

# Guidance Policy on COVID-19 Preparedness and Response for Homeless Service Providers in the Missouri BoSCoC

This document provides guidance specific for homeless service providers in the Missouri Balance of State Continuum of Care (BoSCoC) during the pandemic pertaining to COVID-19.

This document will be updated frequently and the date updated.

## Background

Coronavirus disease 2019 (COVID-19) is respiratory disease caused by a newly identified coronavirus that was first detected in Wuhan City, Hubei Province, China but has now been detected throughout the world. Community spread of COVID-19 has been identified in most Missouri counties and we anticipate growing numbers of people who are symptomatic, under-investigation for COVID-19, and positive for COVID-19.

Symptoms of COVID-19 can include a fever, cough, and shortness of breath. In addition, illness may be accompanied by other symptoms including headache, tiredness, chills, body aches, and diarrhea. Like seasonal flu, COVID-19 infection in humans can vary in severity from mild to severe. The virus is thought to spread mainly from person-to-person, usually between people who are in close contact with one another (within about 6 feet). This transmission occurs through respiratory droplets produced when an infected person coughs or sneezes. Current information about COVID-19 symptoms and spread may be found at the [CDC's COVID-19 website](#).

Transmission of COVID-19 in the community could affect people experiencing homelessness in several ways. The outbreak could cause illness among people experiencing homelessness, could contribute to an increase in emergency shelter usage, or may lead to illness and absenteeism among homeless service provider staff. Furthermore, people who are experiencing homelessness may have underlying medical conditions that put them at a higher risk for severe outcomes.

## General Communication Guidance

Stay informed about the local COVID-19 situation. Get up-to-date information about local COVID-19 activity from local public health officials and the Missouri BoSCoC team.

The Missouri BoSCoC will share updates via the Missouri BoSCoC email list and also post all updates to the Missouri BoSCoC and website.

Email [nathaniel@moboscoc.org](mailto:nathaniel@moboscoc.org) or [belle@moboscoc.org](mailto:belle@moboscoc.org) to be added to the Missouri BoSCoC email list.

## General Hygiene Guidance

The following are general guidelines for facilities serving people experiencing homelessness or who are otherwise vulnerable. These and other practices recommended by the CDC and local public health officials should be observed to reduce risk of transmission and ensure universal precautions.

- Please keep up to date on local conditions via the Missouri Public Health Advisory System that tracks county wide orders: <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/>
- In the event of a Mask Mandate, require everyone, staff and residents, in the facility to wear face coverings when in community spaces or in outdoor spaces where staff or residents cannot consistently maintain a distance of at least 6 feet, unless the person has a medical condition or disability that contraindicates the wearing of a facial covering or is a young child. In general, residents should wear facial coverings anytime they are not in their room or on their bed/cot/mat during a mask mandate.

- See *Staff Considerations* section below for details about how to safely launder cloth face coverings
- Encourage everyone in the facility to cover their cough or sneeze with a tissue and have trash cans available to dispose of tissues immediately.
- Encourage everyone in the facility to wash their hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing their nose, coughing, or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Post signs and informational posters for staff, volunteer, and client awareness about COVID-19, cough etiquette, appropriate handwashing, and required facial coverings.
- Overnight shelter and transitional housing facilities:
  - Limit visitors to the facility.
  - Beds/mats should be spaced to allow at least 6 feet between residents' heads, and in a head to toe arrangement. Increasing the space between clients can help reduce the spread of illness.
  - Ensure readiness to support the isolation of ill individuals when it is not possible to isolate these individuals elsewhere. More detailed recommendations are forthcoming.
  - Provide access to fluids, tissues, plastic bags for the proper disposal of used tissues.
  - Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas.
- 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.
- Follow CDC recommendations for how to prevent further spread in your facility.
- Clients, staff and volunteers should immediately inform management if they have any symptoms consistent with COVID-19. More details on management follow below.
- Employees should take their temperature and monitor themselves for symptoms of COVID-19 before reporting to work and if temperature is elevated or symptoms are present they should NOT report to work.

## Staff Considerations

The following are general staffing considerations and guidelines that may be used to inform or supplement current agency and program practices.

- Plan for staff and volunteer absences. Staff (and volunteers) may need to stay home when they are sick, caring for a sick household member, or caring for their children in the event of school dismissals.
- Encourage ill staff and volunteers to stay home (or be sent home if they develop symptoms while at the facility), to prevent transmitting the infection to others.
- Employees should take their temperature before reporting to work and if temperature is elevated they should NOT report to work.
- Plan your staffing to minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.
- Use physical barriers to protect staff who will have interactions with clients with unknown infection status. For example, using a sneeze guard or placing a big table to increase distance between staff and clients.
- Ensure access to Personal Protective Equipment (PPE), such as mask, eye protection, gown, gloves and hand washing supplies.
- Cloth face coverings used by clients and staff should be laundered regularly. Staff involved in laundering client face coverings should do the following:
  - Face coverings should be collected in a sealable container (like a trash bag).
  - Staff should wear disposable gloves and a face mask. Use of disposable gown is recommended, if available.

- Gloves should be properly removed and disposed of after laundering face coverings; clean hands immediately after removal of gloves by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available.
- Staff should self-monitor for the following symptoms before reporting to work and, if any symptoms are present, stay home:
  - Fever (100.4 and above) or feeling feverish in past day
  - New or worsening cough
  - Shortness of Breath or difficulty breathing
  - Fatigue
  - Muscle pain or body aches
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea

## Client Considerations

### Severe Symptoms

If you have a client with **severe symptoms** of COVID-19 infection, call 911. **Severe symptoms include:**

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion

### Mild Symptoms

**Many people with COVID-19 will have mild illness and do not need to be hospitalized.** Consider the following for symptomatic clients who have not been confirmed positive for COVID-19 by laboratory testing.

- Mild symptoms do not typically require medical attention. However, clients with these symptoms will need to be isolated from other clients and staff/volunteers.
- If a symptomatic client is over age 60 or has underlying medical problems like diabetes, heart disease or lung disease, weakened/suppressed immune symptoms or is pregnant, they may be more vulnerable to COVID-19 and its complications.
- Clients with symptoms should wear surgical masks to protect those around them and be reminded and strongly encouraged to follow personal hygiene and sanitation measures.
- If at all possible, isolate clients who are symptomatic, per guidance below.

### Resident Monitoring

**Educate and monitor residents for compliance with on the following practices:**

- **Wash your hands often** with soap and water for at least 20 seconds (tip: the alphabet song lasts about 20 seconds). If soap and water are not available, use alcohol-based hand sanitizer (products with 60% or more alcohol-based work best). For hand sanitizer to be effective, you need to cover your hands thoroughly with the sanitizer, and your hands must air dry. Do not wipe your hands on a tissue to dry your hands sooner.
- **Avoid touching your eyes, nose, and mouth.** The average person touches their face approximately 12 times/hour.
- **Avoid close contact** with people who are sick.

- **Practice social/physical distancing** – 6 feet distance at all times is appropriate to prevent coming into contact with airborne respiratory particles.
- Cough or sneeze into your bent elbow or a tissue, then throw the tissue in the trash.
- **Clean and disinfect frequently touched objects and surfaces** (clean hard surfaces every shift or every few hours and launder soft surfaces appropriately using hot water).
- **Wear face coverings, if mandated to do so**, anytime residents are not in their room or on their bed/cot/mat.
- Exceptions may be provided for the following:
  - Those with medical conditions or disabilities that contraindicate the wearing of facial coverings
  - Children under 10 years of age

#### Monitor residents for the following symptoms:

- Fever (100.4 and above) or feeling feverish in past day – via client self-report
- New or worsening cough
- Shortness of Breath or difficulty breathing
- Chills
- Muscle pain or body aches
- Headache
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

#### Get medical attention immediately if a patient develops emergency warning signs for COVID-19:

- Difficulty breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

#### Increase Social Distancing

In addition to reconfiguring sleeping quarters and beds, if needed, congregate facilities may make the following accommodations to help increase physical space between residents:

##### All Areas

- Place an additional table between the desk and clients to increase the distance
- Use disposable gloves when handling client belongings
- Limit visitors to the facility
- At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask and direct them to the quarantine area
- Require wearing of facial coverings for all residents anytime they are not in their room or on their bed/cot/mat during mask mandate.

##### Meals

- Allow residents to manage their meal times according to their own schedules, and limit numbers of residents that can be in the eating space at the same time
- If meals can only be provided at one time, have residents take their meal at staggered times and limit the numbers of residents in the eating space

- Require wearing of facial coverings for all residents anytime they are not in their room or on their bed/cot/mat during mask mandate.

### Community Spaces

- Limit the number of residents that can be in community spaces at the same time, if needed
- Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing
- Provide access to fluids, tissues, and plastic bags for the proper disposal of used tissues
- Require wearing of facial coverings for all residents anytime they are not in their room or on their bed/cot/mat during mask mandate.

## Emergency Shelter Space Configuration

### Sleeping Quarters

- Sleeping quarters are re-arranged as necessary to ensure client's heads are at least 6 ft apart for non-symptomatic persons.
- Where needed, beds are removed to reduce capacity in sleeping areas in an effort to provide sufficient space. Consider using administrative and other spaces to accommodate any reductions of in sleeping areas.
- If clients are symptomatic or positive for COVID-19, but not experiencing severe symptoms that warrant going to the hospital, they should be placed in off-site isolation/quarantine (I/Q) units (see Isolation and Quarantine Units section below for details). One household per I/Q unit.
- If offsite I/Q units are unavailable symptomatic clients should be sent to the hospital

## Emergency Shelter Overflow and De-Concentration

During the COVID-19 crisis, shelter providers may need to utilize non-congregate spaces, such as hotel/motel units or empty apartments, to provide shelter overflow space or to facilitate de-concentration in existing shelters. Providers are encouraged to identify and use non-congregate spaces as needed.

### HMIS Data Collection and Entry

Providers may need to collect and enter into HMIS all client-level data for those served by the shelter overflow/de-concentration units. Providers may contact the CoC or HMIS team with questions.

### Considerations for Shelter De-Concentration Units

#### Identify Who May Use the I/Q Units

- Are you targeting units to clients who may be more vulnerable to complications if they acquire COVID-19? Or are you using the units for general de-concentration purposes?

#### Basic Needs

- Food and Meals
- How will food be provided to clients in shelter overflow units?
- Are the units equipped with some appliances, such as a microwave or refrigerator, so that clients can prepare some meals themselves? Or Will delivery of multiple meals a day be required?
- Laundry
- How will clothing be laundered?
- Will the hotel provide clean bedding and towels on a regular basis?

## Support Services

- How will clients continue to access mental health services?
- How will clients continue to access substance abuse services?
- How will shelter staff continue to provide case management services?

## Isolation and Quarantine Units

Missouri BoS CoC homeless services providers, particular those that operate congregate facilities, should immediately strive to work together with other providers and their local public health offices to develop plans and protocols to provide isolation/quarantine options **off-site** of congregate facilities if possible.

**Quarantine** is used for people or groups who don't have symptoms but were exposed to the sickness. Quarantine helps keep these individuals away from others so they don't unknowingly infect anyone.

**Isolation** is used for those who are already sick. It keeps infected people away from healthy people to prevent the sickness from spreading.

## Unit Options

Communities may have several options they can use to create isolation/quarantine (I/Q) spaces outside of existing congregate facilities. This could include apartments, buildings, community spaces, offices, or local hotels and motels. In many Missouri BoSCoC communities, providers are using hotels/motels for these purposes.

## Scattered-site Project Considerations and Recommendations

Missouri BoS CoC agencies that operate scattered-site projects, such as Rapid Re-Housing (RRH) Transitional Housing (TH), and some Permanent Supportive Housing (PSH) projects may make changes to how services are provided to current clients, including the following:

### Case Management Services

- Conduct case management meetings over the phone or via other similar means
- Discontinue direct transport of clients by staff. Use vouchers for transit where needed and available. If direct transport of clients absolutely must continue, follow CDC guidance related to cleaning and disinfecting community spaces, which would include vehicles in this instance
- Make connections for telehealth with healthcare, mental health, substance use treatment providers

### Meeting Needs of Housed Clients

- Via phone, check on current and past clients to ensure they have access to needed supplies in order practice social distancing
- If needed and able, deliver any needed supplies to clients
- Partner with local food pantries, Red Cross, or other groups if your agency is not able to provide all supplies directly.

**Scattered-site projects should continue to try to intake and serve new clients**, particularly those they are able to move into new rental units and out of congregate facilities like shelters.

CoC Program funded projects may be able to complete most parts of their intake process via phone, noting the inability to collect client signature currently. Providers should try to collect client signatures whenever they have the ability to such as via fax or mail. Additionally, providers may still be able to document and verify eligibility, regardless of meeting in-person with prospective clients.

### Safety Needs for Unsheltered Populations

Agencies working with unsheltered populations should adhere to the following protocols to protect unsheltered populations from the Covid 19 virus.

- Wear a mask covering nose and mouth during mask mandated times
- Offer hand sanitizer in multiple areas, provide hand sanitizer for clients to take
- Provide masks to clients if requested
- Encourage unsheltered individuals and families to get the vaccine
- Coordinate transportation to designated vaccine distribution places
- Utilize PIT Count as an opportunity to inform, supply, and encourage unsheltered individuals and families with PPE and vaccine information per the COVID 19 virus.

### Access to the Vaccine

Agencies servicing homeless populations can coordinate with: the local health department, healthcare providers and/ or other designated vaccine distribution sites to provide the vaccine.

Agencies can also:

- Inform clients about the vaccine
- Provide clients with a list of sites where the vaccine is offered free of charge
- Coordinate transportation to and from vaccination site
- Hold a vaccination event, where clients can receive the vaccine

### Future Public Health Emergencies

In the event of a future public health emergency, agencies within the MO BoS CoC will:

- Adhere to all Federal, State and local mandates for public safety.
- Monitor updates from the federal head department of the emergency (i.e. the CDC).
- Collaborate with local healthcare organizations and Public Health Centers to understand local impacts and steps that should be taken to ensure safety of clients and staff.
- Comply with policy and safety measures put forth by the Mo BoS CoC upon Board approval.