

HOMELESS SERVICE PROVIDER GUIDANCE DURING A NOVEL CORONA VIRUS OUTBREAK

Technical Guidance for Organizations Providing Services to the Homeless in Vermont

Issued by the Vermont Department of Health and the Vermont Department for Children and Families –
Office of Economic Opportunity.

March 19, 2020



The current situation is evolving rapidly. **This guidance is subject to change.**

This guidance supplements *COVID-19 – STEPS FOR IMMEDIATE ACTION BY HOMELESS SERVICE PROVIDERS*, issued by the Vermont COVID-19 Homeless Response Team and the State of Vermont, Office of Economic Opportunity, Department for Children and Families on March 17, 2020.

Guidance is largely based on [Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#) from the Centers for Disease Control and Prevention (CDC).

There is a high likelihood that people with COVID-19 with mild or no symptoms will enter the shelter system.

The goals for this technical guidance is to provide information to partners to:

- 1) Reduce risk for those who are at high risk for complications from COVID-19 (older Vermonters and those with underlying medical conditions)
- 2) Slow the spread to be able to maintain care and response capacity

Stay informed about the current status of COVID-19 in Vermont and homeless response efforts:

- Vermont State of Emergency Declaration and Executive Order declared by Gov. Phil Scott to help ensure Vermont has all the necessary resources to respond to this evolving threat. [Read the executive order.](#)
- Vermont Department of Health:
<https://www.healthvermont.gov/response/infectious-disease/2019-novel-coronavirus>
- Centers for Disease Control and Prevention (CDC)
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- Join the weekly webinar for homeless service providers:
<https://register.gotowebinar.com/register/4358272083546497793>
- Sign up for the Vermont Coalition to End Homelessness mailing list to receive communication about homeless response efforts:
<https://helpingtohousevt.org/>
- AHS Contact for State COVID-19 Homeless Response Team:
Sarah Phillips, Director
Office of Economic Opportunity
802-585-9218
Sarah.Phillips@vermont.gov
- Additional Tools for Action from the United States Interagency Council on Homelessness:
<https://www.usich.gov/tools-for-action/coronavirus-covid-19-resources/>

COVID-19 BASICS

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

The following symptoms may appear **2-14 days after exposure**.

- Fever
- Cough
- Shortness of breath

Most persons with COVID-19 infections will have mild symptoms and will not require hospital care. Furthermore, because of similarity in symptoms it may not be possible to determine if a person has COVID-19 or another respiratory illness.

WHO IS AT HIGH RISK FOR SEVERE SYMPTOMS FROM COVID-19?

- Persons who are over 60, with risk increasing further in those over age 70 or age 80.
- Persons who have underlying medical conditions. See Appendix A. Additional details can be found here:
 - <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>
- Because the people experiencing homelessness are often labelled “high risk” or “vulnerable”, for purposes of this planning guidance, people identified as high risk for complications from COVID-19 are considered “**hyper-vulnerable**”.
- Symptoms may worsen quickly in hyper-vulnerable people.

WHAT ARE SEVERE SYMPTOMS?

Seek medical care immediately if these symptoms are observed.

- Extreme difficulty breathing (not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion, or inability to arouse
- New seizure or seizures that won’t stop

ADDITIONAL EMERGENCY ACTIONS FOR HOMELESS SHELTERS & SERVICE PROVIDERS

Slow the spread of COVID-19 to help keep staff, volunteers and guests healthy and help your organization maintain normal operations.

SHELTER INTAKE & ADMISSIONS PROCESS

- Whenever possible, screen clients for intake over the phone.
- Use physical barriers, if possible, to protect staff who will have interactions with clients
 - Use a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them.
- If clients exhibit respiratory symptoms (cough, fever) provide a clean disposable face mask to wear.
- Ask clients:
Have you felt unwell with respiratory symptoms in the last few days? Cough, high temperature, shortness of breath, difficulty breathing?

Provide clients who answer “yes” with a face mask.

- Screen clients to determine if they are Hyper-vulnerable (over 60 years or have underlying medical conditions, see Appendix A). If clients do NOT exhibit symptoms and answer “no”, use the General Assistance Emergency Housing Program to place the client in a motel.
- Shelters should not deny access to clients who have respiratory symptoms, unless they have a suspected or confirmed case of COVID-19. In these cases, follow the protocol below.

WHAT ABOUT CLIENTS SEEKING EMERGENCY SHELTER WHO HAVE MILD RESPIRATORY SYMPTOMS CONSISTENT WITH COVID-19?

- Contact the client's PCP or your Shelter's identified Health Care Provider **BY PHONE**. Do not go to the doctor's office unless instructed to do so or in the event of a medical emergency.
 - The Health Care Provider will determine if this is a suspected case of COVID-19. The Health Care Provider will refer to testing based on current testing guidelines or will provide a clinical diagnosis, if appropriate.
 - **Unless it is a medical emergency, do not send clients to the hospital (unless you have pre-arranged this plan with your hospital).**
- If a health care provider cannot be reached immediately, the client seeking emergency shelter should be admitted while awaiting consultation with a health care provider or testing. Provide a separate room for waiting.
- Only a health care provider can make a clinical diagnosis based on symptoms or refer someone for testing to confirm.
- Shelters should not deny emergency housing access to clients who have respiratory symptoms, unless the client has a clinical diagnosis or laboratory confirmation of COVID-19. In these cases, consult with a Health Care Provider, and if available, refer client to a congregate recovery center.

HOW SHOULD CLIENTS WITH MILD RESPIRATORY SYMPTOMS CONSISTENT WITH COVID-19 INFECTION BE CARED FOR IN SHELTER?

(Suspected COVID-19: includes those awaiting testing, those in shelter or who are unsheltered who have been asked to isolate)

- In shelter, confine to individual rooms with separate bathroom facilities, and separate eating. Have them avoid common areas.
- If the community or provider has established alternate isolation housing for those without a home who have mild symptoms and need separation, refer the household to this alternate isolation housing. Follow transportation protocol.
- If individual rooms and alternate isolation housing are not possible, use a larger well-ventilated room that is separate from clients without symptoms.
 - Keep beds at least 6 feet apart
 - Use temporary barriers between beds, such as curtains
 - Encourage head-to-toe sleeping arrangements
- Households with adults and children should not be isolated from one another, but to the extent possible provided separate rooms and bathrooms.
- Isolated clients should be able to stay onsite 24/7.
- When possible, deliver all meals.
- Reduce cleaning frequency in bedrooms and bathrooms dedicated to ill persons to **as-needed** cleaning (e.g., soiled items and surfaces) to avoid unnecessary contact with ill persons.

- Provide clients supplies needed to **clean all “high-touch” surfaces every day**. These include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.
- Use the following guidance for people with confirmed or suspected COVID-19, and for caregivers in nonhealthcare settings:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
- **Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in shelter.**
- **Do NOT refer people with suspected cases to 2-1-1 or Economic Services for a motel voucher through the General Assistance program. Do NOT place people with suspected or confirmed cases in a motel, unless the motel has been secured for the purpose of isolation housing for those with suspected COVID-19.**
- People with suspected COVID-19 should not be housed with people who have been tested and confirmed to have COVID-19.

WHAT IF A SHELTER GUEST OR SOMEONE IN NEED OF EMERGENCY HOUSING HAS A CONFIRMED COVID-19?

- Isolate clients onsite:
 - Confine to individual rooms with separate bathroom facilities and separate eating. Have them avoid common areas.
 - If individual rooms are not possible, use a larger well-ventilated room that is separate from clients without symptoms.
 - Keep beds at least 3 feet apart
 - Use temporary barriers between beds, such as curtains
 - Use head-to-toe
- If available, refer to a Congregate Recovery Center for those who have a test-confirmed case of COVID-19, do not require medical care and do not have a home.
- Isolated clients should be able to stay onsite 24/7
- When possible, deliver all meals
- **Do NOT refer people with suspected or confirmed cases to 2-1-1 or Economic Services for a motel voucher through the General Assistance program. Do NOT place people with suspected or confirmed cases in a motel, unless you have made a previous arrangement with the motel to use the site for isolation of those with suspected or confirmed cases of COVID-19.**
- Use the following guidance for people with confirmed or suspected COVID-19, and for caregivers in nonhealthcare settings:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
- People with suspected COVID-19 should not be housed with people who have been tested and confirmed to have COVID-19.

WHAT ABOUT A CHILD WHOSE PARENT HAS A SUSPECTED OR CONFIRMED CASE OF COVID-19?

- Household members should stay in another room or be separated from the person who needs to isolate as much as possible. Household members should use a separate bedroom and bathroom, if available.
- Provide parents and children information on how to prevent spread between family members:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

HOW SHOULD WE TRANSPORT SOMEONE WHO HAS A SUSPECTED OR CONFIRMED CASE OF COVID-19?

- Provide transportation or ask EMT service for transportation. Follow transportation guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

WHEN SHOULD SOMEONE REPORT A CASE OF RESPIRATORY ILLNESS THAT MIGHT BE COVID-19?

- The local primary care physician or health care provider will coordinate reporting cases to the Vermont Department of Health.

MONITOR CLIENTS WHO COULD BE AT HIGH RISK FOR COMPLICATIONS FROM COVID-19 (THOSE WHO ARE OVER 60 OR HAVE UNDERLYING HEALTH CONDITIONS) AND REACH OUT TO THEM REGULARLY.

WHAT IF A CLIENT HAS SEVERE SYMPTOMS?

- Severe Symptoms are:
 - Extreme difficulty breathing (not being able to speak without gasping for air)
 - Bluish lips or face
 - Persistent pain or pressure in the chest
 - Severe persistent dizziness or lightheadedness
 - New confusion, or inability to arouse
 - New seizure or seizures that won't stop
- Call 911
- Arrange for the client to receive immediate medical care.
- If this is a client with suspected COVID-19, tell the transfer team and medical facility before transfer.

WHAT IF SOMEONE IS HOMELESS AND HAS SUSPECTED or CONFIRMED COVID-19 HAS DISCHARGED FROM THE HOSPITAL?

- Refer to a Congregate Recovery Center (confirmed) or Alternate Isolation Housing (suspected).

PREVENT FURTHER SPREAD IN YOUR FACILITY

- Encourage frequent hand washing among both clients and staff.
- Implement social distancing measures to prevent any possible transmission. Keep a distance of at least six feet.
- **Staff handling client belongings should use disposable gloves.** Train on proper use: <https://www.cdc.gov/handhygiene/campaign/provider-infographic-6.html>
- Take steps outlined above to prevent further cases of COVID-19 in your facility.
- Stagger meals when serving a group. Provide meals to clients who are separated or isolated (instead of having them come to congregate settings).
- Ensure all common areas within the facility follow good practices for environmental cleaning.
- Cleaning should be conducted in accordance with CDC recommendations. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

FURTHER GUIDANCE WILL BE DEVELOPED AND RELEASED

THIS GUIDANCE IS SUBJECT TO CHANGE

APPENDIX A. “HYPER-VULNERABLE” DEFINITION FOR HOMELESS SERVICE PROVIDERS, THOSE AT HIGH RISK FOR COMPLICATIONS FROM COVID-19

Persons who are over 60

Persons of any age who have underlying medical conditions. See below.

Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease** as defined by your doctor. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease** as defined by your doctor. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system** (immunosuppression) (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease** including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].

APPENDIX B. FROM THE VERMONT DEPARTMENT OF MENTAL HEALTH ON PROMOTING WELL-BEING¹

Preparing for the Corona Virus by Taking Care of your Whole Self

The news about the Coronavirus has been unsettling for many. The Vermont Department of Health is closely monitoring the spread of the Coronavirus and provides current information on their website which can be found at: <https://www.healthvermont.gov/response/infectious-disease/2019-novel-coronavirus>.

We also recognize, however, that the uncertainty about the Coronavirus may cause anxiety and general stress for many Vermonters. People want to know if it will become a significant problem in Vermont, and whether it will cause serious illness for themselves or their loved ones. Without clear answers to these and other questions, such uncertainty can become problematic if we aren't aware of our feelings.

The Vermont Department of Mental Health is providing information on how to take care of ourselves in the face of these unknowns. As the World Health Organization says, "There is no health without mental health."

What can we do?

First, take time out of your day for some self-care. Remain calm and gather information from reliable sources (such as the [Centers for Disease Control](#) and the [Vermont Department of Health](#)). Helping others helps as well, so consider offering support to someone who is struggling with anxiety or fear of the Coronavirus. The stress of worry and anxiety can take a toll on the immune system, and remaining calm and focused may help support our health and well-being. Some more specific steps are below.

Pay Attention to Your Body and Your Emotions

It's natural to experience stress and anxiety in the face of uncertainty. Everyone reacts differently, so it is important to determine what your needs are.

- Listen to your emotions, noticing any anxiety, sadness, anger, or detachment.
- Listen to your body, noticing any change in appetite, new aches and pains, or feeling particularly hot or cool.
- When you notice troubling symptoms, pause to care for your body and mind (see the suggestions on how to do this below).
- If you become unable to manage or function well, seek the assistance of a professional

¹ Material partially adapted from: <https://www.psychologytoday.com/us/blog/hope-resilience/202003/how-stay-emotionally-healthy-during-the-coronavirus-outbreak>

- For immediate assistance, text VT to 741741
- For local crisis assistance numbers, see the listing on the Department of Mental Health's website here: [How to Get Help Locally](#)
- You can also call 2-1-1 for assistance locating someone near you

Taking care of your Mental Health by Practicing Self-Care

If you or someone you know is struggling with mental health challenges during this time, here are a few tips to stay emotionally healthy.

- Maintain your normal routines
- Connect with family and friends
- Eat well and stay active
- Get adequate rest
- Do enjoyable activities
- Employ coping skills that nurture your spirit, like [mindfulness](#) exercises or prayer