

COVID-19

Los Angeles County Department of Public Health Guidance for Homeless Shelters

Significant Updates: 8/2/22

- Updated guidance on management of new client admissions who have symptoms of COVID-19 or who test positive for COVID-19.

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. 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 caused by the SARS-CoV-2 virus. Most people who have COVID-19 have mild symptoms and some people can be infected and never have symptoms. But COVID-19 can also cause severe illness and death. Some people are at [higher risk of severe COVID-19 disease](#). After infection, 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. For more information, see the CDC webpage [Post-COVID Conditions](#). Although previous infection with COVID-19 offers some immediate protection from a repeat infection, re-infections with COVID-19 do occur.

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.

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

How is COVID-19 spread?

The SARS-CoV-2 virus spreads from person to person mainly through respiratory droplets and aerosols 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 and aerosols 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 increase the risk of getting infected. 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. For more information, 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.

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Steps to Protect the Health and Safety of Clients and Staff

Prevent and Reduce Spread of COVID-19 Within Your Shelter

1. *Steps to reduce risk of infection*

Vaccination

- Provide [education](#) on vaccination for COVID-19. Everyone 6 months and older should be vaccinated. Everyone 5 years old and older should be boosted (note: currently only children who have received Pfizer should be boosted. See [schedule](#) for more information).
- When possible, assist all clients and staff with getting [up to date](#) with their COVID-19 vaccines including boosters.
- California DPH and Los Angeles County DPH [require](#) homeless shelters to verify proof of vaccination for all workers, and consider anyone without valid proof of vaccination as unvaccinated.

Vaccination status should NOT be a barrier to accessing homeless services. Being vaccinated should not be a pre-requisite for housing.

Signage

- Post signs for clients and staff on the importance of handwashing and hand sanitizing.
- Provide signs and remind clients to alert staff if they are sick

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.

Increase Ventilation

Effective [ventilation](#) is one of the most important ways to reduce the transmission of the COVID-19 virus through the air.

- Make sure your building's HVAC system is in good working order, and frequently inspected.

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- Contact your HVAC professional. Ask them about:
 - Whether installing MERV 13 filters is feasible;
 - How to set the HVAC system to 100% outside, non-recycled air, especially during special events or areas with more crowding; and
 - The number of Air Changes per Hour (ACH) in areas of your business. Having 2-6 ACH is recommended.

Consider other ways to improve ventilation:

- Install portable high-efficiency air cleaners in rooms with less ventilation or more crowding.
- When weather and working conditions allow, and if it is safe to do so, increase fresh outdoor air by opening windows and doors.
- Consider using fans to increase the effectiveness of open windows.
- Decrease indoor occupancy in areas where outdoor ventilation cannot be increased.

Physical distancing

- When possible, practice physical distancing in indoor common areas among clients and staff.
- If there are circumstances in which clients stand in line, inside or outside your site, maintain spacing of 6 feet between people as feasible.
- When possible 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](#)).
- Deliver food or stagger meals so groups can be kept small (ideally groups of 10 or smaller). If clients have more than one meal at your site, serve meals with the same group of clients at each meal to reduce transmission risk and maintain 6 feet distance as feasible, and maximize ventilation. If weather permits, serve them in outdoor areas that allow for social distancing.
- 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 (distancing as feasible, etc.) can be followed.

Masking

Universal masking inside shelters is still required for all staff and clients, except when eating, showering, and sleeping. It is important to note that masks are not a substitute for vaccination and frequent handwashing. Masks should fit and filter well. Visit ph.lacounty.gov/masks for more information.



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<p>2. <i>Conduct screening testing of staff and clients</i></p>	<ul style="list-style-type: none">- California DPH and Los Angeles County DPH require <u>unvaccinated</u> staff to test weekly, and for the employer to track and ensure testing compliance.- Screening (i.e., asymptomatic) testing is not required for clients, but highly encouraged and should be offered weekly to those who are not vaccinated as capacity allows as laid out in the Los Angeles County Post-Surge Dashboard and Strategies.- Testing, however, should NOT be a requirement for accessing housing.- It is acceptable to use over-the-counter rapid tests for screening testing.- Please ensure that your facility has sufficient test kits onsite.- Please observe and assist with clients and staff performing testing.- If you need rapid tests, please submit requests to DPH via the online form.
<p>3. <i>Screen clients and staff for symptoms of COVID-19</i></p>	<ul style="list-style-type: none">- Screen all clients and staff for symptoms of COVID-19 including temperature check with a scanning or disposable thermometer. A temperature of 100.4 °F or higher is considered a fever for screening purposes.<ul style="list-style-type: none">• Screen staff at the beginning of each shift.• Screen clients at admission, and if stay is longer than overnight, once per day.- Remind clients to report any new symptoms to staff.- As part of screening, ask clients if they have been in close contact with someone with COVID-19. See Section 6 below.
<p>4. <i>When clients report COVID-19 symptoms</i></p>	<ul style="list-style-type: none">- Clients with COVID-19 symptoms or fever should be tested as soon as possible with a COVID-19 test.- 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. An antigen test is preferred in this situation, to better distinguish between inactive viral particle shedding and new active infection.- If the client tests negative, no separation is needed, but a second rapid test is strongly recommended 24-36 hours later. <p>If your site provides extended care</p> <ul style="list-style-type: none">- While waiting for the test result, or if testing isn't possible, rapidly move clients who present with COVID-19 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.



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	<ul style="list-style-type: none">• 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 well-fitting medical mask or respirator 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.) may 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.• Client isolation may be discontinued if they test negative, or if they test positive and become a confirmed case, when they meet the isolation duration criteria.• 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.- Once the client tests negative, separation can end. <p>If you provide single night stays only</p> <ul style="list-style-type: none">- Place the symptomatic client in a separate, temporary space while you make arrangements for testing.- 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.- The client should be given a well-fitting medical mask or respirator and instructed to wash their hands before moving to the designated space, or when needing to use shared restrooms.- Once the client tests negative, separation can end.
<p>5. <i>When staff have symptoms of COVID-19</i></p>	<ul style="list-style-type: none">- Staff should monitor their own health daily, stay home if they develop COVID-19 symptoms, and obtain a COVID-19 test as soon as possible.- Staff with COVID-19 symptoms should not come to work until they’ve tested negative, unless there are critical staff shortages. Please consult the State’s requirements on testing.- Symptomatic staff who have not tested yet and need to continue working due to critical staff shortages, must wear well-fitting medical masks or respirators while at work.



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<p>6. <i>When clients test positive for COVID-19</i></p>	<p>Clients who test positive MUST isolate (separate from others).</p> <ul style="list-style-type: none"> - Individuals who test positive need to be separated from others for the duration of isolation to avoid spread of infection and allow for appropriate care. - Call the DPH referral line for symptomatic, vulnerable clients with medical comorbidities for isolation placement at a medical shelter: 833-596-1009 from 8am to 8pm daily. - If your site offers only single night stays, you should do your best to identify an alternate place for that client to go before releasing to the streets. Call DPH's referral line, 833-596-1009 from 8am to 8pm daily, as soon as possible to refer your client for an isolation bed. - If it is not feasible to transfer the client promptly, follow guidelines provided above for separation of symptomatic persons at your site. - Help symptomatic clients access outpatient therapy to lower their risk of getting very sick and hospitalized for COVID-19. They can call the DPH Tele-Health Service - 1-833-540-0473 (open 7 days a week, 8:00 am – 8:30 pm) for evaluation and COVID-19 treatment. - Report the case (see Required Reporting to DPH below).
<p>7. <i>When staff test positive for COVID-19</i></p>	<ul style="list-style-type: none"> - Staff who test positive for COVID-19 must isolate and follow all isolation requirements at ph.lacounty.gov/covidisolation. They must be excluded from work until their isolation is completed (see duration of isolation). - If the staff live at your facility, you may also call the DPH referral line, 833-596-1009 from 8am to 8pm daily, to seek placement for isolation. - Report the case (see Required Reporting to DPH below).
<p>8. <i>When new clients have symptoms or test positive for COVID-19 upon admission</i></p>	<ul style="list-style-type: none"> - When a new client has symptoms or tests positive for COVID-19 during intake, and it is not feasible to transfer the client to a medical shelter for isolation, shelters that are not under outbreak investigation are allowed to accept these clients provided they can be kept separated from the unexposed residents and staff. - Facilities that are under outbreak investigation by the Department of Public Health are allowed to accept new clients only when cleared to do so by Public Health. - Follow guidelines in Section 4 above for separation of symptomatic and/or positive clients at your site, and Section 6 for evaluation of COVID-19 treatment. - Please monitor staff and residents for symptoms of COVID-19, which could indicate transmission within your facility.
<p>9. <i>Duration of isolation</i></p>	<p>Isolation applies to anyone who tests positive for COVID-19 infection, regardless of vaccination status, previous COVID-19 infection, or extent of symptoms.</p> <ul style="list-style-type: none"> - Isolation may end after Day 5 (between Day 6-10) ONLY if <u>all</u> of the following criteria are met: <ul style="list-style-type: none"> • no fever for at least 1 day (24hrs) without use of fever-reducing medications. • no symptoms or symptoms are improving. • test negative on or after Day 5 (antigen test preferred). - Isolation may end after Day 10 as long as:



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	<ul style="list-style-type: none">• no fever for at least 1 day (24hrs) without use of fever-reducing medications.- If the person is immunocompromised or had severe COVID-19, they may need to isolate longer than 10 days. This should be discussed with their healthcare provider.- Please note Day 1 is the first full day after symptoms developed. If no symptoms develop, Day 1 is the first full day after the positive test was taken. If the person has a condition that severely weakens their immune system they might need to stay home for longer than 10 days. They should talk to their healthcare provider for more information.- While in isolation, a highly protective mask must be worn if the individual must be around others. If they meet the criteria to end isolation between Day 6 and Day 10, a highly protective mask is strongly recommended when outside the shelter.
10. <i>Dealing with exposure</i>	<p>Definition of a close contact</p> <ul style="list-style-type: none">- A close contact is anyone who shared airspace with a case for 15 minutes or more over a 24-hour period while the case was infectious.- A case is considered infectious starting 2 days before symptoms began until isolation ends. If a case tested positive for COVID-19 but had no symptoms, the infectious period starts 2 days before the test was taken until the end of isolation.- A person is still considered a close contact even if they and/or the case were wearing a face mask at the time of exposure. <p>Exceptions to this are healthcare personnel who were wearing a fitted N95 respirator as per Aerosol Transmissible Diseases (ATD) standard (California Code of Regulations, Title 8, section 5199).</p> <ul style="list-style-type: none">- In congregate shelters, DPH outbreak investigation team will help you determine who is a close contact, based on the space layout of your site. For example, when a large indoor space cannot be easily divided into smaller discrete spaces, a person is considered a close contact if they were within 6 feet of an infectious case for a total of 15 minutes or more over a 24-hour period. <p>All contacts must</p> <ul style="list-style-type: none">- Get tested on or by Day 5 after the last day of exposure.- Wear a highly protective mask (e.g., a well-fitting medical mask or respirator) around others, indoors and when in close contact with others outdoors through Day 10 after last exposure.- Monitor their health for 10 days. If symptoms develop, isolate and test immediately and again. If the test is positive, they must begin isolation. <p>The following close contacts must quarantine onsite while at the facility</p> <ul style="list-style-type: none">- Unvaccinated clients.- Vaccinated clients who are eligible for boosters and have not yet received their boosters. <p>The following close contacts DO NOT need to quarantine onsite while at the facility</p>



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- Vaccinated and boosted clients.
- Any client with confirmed COVID-19 infection within the last 90 days.

How to quarantine

- Quarantine applies **only while clients are onsite at your facility**.
- Onsite quarantine means restricted movement within the shelters, staying in their rooms or designated areas, but the ability to exit and reenter and resume activities in the community following [instructions for close contacts in the general public](#).
- Onsite quarantine can end after Day 5 if symptoms do not develop and a COVID-19 test collected on Day 5 or later is negative.
- If unable to test, onsite quarantine can end after Day 10 if no symptoms develop.
- If these contacts work in high-risk settings, they must be excluded from work for at least 5 days after exposure. This applies only to work in high-risk settings.

Work exclusion for staff

- Unvaccinated staff who have not tested positive in the past 90 days must be excluded from work.
- Vaccinated staff who are eligible for their boosters, have not yet received their boosters, and have not tested positive in the past 90 days must be excluded from work.
- Work exclusion should last for at least 5 days after their last known exposure.
- The exposed employee may return to the workplace after Day 5 only if symptoms are not present and a COVID-19 viral test collected on Day 5 or later is negative.
- If an employee is unable to test and symptoms are not present, the employee may return to the workplace after Day 10.
- Only in the setting of critical staff shortage may employees return without a negative test before Day 10.
- All staff who return prior to 10 days of work exclusion must wear a highly protective mask (e.g., a well-fitting medical mask or respirator) around others indoors and when in close contact with others outdoors for a total of 10 days after the last known exposure.
- If employees develop symptoms after returning to work, they must be excluded from the workplace again and must test as soon as possible. If employees test positive, they must follow the isolation requirements for cases.
- During times of COVID-19 surges and as new variants spread, quarantine for all those exposed, regardless of vaccination status, may be required by DPH to more quickly curtail the surge. This will be communicated to you by the outbreak investigator assigned to your facility.

Staff who are exempt from work exclusion

- Staff who have completed their primary series and received a booster, if eligible, or who tested positive for COVID-19 within the past 90 days may continue to work, as long as they remain asymptomatic.

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	<ul style="list-style-type: none"> - Must wear a highly protective mask around others for a total of 10 days after their last known exposure. - Test for COVID-19 within 3-5 days after their exposure and provide proof of testing to the employer, unless they have recently recovered from COVID-19 and can provide proof to their employer. If they test positive, they must follow isolation requirements. - If the employee is unable or chooses not to test, they must be excluded from workplace. The employee may return to the workplace after Day 10 of their last close contact with the case as long as they did not develop symptoms. - Must monitor their health for 10 days. If symptoms develop, staff must isolate and test immediately. If the test is positive, they must follow isolation requirements.
<p>11. <i>Required reporting to DPH</i></p>	<p>When Should Cases or Symptomatic Persons Be Reported?</p> <ul style="list-style-type: none"> - Sites must report to the DPH under two circumstances: <ul style="list-style-type: none"> • A single confirmed case of COVID-19 in either client or staff; • 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 <u>COVID-19 Cases and Suspected Outbreak Reporting Form for Facilities</u>. 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 DPH via the online <u>COVID-19 Cases and Suspected Outbreak Reporting Form for Facilities</u>. - 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 COVID-19 cases who cannot be isolated onsite during their illness, and have medical comorbidities, consider transfer to the medical shelters for quarantine/isolation housing. Call DPH’s referral line at 833-596-1009 (8AM to 8PM daily). <p>Reporting of Point of Care Test (POCT) Results: Rapid Antigen Tests</p> <ul style="list-style-type: none"> - 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. - 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.



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	<ul style="list-style-type: none"> - Positive test results for shelters and facilities serving people experiencing homelessness should use the secure online <i>Shelters POCT Result Reporting Form</i>. Reporting positives via this online route replaces the requirement for submitting information through the <i>COVID-19 Cases and Suspected Outbreak Reporting Form for Facilities</i>. - <i>If your facility is not listed on the dropdown menu, please complete a one-time registration by emailing ncovid-peh@ph.lacounty.gov</i>. 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.
<p>12. <i>Guidelines for use of PPE</i></p>	<p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> - PPE should be made available for all staff and clients. - In circumstances in which staff have direct contact with clients who are confirmed COVID-19 cases (delivering meals to bedside, administering medications, etc), they should wear protective eyewear in addition to a well-fitting medical mask or respirator. - Ensure that all staff clean their hands after removing PPE items.
<p>13. <i>Best practices for sanitation and housekeeping</i></p>	<p>Cleaning Practices</p> <ul style="list-style-type: none"> - Routinely clean 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. <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 have COVID-19 or are symptomatic do not need to be cleaned separately, but should not be shared without thorough washing. 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.



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- 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, 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 well-fitting medical masks or respirators.
 - 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 or known COVID-19 cases should take appropriate precautions, including wearing personal protective equipment, including a highly protective mask and eye protection.

Additional Resources

- [COVID-19 Masks](#)
- [COVID-19 FAQ](#)
- [COVID-19 Vaccination Resources](#)
- [LAC DPH COVID-19 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](#)



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- [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 211 which is available 24 hours a day. We appreciate your commitment and dedication to keeping Los Angeles County healthy.

