

# Questions to Assist CoCs and Public Health Authorities to Limit the Spread of Infectious Disease in Homeless Programs

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Individuals experiencing homelessness have an increased likelihood of chronic medical conditions (such as diabetes, asthma, and hypertension) as well as coinciding mental health diagnoses or histories 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 may increase individuals' risks of infection and must be accounted for in response planning.

Limiting the risk of infection to households in congregate and scattered-site projects is a priority for every community. Program administrators must focus on the unique aspects of congregate settings, like nursing homes and homeless shelters, to accurately calibrate their response efforts. These questions may assist local jurisdictions direct initial conversations between key partners, including Continuums of Care (CoCs), public health authorities, and local health care providers:

## Training and Support

1. Do the local public health authorities support using the CDC's [Interim Guidance for Caregivers in Homes and Residential Communities](#) as the best guidance for the unique needs of homeless shelters?
2. Who will provide training and education on infectious disease for shelter staff?
  - a. How does this training differ for street outreach workers or other staff that work with unsheltered people who live outside?
  - b. 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. Do homeless assistance programs need specific documentation from health authorities to activate reserve funding that can assist in creating flexibility for staffing?
3. How can response protocols be trauma-informed so as not to exacerbate mental health conditions or trigger high-risk behaviors?
4. What precautions can homeless program workers take to keep themselves safe? Do these precautions differ for street outreach workers?
5. If disinfectant and other supplies become temporarily unavailable, how can congregate shelters access stockpiles of needed supplies?
6. In the event that a shelter resident or unsheltered person tests positive for Coronavirus, is there a medical respite care program or medical shelter where they should be sent?
7. If no medical respite care program is available, how can a shelter adapt its operations to limit the risk of infection for staff and other shelter residents?
8. Under what conditions do shelters turn away clients? If denied access, where should these clients be referred? What is the potential impact of denying clients admission to shelter? Where should these individuals or families be directed?
9. How can a homeless shelter restructure the point of intake/enrollment to limit the opportunities for infection? For example:

- a. Would wearing gloves to handle IDs or clients' belongings be possible?
- b. Is it possible to change bed arrangements, meal times, or cleaning schedules?
- c. Is it feasible to have a medically-qualified staff person on hand to identify clients who need immediate medical care?

### Providing the Right Referral to Individuals Experiencing Homelessness Who Exhibit Symptoms

1. What precautions can be put in place if a person in a congregate program tests positive for Coronavirus?
2. How can homeless programs assist people in permanent supportive housing (PSH) or other non-congregate, scattered site programs? For example:
  - a. Households living in supportive housing may lack the ability to independently acquire food, water, regular medications to sustain the household during temporary disruptions to local communities; who should plan to support these households?
  - b. If a program participant tests positive and is required to self-quarantine in their home, what support may be required and who can provide that assistance?
3. Where should homeless programs refer **unsheltered** persons who exhibit Coronavirus-like symptoms?
  - a. Who should be alerted (e.g., public health department) and what is the notification process?
  - b. Should individuals who are experiencing homelessness who exhibit symptoms such as cough or fever be given surgical masks to prevent the spread of infection? If yes, where can these masks be obtained locally?
  - c. Where should they go for further assessment and/or testing?
  - d. What is the protocol while they await test results?
4. Where should homeless programs refer people **in shelter or people in permanent housing** who exhibit Coronavirus-like symptoms?
  - a. Who should be alerted (e.g., public health department) and what is the notification process?
  - b. Should individuals who are experiencing homelessness who exhibit symptoms such as cough or fever wear surgical masks to prevent the spread of infection? If yes, where can these masks be obtained locally? If individuals refuse to wear a mask, what is the response?
  - c. Where should they go for further assessment and/or testing?
  - d. What is the protocol while they await test results?
  - e. Where should we send them if they test positive?
5. Homeless programs serve very vulnerable individuals. In the event of a quarantine mandate, what is the protocol for doing a [medical incapacity hold](#)?

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