

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

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This information 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) and from the Vermont Department of Health COVID-19 guidance and status reports.

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

Goals:

- 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

The current situation is evolving rapidly. Guidance is subject to change.

Additional Guidance will follow:

- Actions to take during a Novel Corona Virus Outbreak
- Congregate Recovery Centers for people experiencing homelessness and in need of isolation due to suspected or confirmed COVID-19

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. What this means for Vermonters](#)
- Review the Vermont Department of Health Website Daily:
<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 call for homeless service providers:
<https://register.gotowebinar.com/register/4358272083546497793>
- Sign up for the Vermont Coalition to End Homelessness mailing list to receive communication:
<https://helpingtohousevt.org/>
- AHS Contact for State COVID-19 Homeless Response Team:
Sarah Phillips, Director
Office of Economic Opportunity
802-585-9218
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- 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 likely have mild symptoms and not require hospital care. Furthermore, it might not be possible to determine if a person has COVID-19 or another respiratory illness.

WHO IS AT HIGH RISK FOR COMPLICATIONS FROM COVID-19?

- Persons who are over 60
- Persons who have underlying medical conditions. 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**”.
- See Appendix A.

WHAT ARE SEVERE SYMPTOMS?

- 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

STEPS TO PREPARE IMMEDIATELY

STEP 1: CONVENE A COMMUNITY-WIDE COVID-19 HOMELESS RESPONSE TEAM

- Use your local homeless continuum of care to organize a Community COVID-19 Homeless Response Team
- Other key partners or groups to link to:
 - Faith-based organizations
 - Meal sites or food security networks
 - Recovery centers
 - Vermont Department of Health District Directors
 - Hospital/Health Care representative
 - Local Emergency Management Director
- Create a list of local key contacts and establish a way to communicate with your Community COVID-19 Homeless Response Team
 - Use a web platform or conference call to connect
- Identify who on your team can liaison with other local response efforts and how you will communicate with the whole community
 - This will help keep your team a manageable size for making decisions quickly
- Contact your AHS Field Service Director if you need support coordinating your Community COVID-19 Homeless Response Team
 - <https://humanservices.vermont.gov/about-us/field-services>
- Identify a point person for your Community's COVID-19 Homeless Response Team
 - This could be your AHS Field Services Director or someone else
 - This person will help liaison with the Statewide COVID-19 Homeless Response Team
- Create a communications plan for your Community COVID-19 Homeless Response Team
- What can Community COVID-19 Homeless Response Teams do?
 - Collect and manage donations for supplies for shelters and meal sites
 - Identify a site and operationalize a Congregate Recovery Center (a site alternative from the homeless shelter for folks without a home who need to separate)
 - Mobilize qualified volunteers to support staff
 - Organize additional food and meal support
 - Mobilize outreach to households living on the streets or in encampments
 - Create a plan for how all people experiencing homelessness get access to health care (regardless of COVID-19 status, shelter status, etc.)
 - Organize training for staff and volunteers

STEP 2: CREATE A COMMUNICATION PLAN FOR YOUR SHELTER/SERVICE ORGANIZATION

- Identify everyone in your chain of communication (staff, volunteers, community partners, shelter personnel, stakeholders) and how you will share timely information with them.
- Maintain up-to-date contact information for everyone in the chain of communication
- Identify platforms, such as a local hotline, automated text messaging, and a website to get information to those inside and outside of your organization.

STEP 3: IDENTIFY A LIST OF HEALTH CARE PROVIDERS/FACILITIES WHERE CLIENTS CAN SEEK AND RECEIVE APPROPRIATE CARE

- The Vermont Department of Health – Office of Local Health can help identify local health care providers:
<https://www.healthvermont.gov/local>

STEP 4: PREVENT AND PREPARE FOR STAFFING SHORTAGES

Plan for staffing changes due to employee illness, home isolation, illness in an employee's family or school closures that requires them to stay home.

- If staff are able to work from home, they should work from home
- Extend the hours of current staff who may be part-time
- Cross-train current employees
- Hire temporary employees
- Recruit additional volunteers
- Consider a process similar to what you use when you cover for staff workers during the holidays
- Provide flexible attendance and sick-leave
- Consider how you will redeploy staff at high risk of severe COVID-19 (those who are older or have underlying health conditions) so they are not caring for sick clients in shelter

STEP 5: ADDITIONAL PLANNING

- Create a plan for how you will transport persons with severe illness to medical facilities
- Put in place additional shelter capacity, if possible, while maintaining guidelines on distancing
 - Expand onsite
 - Expand to existing sites
- Extend your hours to 24-hour access onsite for overnight shelter guests as soon as possible
- For warming shelters, plan for an extended season, if possible
- Identify and begin planning for an independent congregate care recovery facility in your community for the homeless

PROMOTE STAFF, VOLUNTEER & CLIENTS IN TAKING CARE OF THEIR WHOLE SELF

- Consider how to implement emergency response plans in a trauma-informed way.
 - Follow RICH guidelines to provide trauma-informed care:
 - Respect
 - Information
 - Connection
 - Hope
- Share and use “Preparing for the Corona Virus by Taking Care of Your Whole Self” by the Vermont Department of Mental Health (Appendix B)
- Helpful tips and strategies (updated daily) Anxiety and Depression Association of America (ADAA) mental health professionals - to help anyone struggling with anxiety around the coronavirus or with general health anxiety concerns
<https://adaa.org/finding-help/coronavirus-anxiety-helpful-resources>
- Resources for Families (compiled by [Let's Grow Kids](#))
 - [Talking with children about Coronavirus Disease 2019](#): Messages for parents, school staff, and others working with children (CDC)
 - [Understanding coronavirus and how germs spread](#) (Brains On podcast)
 - [Just For Kids: A comic exploring the new coronavirus](#) (NPR podcast)
 - [Answering tough toddler questions about coronavirus](#) (Zero to Three)

COVID-19 PREVENTION STEPS AND TOOLS FOR HOMELESS SERVICE PROVIDERS

PROMOTE EVERYDAY PREVENTATIVE ACTIONS

- Promote and implement the practice of everyday preventative actions.
<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>
- Meet with staff and communicate regularly
 - Give instructions to workers
 - Discuss plans to help clients implement preventative
- Ask staff to stay home or send staff home if they have any symptoms to prevent transmitting any illness to others.
- Help clients implement personal preventative measures
- Download COVID-19 Posters and CDC Fact Sheets to keep clients and guests informed about public health recommendations.
 - Post signs at entrances and in strategic places
 - Post about hygiene, respiratory hygiene, cough etiquette
 - <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>

- Provide materials for none-English speakers, as needed

Tips to Help Keep Illness from Spreading in [Arabic](#) | [Burmese](#) | [Chinese](#) | [English](#) | [French](#) | [Kirundi](#) | [Nepali](#) | [Somali](#) | [Spanish](#) | [Swahili](#) | [Vietnamese](#)

INCREASE SHELTER SANITATION

- Provide access to fluids, tissues, plastic bags for proper disposal of tissues
- Stock bathrooms and sinks with soap and drying materials for handwashing
- Provide alcohol-based sanitizers that contain at least 60% alcohol at key points
 - Entrances/Exits
 - Front Desk
 - Eating Areas
- Institute additional sanitation and cleaning efforts
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

ADJUST SLEEPING AREAS (FOR EVERYONE)

- Beds are 3 – 6 feet apart
- Request clients sleep head-to-toe

HEAD	TOE
TOE	HEAD

- Reduce total beds in a single facility to 25, as soon as possible without early or involuntary exits.

SECURE SUPPLIES

- Make sure that you have supplies on hand for staff, volunteers and clients:
 - Soap
 - Alcohol-based hand sanitizers with at least 60% alcohol
 - Tissues
 - Trash baskets
 - Gloves
 - Disposable facemasks – RESERVE FOR CLIENTS WITH SYMPTOMS

RESTRICT ALL VISITORS & NON-ESSENTIAL VOLUNTEERS

- Use the following Screening Questions:
 1. Have you in the past 14 days traveled to Vermont from one of the countries or areas affected by the new coronavirus COVID-19 – including most of Europe, China, Iran and South Korea?
Current listing at: www.healthvermont.gov/covid19
 2. Have you been in close contact with a person who has COVID-19?
 3. Have you felt unwell with respiratory symptoms in the last few days? Cough, high temperature, shortness of breath, difficulty breathing?
If you have concerns about your health, PHONE your health care provider.

If you answered YES to any of these questions, please do not enter the shelter.

- Visitors does NOT refer to guests or clients who are staying at the shelter or seeking shelter.

PREVENT HYPER-VULNERABLE CLIENTS FROM BECOMING INFECTED

- Refer for a General Assistance Motel Voucher
 - Hyper-vulnerable people who are experiencing homelessness (at the shelter or unsheltered) and **have no symptoms** are eligible for a General Assistance motel voucher when they are referred directly by a Shelter, Coordinated Entry Agency or Health Care Provider and they are experiencing homelessness. These households do not need to otherwise meet the General Assistance Emergency Housing eligibility criteria.
 - Call 2-1-1 or Economic Services Division Benefits Service Center (1-800-479-6151) for more information

OR

- Provide a separate room and a bathroom for those who are **hyper-vulnerable and have no symptoms**
 - Monitor clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly

SHELTER INTAKE

- Post information and ask:

Have you felt unwell with respiratory symptoms in the last few days? Cough, high temperature, shortness of breath, difficulty breathing?

- If someone coming into shelter answers “YES”:
 - Designate a separate room and a bathroom (if available) for clients with mild illness.
 - Refer them to their PCP or health care provider for care, if needed.
- Shelters should not exclude anyone from staying at the shelter just based on respiratory symptoms or require testing for COVID-19 prior to shelter admission.

WHAT ABOUT CLIENTS ALREADY IN SHELTER THAT HAVE MILD RESPIRATORY SYMPTOMS?

- Most persons with COVID-19 infections will likely have mild symptoms and not require hospital care. Furthermore, it might not be possible to determine if a person has COVID-19 or another respiratory illness.
- Identify a space that can be used to accommodate clients with mild respiratory symptoms and separate them from others.
- Designate a separate room and a bathroom (if available) for clients with mild illness and develop a plan for cleaning the room daily.
- Refer clients to their Primary Care Provider (PCP) or a health care provider from the shelter list for care, as needed.
- Cleaning guidelines can be found here:
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

APPENDIX A

WHO IS AT HIGH RISK FOR COMPLICATIONS FROM COVID-19?

DEFINING “HYPER-VULNERABLE” FOR HOMELESS SERVICE PROVIDERS

Persons who are over 60

Persons who have underlying medical conditions. See below.

Because the people experiencing homelessness are often labelled “high risk” or “vulnerable”, for purposes within the homeless shelter/service context, people identified as high risk for complications from COVID-19 are considered “**hyper-vulnerable**”.

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].