Specific Considerations for Public Health Authorities to Limit Infection Risk Among People Experiencing Homelessness

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Housing instability and frequent mobility increase the risk of exposure to infectious disease. Limited access to health care services and poor living conditions further compound this risk. As a result, the experience of homelessness may place individuals at greater risk of exposure to a variety of infectious diseases. As jurisdictions consider the impact of disease outbreaks, there are important population specific elements to keep in mind for infectious disease response plans at the local level.

Households Living in Shelters

- Provide adequate access to hygienic facilities for toileting, bathing, and handwashing. Maintaining personal hygiene can be challenging for households experiencing homelessness, particularly in communities with limited access to public bathrooms.

- Often homeless shelters are not on the list of essential services that require access to government reserves of cleaning supplies, meals, and other commodities that may be difficult to acquire during initial phases of an outbreak. If jurisdictions plan to equip homeless shelters with specific resources to limit infection, training and supply distribution should be initiated as soon as possible.

- Space to isolate individuals within programs often does not exist. Distancing symptomatic people during the day and while sleeping will require additional space and configurations to permit infection control protocols.

- As individuals become ill they may seek care at familiar program sites. In the event homeless shelters reach capacity, pre-designated locations for individuals seeking care may be required. Early dissemination of this information will be helpful.

Households Living on the Streets or in Encampments

- Households living on the streets or in encampments may be at higher risk of infection and may be less connected to services than sheltered households. Outreach workers can support households living outside by distributing supplies including: water for drinking and washing, hand sanitizer, food items, information about how to limit infection and where to seek medical care. Early dissemination of this information will be helpful.

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Households Living in Supportive Housing

- Households living in supportive housing may lack the ability to independently acquire essential supplies (food, water, medications, hygiene products, information) during crises. Tenants in scattered site projects may not know the neighborhood, have transportation, or trust local authorities to request help.

- Direction and communication regarding shelter-in-place protocols may need to be targeted to these members of the community. Care teams supporting these households should help them prepare by providing basic needs and preparing for crisis intervention should medical or behavioral health conditions deteriorate.

General Considerations

- Individuals experiencing chronic homelessness have an increased likelihood of chronic medical conditions (such as diabetes, asthma, and hypertension) as well as coinciding mental health diagnoses or a history of substance use. During crisis situations, health conditions can be exacerbated if health care regimens are not maintained, or if histories of trauma trigger high-risk behaviors. These factors will increase their risk of infection and should be accounted for in response planning.

- Individuals and families experiencing homelessness have limited access to primary medical care. This may mean their overall health is compromised and they are more vulnerable to infection and that their symptoms are more severe.

- Staffing of homeless services agencies may be affected by illness of staff members or their families. Planning for different staffing patterns may be necessary to ensure client support is maintained.

- Staff may need special training and education to stay healthy while on the job. Extra personal protective equipment (gloves, soap, disinfectant, handwashing stations, etc.) may be required.

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