equal Employment Opportunity Commission](#) and the [California Department of Fair Employment and Housing](#).
 - **Follow face mask rules for employees:** See the [Los Angeles County Health Officer Order](#) and the [Cal/OSHA Emergency Temporary Standards](#) for more information about mask requirements. Please note that the directives in the LA County Health Officer Order must be followed when they are more stringent than the Cal/OSHA temporary standard.
 - **Actively encourage and support symptomatic, infected, or exposed employees to stay home**
 - Make sure employees know that they may not come to work if sick, or if they are under [isolation](#) or [quarantine](#) orders. Isolation and quarantine orders do change frequently, please check our website for the latest updates.
 - Continue to educate employees about the [symptoms of COVID-19 and what to do if they are sick](#). Make sure persons with COVID-19 follow [self-isolation](#) instructions. If a person has a [medical condition](#) that severely weakens their immune system they might need to stay home for longer than 10 days. They need to talk to a healthcare provider for more information.
 - Employers must develop and implement a process for screening employees for COVID-19 symptoms. Options include having employees evaluate their own symptoms before coming to work, using [signage](#) at the entrance of the workplace, or completing daily on-site [entry screening](#) to reinforce the message that employees who have COVID-19 symptoms and those who are under isolation orders should not enter the workplace. Employees under quarantine may [return to work](#) under specific conditions.
 - Manage COVID-19 exposures in the workplace when it is learned that an employee is infected by readily identifying and informing exposed contacts as soon as possible. Plan to offer testing to employees who may have been exposed to COVID-19 at work. See [Responding to COVID-19 in the Workplace](#).
 - Staff that are known contacts to people with COVID-19 must follow the [quarantine and other instructions for close contacts](#). See [exclusion requirements and return to work](#) for in-person work.

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- **Know the common symptoms of COVID-19**
 - People with COVID-19 can have a wide range of symptoms ranging from mild symptoms to severe illness. COVID-19 symptoms may include the following: fever, chills, cough, shortness of breath or difficulty breathing, new loss of taste or smell, sore throat, nausea or vomiting, diarrhea, fatigue, muscle pain, headache.
 - Seek immediate medical attention by calling 911 for any COVID-19 emergency warning signs: trouble breathing, persistent chest pain or pressure, new confusion, or inability to arouse, bluish lips or face.
- **Establish a communication plan**
 - Ensure that a plan is in place for alerting staff and volunteers of possible COVID-19 exposure or if they test positive for COVID-19, and for staff and volunteers to report symptoms or results of outside testing to agency managers.
 - Ensure that all agency staff and volunteers know how to report cases and symptomatic persons to the LA County Department of Public Health.
 - Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers and those you serve.
 - Post educational flyers throughout your office informing staff about COVID-19 and prevention practices, including information on COVID-19 vaccines.
 - Provide training to staff about COVID-19 status, transmission, and prevention practices both in the workplace and in the field.
- **Train staff on how to care for themselves and their clients during an infectious disease outbreak**
 - Consider how an infectious disease outbreak may impact your current policies and procedures related to documentation and transportation in your agency's vehicle.
 - Review options for street-based staff who may have chronic medical conditions that place them at greater risk for complications and identify alternative work that they might conduct.
- **Create an alternate staffing plan**
 - Prepare for possible staffing shortages and plan for ways to continue essential services if on-site operations are reduced temporarily.
- **Work with the Department of Public Health and City/County agencies**
 - Create targeted responses for the diverse settings where your staff work with clients, including outreach teams on the street or at encampments, homeless shelters, and clinic/healthcare settings for PEH.
 - Work with the Department of Public Health to develop a plan for isolation and quarantine areas as needs arise in your community.
- **Stay informed with reliable information about COVID-19**
 - [Los Angeles County Department of Public Health](#) (LAC DPH, County)
 - [California Department of Public Health](#) (CDPH, State)
 - [Centers for Disease Control and Prevention](#) (CDC, National)

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Personal protective equipment (PPE), hygiene kits, and cleaning supplies

- **Order and maintain supplies of PPE, hygiene kits, and cleaning materials**
 - Highly protective masks (e.g., a well-fitting medical mask or respirator), eye protection, disposable gloves and gowns.
 - Personal-sized alcohol-based hand sanitizers, antibacterial soap, sanitizing wipes.
 - Plastic trash bags, single-use tissues, paper towels.
 - Consider: tents, blankets, water bottles, snacks
- **Distribute PPE and train staff on use**
 - Distribute PPE and hygiene supplies to staff.
 - Train staff on when and how to use PPE, including highly protective masks, eye protection, and gloves, handwashing practices, and social distancing techniques in the field.

Encourage PEH to enter housing and provide infection control education to prevent transmission

Outreach teams are a vital source of resources and trauma-informed, trustworthy information to promote PEH to seek shelter and educate on transmission prevention. Outreach teams may provide education on the importance of vaccination, masking, hygiene, and distancing. They are knowledgeable about what to do for those who may be sick and can help reduce fear and stigma among PEH.

- **Action Steps**

- Distribute reliable information from the Department of Public Health.
- Tailor messaging to PEH.
- Ensure that PEH with underlying health conditions are connected to a medical provider and know to speak with their provider if they have symptoms of COVID-19; make every effort to offer PEH with serious health conditions shelter or interim housing.
- Encourage regular hand hygiene and recognize inherent limitations for PEH. Distribute personal-sized hand sanitizers to PEH and direct PEH to hand-washing stations, if available.
- Remind clients to avoid rubbing eyes, nose, or mouth with unclean hands. Consider distributing cleaning supplies (like sanitizing wipes), tissues, and plastic bags for waste disposal to PEH living on the streets or in encampments.
- Counsel clients to avoid sharing food, drinks, utensils, cookware, cigarettes, pipes, blankets, and bedding with others.
- Counsel clients to keep their distance from people outside their household, family, or tent-dwelling unit, especially those with cold or flu symptoms, and maintain the “six-foot rule.”
- If the client sleeps in a tent with others, advise sleeping head to toe.
- Encourage clients to get fully vaccinated and boosted against COVID-19 to prevent infection, and other recommended vaccines, including influenza and pneumonia.
- Counsel clients to come into shelters, shower stations, and/or bathroom stations to improve hygiene conditions.
- Address clients’ unique mental health stressors and reinforce positive coping skills, including reaching out to their mental health providers, looking to social contacts for support, etc.

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Provide education and simple screening to PEH with COVID-19 symptoms

While most outreach team members are not health providers nor clinicians (and should not step into this role), they can perform some lay-friendly, basic education, and health systems navigation. When in doubt, contact a health provider. For emergencies, call 911.

• **Action Steps**

- Educate PEH about when and where to seek medical attention.
- Educate PEH about the symptoms of COVID-19.
- Ask the PEH if they would like to stay in a shelter for access to running water and a bathroom.
- Encourage clients to enroll in health insurance and get connected with a medical home, but also encourage them to seek medical attention early if they get sick.
- Encourage clients to call their medical provider or 211 if they have COVID-19 symptoms.
- Remind clients and their social contacts to call 911 if they experience severe symptoms.

Outreach teams may assist with simple screening/triage of PEH for COVID-19 symptoms if they encounter PEH with symptoms in the field.

• **Actions Steps**

- Screening for PEH: “Do you have...”
 - Fever?
 - New cough?
 - Shortness of breath?
 - Loss of taste or smell?
- Outreach teams should give a highly protective mask (e.g., a well-fitting medical mask or respirator) to clients that have concerning symptoms, possibly of COVID-19. Outreach workers should also wear a highly protective mask, eye protection, and gloves and maintain a distance of 6 feet when assessing symptomatic clients.
- Subjective or reported but unmeasured fever is also considered a fever, including reports of feeling feverish, having shaking chills, or night sweats.
- Consider carrying a disposable thermometer to check clients’ temperature (fever is 100.4 F or higher).
 - If the client has severe symptoms (high fevers, difficulty breathing, worsening shortness of breath, difficulty walking or standing upright, inability to keep water or food down, inability to care for self, (looks sick!), call 911 immediately and notify dispatcher about client’s symptoms.
 - If the client has a fever and either cough or shortness of breath, advise the client to call their medical provider. If they don’t have a provider, help them find a provider through 211.
 - If the client does not have a phone, consider offering your team cell phone to assist with making this call over speakerphone. Sanitize the phone with alcohol wipes after use. Use gloves and dispose of them properly in a sealed plastic bag.
- Clients with moderate symptoms and/or high-risk medical conditions (age greater than 65, COPD/asthma, heart failure, chronic lung or kidney disease, immune- compromising conditions

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like HIV/AIDS, cancer, diabetes, and pregnancy) should be strongly advised to come into isolation areas at shelters for rest/recuperation and more frequent monitoring.

- PEH with mild to moderate symptoms who can be managed by staying hydrated, resting, and taking over-the-counter cold medication should be encouraged to come into shelters with designated isolation areas for rest and recuperation.
 - Counsel symptomatic clients to wear a face mask when around others and dispose of their tissues/waste in a trash bin.
 - Ask your clients about their social support. Encourage friends and social contacts to check-in on clients several times a day and bring water/food.
 - Advise client and social contacts to call 911 immediately if the client develops severe or worsening symptoms.
- Clients with exposures to individuals with confirmed COVID-19 should attempt to self-quarantine (stay 6 feet away) from other individuals as much as possible for 10 days after exposure.

Reporting confirmed cases of COVID-19 or clients with COVID-19 symptoms to the LA County Department of Public Health

When Should Cases or Symptomatic Persons Be Reported?

- Sites must report to the Department of Public Health under two circumstances:
 - A single confirmed case of COVID-19 in either client or staff;
 - OR
 - 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](#).
- 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/facilities conducting CLIA-waived POC testing at shelters are required to report all positive and negative COVID-19 test results. See [reporting POCT results](#).
- Shelter operators who are assisting and/or observing clients and staff self-administering their own over-the-counter (OTC) tests do not need a CLIA-waiver. Shelter operators are requested to report all positive COVID-19 OTC self-test results. Note: if a staff member performs or interprets the results of another

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individual's self-test, then a CLIA certificate is needed and the positive and negative results must be reported. If a staff member is assisting and helping or observing another individual, then a CLIA certificate is NOT needed. See [OTC Home Testing and CLIA Applicability FAQs](#).

- 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 online 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 dropdown 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***.

What should you do after a confirmed case of COVID is found in an encampment?

- Once in the camp, be especially aware of people experiencing cough or shortness of breath or appearing feverish or ill. If you identify any person with severe symptoms, call 911.
- Explain to the client that you will need to use protective gear when you come closer. When within 6 feet of others, a highly protective mask, eye protection, and gloves (at minimum) should be worn. Give the client a highly protective mask.
- Unnecessary transportation for any reason should be avoided by the team. Careful assessment of the risk of remaining outside must be weighed with the risk of relocating to a shelter/congregate setting.
- Based on assessment on a case-by-case basis, people with mild illness due to suspected or confirmed COVID-19 may be transferred to an isolation bed. A Department of Public Health call center has been established to assist healthcare providers, homeless service providers, street outreach teams, and law enforcement to find isolation beds for those who need them. Call (833)-596-1009 for bed availability.
- If no indoor isolation options are available, shelter in place with an individual tent. In this case, ensure that the street medicine/outreach team visit frequently to monitor the case for deterioration and the close contacts for development of symptoms.
- Identify a capable rough sleeper in the camp to report the ill person's condition back to the street medicine/outreach team, especially if phone calls/texting is an option.
- Unless individual housing units are available, do not clear encampments. Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for the spread of infection.
- Request up-to-date contact information for each person living in the encampment area.
- Encourage people staying in encampments to go to an isolation or quarantine site, depending on whether they have symptoms, or whether they've been exposed to cases at the encampment. If they refuse, advise on set up of their tents/sleeping quarters with 6 feet apart spacing or 10 feet if possible.
- Provide straightforward communications to the encampment in the appropriate language. Post signs in strategic locations to provide information on hand hygiene, respiratory hygiene, and cough etiquette. Additional information should include:
 - The most recent information about COVID-19 spread in their area.

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- Advice to avoid crowded areas if COVID-19 is circulating in their community.
- Physical distancing recommendations.
- 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.
- Information on getting vaccinated against COVID-19.
- Camp members should be given highly protective masks and hygiene resources and told to practice as much distancing from other persons and groups as possible.
- Camp members also should be instructed on how to care for the ill person, such as setting food outside his or her tent without coming into proximity with the person.
- 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.
- Ensure that the street medicine/outreach teams/mobile services are expanded so that very vulnerable and hard to reach people can receive public health messages and needed services.

Patient Refusal

- If a person refuses to go to a site where the diagnosis can be confirmed, every effort should be made to assist the camp to find an onsite “isolation” option.
- One option may be an additional tent or a secluded area where friends can still feed and care for the patient.
- Camp members should be given highly protective masks and adequate hygiene supplies.
- Regular camp monitoring routines should be set up for such areas with staff who wear adequate personal protective equipment.

Guidance for Clinical Staff

- Prioritize medical visits for clients with symptoms who have high-risk medical conditions (age greater than 65, COPD/asthma, heart failure, chronic lung or kidney disease, immune-compromising conditions like HIV/AIDS, cancer, diabetes, and pregnancy) OR if they have been exposed to COVID-19.
- Assess for clinical stability, medical conditions that increase the risk for COVID-19 complications, risk of exposure to COVID-19, and social conditions including:
 - Living conditions (living in tent, make-shift shelter, shelter setting)
 - Ability to care for basic needs while sick (resting, hydrating, eating, toileting)
 - Social supports (friends or social contacts who can check in on the client while sick, bring water/food, or call 911 if worsening)
 - Communication means (access to a phone, history of demonstrated follow-up in medical care)
 - Life negotiation skills (insight into medical diagnosis and ability to communicate needs if symptoms worsen)

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- Provide recommendations about the person's disposition to a hospital, isolation room, or stay at the encampment only after completing a comprehensive clinical and social assessment.
- Work with the Department of Public Health to ensure appropriate follow-up and monitoring for unsheltered persons who are tested for COVID-19.
- Symptomatic people who have high-risk medical conditions should be advised to stay in an isolation room for frequent monitoring while sick.
- Consider reaching out to mental health colleagues or the Department of Mental Health hotline at 800-854-7771 if the person has limited insight into the medical diagnosis and needs further evaluation of current mental condition (including 5150 hold).

Other Helpful Resources:

- **Centers for Disease Control and Prevention, Mental health and coping with stress**
<https://www.cdc.gov/mentalhealth/stress-coping/cope-with-stress/index.html>
- **People at risk for serious illness from COVID-19**
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
- **U.S. Interagency Council on Homelessness: Federal Guidance and Resources**
<https://www.usich.gov/covid-19/>
- **National Association of Housing and Redevelopment Officials (NAHRO). Infectious Disease Preparedness for Homeless Assistance Providers and Their Partners.**
<https://nahroblog.org/2020/03/04/usich-to-conduct-infectious-disease-webinar/>
- **Los Angeles County Department of Public Health's Guidance for Homeless Shelters**
<http://www.publichealth.lacounty.gov/media/Coronavirus/docs/homelessness/GuidanceHomelessShelters.pdf>
- **Los Angeles County Department of Public Health Best Practices to Prevent COVID-19 Guidance for Businesses and Employers**
<http://publichealth.lacounty.gov/acd/ncorona2019/BestPractices/>
- **Los Angeles County Department of Public Health's Healthcare Provider Hub**
<http://publichealth.lacounty.gov/acd/ncorona2019/>
- **HUD Exchange Resources**
<https://www.hudexchange.info/news/covid-19-prevention-and-response-for-homeless-providers-daily-resource-digest/>
- **Seattle-King County Public Health Sanitation and Hygiene Checklist**
<https://assets.documentcloud.org/documents/6796309/Sanitation-Hygiene-Assessment-Tool.pdf>

