



HAWAII STATE DEPARTMENT OF HEALTH

Interim Guidance for Homeless Shelters and Encampments to Prevent the Spread of COVID-19

It takes everyone's cooperation to effectively manage the spread of coronavirus disease (COVID-19) in Hawai'i. The Hawai'i Department of Health (HDOH) has issued recommendations to prevent the spread of COVID-19 at home, in the workplace and other settings. This guidance document is intended for homeless service providers and is developed using the Centers for Disease Control and Prevention (CDC) Interim Guidance for Homeless Shelters¹ and other resources. The situation in Hawai'i is rapidly evolving, and these guidelines will be updated as new information becomes available. These recommendations are intended to help slow the spread of COVID-19 and keep our community healthy within the constraints of our resources.

COVID-19 is spread mainly person-to-person between people who are in close contact; through respiratory droplets when an infected person coughs or sneezes; or through surfaces that may have been touched or used by an infected person. Currently, there is no vaccine or specific treatment available for COVID-19.

Recommendations to Homeless Shelters and Encampments:

- (1) **Promote Basic Prevention Measures:** Educate staff and individuals about COVID-19 and promote everyday prevention measures and practices. Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information. Use resources such as from HDOH and CDC on individual behaviors.² Encourage individuals to practice good hygiene by:
 - Maintain a minimum of 6 feet, or 2 arms-length, of distance between individuals and others when feasible.
 - Wash your hands regularly with soap or using hand sanitizers with at least 60% alcohol
 - Cover your mouth into tissue or your sleeve if you cough.
 - Regularly clean and disinfect all high-touch surfaces (e.g., doorknobs, keyboards, counters, phones, toys, etc.) in all areas including sleeping areas, common areas, etc.
 - Clean and sanitize meal preparation areas and eating areas after each use and throughout the day.
 - If an environment requires disinfection, then you can use household chlorine bleach diluted in water (about 5 tablespoons per gallon of water), alcohol solutions, or most common EPA-registered household disinfectants.³

¹ Centers for Disease Control and Prevention. Interim Guidance for Homeless Shelters. Page last reviewed March 9, 2020. Accessed March 18, 2020. URL: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

² Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19): Print Resources.f. Page last reviewed March 17, 2020. Accessed March 18, 2020. URL: <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>

³ Centers for Disease Control and Prevention. Environmental Cleaning and Disinfection Recommendations. Page last reviewed March 6, 2020. Accessed March 18, 2020. URL: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

- Post signs at entrances and in bathrooms sharing how staff and individuals can protect themselves and others at the facility. Signs are available on the CDC website.²
- (2) **Update Your Emergency Plan:** Develop or update your emergency operations plan, including identifying a list of key contacts at the HDOH, identifying a list of healthcare facilities and alternative care sites where clients can receive medical care, ensuring stockpiles of supplies, and creating contingency plans for increased employee absenteeism and increased demand for shelter services due to greater incidence of illness.
- (3) **Enhanced Support For Vulnerable Populations:** All individuals are at risk of COVID-19, but some individuals are more vulnerable to severe COVID-19 with higher risk of death if they are infected. Hence, providers should make focused efforts to provide enhanced support these vulnerable populations. Persons experiencing homelessness are already a vulnerable population and may be even more vulnerable during a COVID-19 epidemic, particularly if:
- They have an underlying health condition such as diabetes, liver disease, kidney disease, cardiovascular disease, or other condition such as a mental health condition and substance use disorder;
 - They are seniors or are older individuals;
 - They do not speak English or are limited-English speaking;
 - They are immune-compromised; or
 - They have physical or other disabilities.
- (4) **Supplies:** Provide prevention supplies including soap, hand sanitizers with at least 60% alcohol (if available), tissues, trash baskets, and disposable face masks at least for individuals presenting symptoms or if you are sharing a room or vehicle.
- Bathrooms and sinks should be consistently stocked with soap and drying materials for handwashing.
 - Provide hand sanitizers that contain at least 60% alcohol, if available, at key points within the facility, including registration desks, entrances/exits, and eating areas.
- Shortage of Supplies**
- If there is a shortage of masks, alternatives such as towels, handkerchiefs, scarves, and other clothes that are routinely washed each day can be used if properly covering both the mouth and nose.
 - Soap and water are adequate even in the absence of alcohol-based hand sanitizer.
- (5) **Facility Entry and Screening:**
- Upon entering a facility, ask every individual - client, staff, volunteer, or visitor - to report any symptoms of COVID-19 including cough, fever, or shortness of breath. If possible, check the temperature of every individual entering a facility and sanitize the thermometer according to the instructions before each use (see below on caring for those with symptoms).
 - Create a safe environment to allow disclosure of symptoms without penalty or stigma. Do not turn away clients merely because they have symptoms, but adhere to appropriate spatial distancing (see below on sleeping accommodations).
 - Revisit your visitor policy and consider a temporary restriction on visitors to the facility.

(6) Clients Exhibiting Respiratory Symptoms Consistent with COVID-19 Infection:

- All clients presenting with symptoms should wear a face mask (or appropriate substitute) and be confined to individual rooms, if possible, and avoid common areas.
- Mild symptoms:
 - Offer care as if the client has the flu, such as ensuring rest in an individual room, avoid sharing bedding or clothing, and ensuring adequate nutrition and hydration. If an individual room is not available, consider using a large, well-ventilated room (see below on sleeping accommodations).
 - Decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in the shelter or be directed to alternative housing should be made in consultation with the HDOH.
 - In general, seek medical attention if your client has a fever that lasts longer than 24 hours or is accompanied by other symptoms such as vomiting or shortness of breath or if their condition appears to be worsening.
- Severe symptoms:
 - If a client has severe symptoms such as difficulty breathing, pain or pressure in the chest or abdomen, or are unable to drink or keep liquids down, seek medical attention right away and call 9-1-1.
 - Alert any transfer teams and medical staff of possible COVID-19 infection.

(7) Sleeping Accommodations: Shelters should take all necessary precaution and preventive measures to avoid being a source of multiple cases or a cluster of COVID-19. Shelters should ensure maximum spatial distancing between accommodations and physical barriers between asymptomatic and symptomatic individuals.

- Increase distance to the 6-foot distance between sleeping accommodations as much as possible. If the 6-foot distance between beds is not possible, pursue a “head-to-toe” sleeping arrangement.
- Designate a room for clients with mild symptoms, and clean and disinfect the room at least daily. If an isolated room is not possible, creating physical barriers or buffers using curtains to separate asymptomatic from symptomatic individuals is a minimal step.
- When feasible, employers should limit which staff interact with patients presenting with symptoms or with those rooms assigned for those with symptoms.
- Shelters should ensure their record-keeping data system can be used to quickly identify those who shared a room with an individual who may be later determined to be a confirmed case of COVID-19.

(8) Shelter Capacity and Overflow Plan

- As crowding is a major risk for COVID-19 infection, shelters should maximize spatial distancing, even though an epidemic may result in potentially higher demand for accommodations due to an influx of clients presenting with symptoms. The epidemic may result in higher stress and demands on the shelter’s capacity.
- The capacity and overflow plan should account for bed capacity limits with greater spatial distance and overflow options including:
 - Coordinating with other shelters for transfers;

- Bringing new temporary housing options online in partnership with other agencies or government (eg, renting apartments that can be used for short-term shelter);
 - Working with faith communities, including churches and non-profits, as well as schools, stadiums, or other feasible locations to make unused space available;
 - Extending “seasonal” shelter options; and
 - Allowing shelters and day programs to increase hours of operations such as allowing emergency shelters to stay open 24 hours a day and allowing day shelters to operate 7-days a week, 24-hours a day.
- In the face of bed capacity constraints, the overflow plan may develop prioritization principles for client entry based on a client’s level of vulnerability or health status given total bed capacity limits with adequate spatial distancing for asymptomatic as well as symptomatic individuals.
 - Sites should communicate with the staff, HDOH, local (City & County or County), and other State agencies if the site is so overwhelmed due to lack of staff and/or other issues that it feels it needs to close.
 - Sites should consider temporarily removing barriers such as allowing pets or requiring following a service plan, if feasible.

(9) Staffing and Absenteeism:

- Employers should encourage sick staff and volunteers to stay home.
- During an epidemic, absenteeism will inevitably increase and plans should account for understaffing scenarios as well as minimum staff needed for operations.
- Employers should consider that hourly-wage workers may prefer to come in rather than stay at home, thereby increasing everyone’s health risk. Hence employers should consider emergency policies to support their workers’ potential wage losses as an incentive to reduce spread.
- If a staff or volunteer becomes sick during the work day, isolate them in another room until departure or encourage them to go directly home.

(10)Keep Up with Changes and Stay Informed: Rely on credible resources, such as the State of Hawai’i Homelessness Initiative⁴, the HDOH and the CDC. If you have any questions related to COVID-19 policies and recommendations, please contact HDOH at one of the numbers below:

Kauai District Health Office.....(808) 241-3563
 Oahu (Disease Reporting Line)..... (808) 586-4586
 Maui District Health Office.....(808) 984-8213
 Hawai’i Island District Health Office (Hilo)... (808) 933-0912
 Hawai’i Island District Health Office (Kona).. (808) 322-4877

After hours on Oahu..... (808) 600-3625
 After hours on neighbor islands.....(800) 360-2575 (toll free)

⁴ State of Hawai’i Homelessness Initiative. Coronavirus (COVID-19) Resources for Homeless Service Providers. Updated on March 18, 2020. Accessed on March 18, 2020. URL: <https://homelessness.hawaii.gov/news/coronavirus-covid-19-resources-for-homeless-service-providers/>

For more information, please visit HDOH's Coronavirus Disease 2019 webpage at:
<https://health.hawaii.gov/docd/advisories/novel-coronavirus-2019/>
or the CDC's Coronavirus Disease 2019 website at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.