Emergency Shelter Guidance

PREVENTION AND MANAGEMENT OF COVID-19

ENDING COMMUNITY HOMELESSNESS COALITION | UPDATED SEPTEMBER 15TH, 2020

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Emergency Shelter Guidance for Prevention and Management of COVID-19

Statement of Purpose and Goals

The following information outlines the Austin/Travis County Continuum of Care's guidance and recommendations for emergency shelter facilities and providers serving people experiencing literal homelessness in congregate housing facilities.

The goals of this document are to help Emergency Shelter facilities and providers:

- Stay connected to local communication, resources, and processes
- Become familiar with infection control guidance
    - These recommendations will be updated as new information becomes available.
- Prevent the introduction of COVID-19 and other respiratory pathogens into Emergency Shelters
- Reduce the chance of the spread of COVID-19 and other respiratory pathogens within and between Emergency Shelters
- Rapidly identify persons with respiratory illness
- Know when and how to isolate persons with suspected or confirmed COVID-19

It is important to note, the general strategies recommended to prevent the spread of COVID-19 are the same strategies used every day to detect and prevent the spread of other respiratory viruses like influenza. With that, this document can be used outside of COVID-19 to aid Emergency Shelters in Austin/Travis County in planning and prevention of infectious disease.

For further information or technical assistance surrounding the *Emergency Shelter Guidance for Prevention and Management of COVID-19* document please contact the CoC Lead Point of Contact for Emergency Shelters and Healthcare System Liaison

Christa Signor, MSRLS CTRS at christasignor@austinecho.org

Stay Informed on Local Resources and Guidance

It is recommended that each Emergency Shelter designate a COVID-19 Lead Point of Contact throughout the response. This individual will be responsible for staying connected to local resources and guidance, ensuring guidelines are being followed at their Emergency Shelter, and regularly communicates with local CoC, Austin Public Health, and the City of Austin.

Local Meetings to be aware of:

- Homeless Service Providers COVID-19 Updates and Report-Out
    - These meetings take place every Friday from 9:00am-9:30am and meeting materials are posted online at Service Providers Calls
- Emergency Shelter Task Group Meeting
    - These meetings take place every Wednesday from 12:00pm-1:00pm and are an opportunity for all Austin/Travis County Emergency Shelter COVID-19 Lead point of Contact to meet, provide updates, and receive Technical Assistance as needed.
- COVID-19 and the Homeless Response System: HCH Education Series for Service Providers
    - These meetings take place biweekly on Tuesday from 12:00pm-12:30pm and are an educational opportunity led by the Healthcare for the Homeless team for Emergency Shelter and Outreach service providers. The meeting materials are posted online at Service Providers Calls

Local Resources to be aware of:

- City of Austin provides Homeless Strategy COVID-19 Support Resources at the following link:
    - COA Homeless Strategy Covid-19 Support
- City of Austin provides COVID-19 Updates and Guidance at the following link:
    - COA COVID-19

General Background and Information on COVID-19

Facts from the World Health Organization (WHO):

- Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.
- Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment.
- However, older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.
- The best way to prevent and slow down transmission is be well informed about the COVID-19 virus, the disease it causes and how it spreads.

Further Corona Virus Background and Information from the WHO

Facts from the Center for Disease Control and Prevention (CDC):

- The virus that causes COVID-19 is thought to spread mainly from person to person, primarily through respiratory droplets produced when an infected person coughs or sneezes.
    - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. *Spread is more likely when people are in close contact with one another (within about 6 feet).*
- People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus.
- People with these symptoms may have COVID-19:
    - Cough
    - Shortness of breath or difficulty breathing
    - Fever
    - Chills
    - Muscle pain

- Sore throat
- New loss of taste or smell
- It's important to note this list is not all inclusive. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

CDC Printable Flyer: COVID-19 Symptoms

Further Corona Virus Background and Information from the CDC

Responsibilities of Staff and Volunteers: Education and Best Practices

According to the CDC, Emergency Shelters should:

- Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.
- Develop and use contingency plans for increased absenteeism caused by employee illness or by illness in employees' family members. These plans might include extending hours, cross-training current employees, or hiring temporary employees.
- Staff and volunteers who are at higher risk for severe illness from COVID-19 should not be designated as caregivers for sick clients who are staying in the shelter. Identify flexible job duties for these higher risk staff and volunteers so they can continue working while minimizing direct contact with clients.
- Put in place plans on how to maintain social distancing (remaining at least 6 feet apart) between all clients and staff while still providing necessary services.
- All staff should wear a cloth face covering for source control (when someone wears a covering over their mouth and nose to contain respiratory droplets), consistent with the guidance for the general public.
- Staff should avoid handling client belongings. If staff are handling client belongings, they should use disposable gloves.

- Make sure to train any staff using gloves to ensure proper use and ensure they perform hand hygiene before and after use.
    - If gloves are unavailable, staff should perform hand hygiene immediately after handling client belongings.
- Staff who are checking client temperatures should use a system that creates a physical barrier between the client and the screener.
    - Screeners should stand behind a physical barrier, such as a glass or plastic window or partition that can protect the staff member's face from respiratory droplets that may be produced if the client sneezes, coughs, or talks.
    - If social distancing or barrier/partition controls cannot be put in place during screening, PPE (i.e., facemask, eye protection [goggles or disposable face shield that fully covers the front and sides of the face], and a single pair of disposable gloves) can be used when within 6 feet of a client.
        - However, given PPE shortages, training requirements, and because PPE alone is less effective than a barrier, try to use a barrier whenever you can.
- Staff should launder work uniforms or clothes after use using the warmest appropriate water setting for the items and dry items completely.
- Provide resources for stress and coping to staff. Learn more about mental health and coping during COVID-19.
- Provide training and educational materials related to COVID-19 for staff and volunteers.

The World Health Organization (WHO) offers the following trainings for healthcare providers that provide applicable strategies for frontline providers in Emergency Shelters. Online trainings can be found here:

- WHO Training: Hand Hygiene
- WHO Training: PPE
- WHO Training: Infection Prevention and Control
- Further WHO Training Information

FEMA: Managing and Deploying Volunteers in a Pandemic Environment

CDC Interim Guidance for Homeless Service Providers to Plan and Respond to COVID-19

Facility Considerations

According to the CDC, Emergency Shelters should consider the following in regards to facility layout:

- Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g., check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them to at least 6 feet.
- In meal service areas, create at least 6 feet of space between seats, and/or allow either for food to be delivered to clients or for clients to take food away.
- In general sleeping areas (for those who are not experiencing respiratory symptoms), try to make sure client's faces are at least 6 feet apart.
    - Align mats/beds so clients sleep head-to-toe.
- For clients with mild respiratory symptoms consistent with COVID-19:
    - Prioritize these clients for individual rooms.
    - Keep mats/beds at least 6 feet apart.
    - Use temporary barriers between mats/beds, such as curtains.
    - Align mats/beds so clients sleep head-to-toe.
    - If possible, designate a separate bathroom for these clients.
    - If areas where these clients can stay are not available in the facility, facilitate transfer to a quarantine site.
- For clients with confirmed COVID-19, regardless of symptoms:
    - Prioritize these clients for individual rooms.
    - If more than one person has tested positive, these clients can stay in the same area.
    - Designate a separate bathroom for these clients.
    - Follow CDC recommendations for how to prevent further spread in your facility.

- If areas where these clients can stay are not available in the facility, assist with transfer to an isolation site.

According to the CDC, Emergency Shelters should consider the following in regards to facility procedures:

- Plan to maintain regular operations to the extent possible.
- Limit visitors who are not clients, staff, or volunteers.
- Do not require a negative COVID-19 viral test for entry to a homeless services site unless otherwise directed by local or state health authorities.
- Identify clients who could be at high risk for complications from COVID-19, or from other chronic or acute illnesses, and encourage them to take extra precautions.
- Arrange for continuity of and surge support for mental health, substance use treatment services, and general medical care.
- Keep in mind that clients and staff might be infected without showing symptoms.
    - Create a way to make physical distancing between clients and staff easier, such as staggering meal services or having maximum occupancy limits for common rooms and bathrooms.
    - All clients should wear cloth face coverings any time they are not in their room or on their bed/mat (in shared sleeping areas).
    - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Regularly assess clients and staff for symptoms.
    - Clients who have symptoms may or may not have COVID-19. Make sure they have a place they can safely stay within the shelter or at an alternate site in coordination with local health authorities.
        - See *Symptomatic or Potentially Positive Screening* section for Alternate Site and Hotel Workflow information
    - An on-site nurse or other clinical staff can help with clinical assessments.
    - Provide anyone who presents with symptoms with a cloth face covering.
    - Facilitate access to non-urgent medical care as needed.
    - Use standard facility procedures to determine whether a client needs immediate medical attention. Emergency signs include:
        - Trouble breathing

        - Persistent pain or pressure in the chest
        - New confusion or inability to arouse
        - Bluish lips or face
    - Notify the designated medical facility and personnel to transfer clients that the client might have COVID-19.
- Prepare healthcare clinic staff to care for patients with COVID-19, if your facility provides healthcare services, and make sure your facility has supply of personal protective equipment.
- Provide links to respite (temporary) care for clients who were hospitalized with COVID-19 but have been discharged.
    - Some of these clients will still require isolation to prevent transmission.
    - Some of these clients will no longer require isolation and can use normal facility resources.
- Make sure 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 at key points within the facility, including registration desks, entrances/exits, and eating areas.

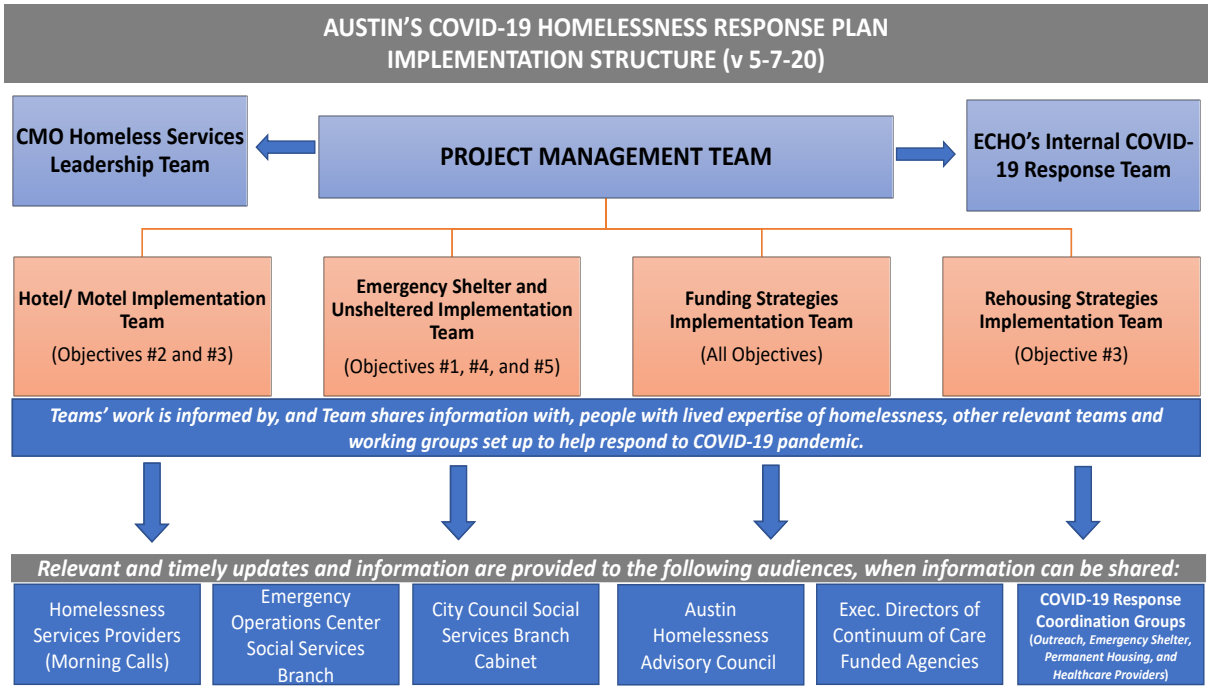
CDC Interim Guidance for Homeless Service Providers to Plan and Respond to COVID-19

Planning and Assessing Emergency Shelter Needs

Austin COVID-19 Homelessness Response Plan

The Austin COVID-19 Homelessness Response Plan has been attached with this document to provide an overview of system planning, goals, strategies, and response to the virus. Additionally, a visual representation of the Austin's COVID-19 Homelessness Response Plan can be seen below.

For more information about the local Homelessness Response plan please see the attached document at Austin COVID-19 Homelessness Response Plan



TA Assessment: Evaluating Emergency Shelter Needs During COVID-19

In accordance with Austin's COVID-19 Homelessness Response Plan, all Emergency Shelters within the City of Austin and Travis County are required to complete an Emergency Shelter Technical Assistance Assessment with the CoC Lead Point of Contact for Emergency Shelters. This assessment consists of three main areas to include (1) General Emergency Shelter Background information (2) Shelter Readiness (3) Immediate Financial Needs. The initial assessment will consist of questions that will help ECHO, the City of Austin, and the Project Management team plan, provide resources, and help meet shelter needs. For a more detailed look at the Emergency Shelter Technical Assistance Assessment see below. After the initial assessment survey, the CoC Lead Point of Contact for Emergency Shelters will schedule individual weekly meetings to follow up with each Emergency Shelter's Point of Contact. These weekly individual follow-up meetings will provide the opportunity to identify any additional resources or shelter needs that may arise.

TA Assessment: Emergency Shelter COVID-19 Needs

Revised 5/4/2020

Contact information

Shelter Name:	Date of Interview:
Primary Contact:	Contact Phone & Email:

Interview Guide

ECHO is working with a supervisor of frontline staff from each Emergency shelter organization to complete weekly interviews via phone. The purpose of interviews is to understand the extent of readiness to respond to COVID-19 among people in shelters in Austin/Travis County. ECHO is assessing the extent that all shelters are fully deconcentrated and acting per CDC guidance and that adequate space is available for quarantine and isolation. ECHO is available to provide support for shelters in fully aligning with the most recent guidance, realizing it is constantly evolving based on learning.

General background

What population do you serve in emergency shelter? Are you taking new intakes? How many beds/spaces are available nightly during COVID response? Average nightly occupancy during COVID response? Standard operating capacity outside of COVID? Type of sleeping arrangements? Are you providing Day Resource Services? Hours for clients onsite?

Population	**Taking new Intakes**	**Beds available nightly during COVID response**	**Average served nightly during COVID response**	**Standard Operating Capacity**	**Type of Sleeping Arrangements**	**Day Resource Services**	**Hours of Operation for clients**
	Yes or No	#	#	#	(Dorm, shared, private rooms)	Yes or No	Times
Single men							
Single women							
Families with children							
Youth/young adults							

Shelter Readiness

I'm going to ask a series of questions and as you to tell me if your shelter fully, partially or does not meet CoC Guideline or agency requirements. If you're partially or not meeting the requirement, I will note the specific resource you need to fully meet the requirement.

Question	Fully Meet	Partially Meet	Doesn't Meet	Resource(s) Needed
Pre-screening clients at check-in for risk and potential exposure, as well as symptoms that might be related to COVID-19 (i.e. fever, cough, shortness of breath)?				
Have sufficient PPE supplies? ***If insufficient PPE, identify how much they have, how much they need, and what it will be used for (APH needs this).***				
Provide a clean, disposable face mask to clients with symptoms such as a cough, fever, or shortness of breath?				
Designated sick location or isolation rooms?				
Have sufficient sanitation and hygiene supplies?				
Disinfecting surfaces regularly?				
Have deep cleaning(s) schedule?				
Encourage and monitor social distancing among all staff, clients, visitors and volunteers?				
Staff members use disposable gloves when handling client belongings?				
Use physical barriers (e.g. sneeze guard) between staff and clients during check in?				
Reconfigured dormitories to accommodate social distancing recommendations (e.g. 6 feet around every bed, head to toe arrangements, barriers between beds)?				
Reconfigured meal spaces to create at least 6 feet between seats and/or allow for food to be delivered to clients or for clients take food away?				
Reconfigured common areas to accommodate social distancing, deep cleaning, and surface cleaning schedules?				
Consistently provide COVID-19 education verbally and via printed materials to staff and clients?				

The next questions require a bit more information, so I'm going to take notes as you talk.

1. What additional training, education, and/or materials on COVID-19 does your shelter need to effectively carry out this role?

2. Tell me about the pre-screening process – How is it working at your shelter? What are the primary challenges?

3. What is the process in place to refer people who are experiencing symptoms of COVID-19 or have had possible exposure to COVID-19 for further medical assessment?

4. How has utilizing the hotline worked for you over the last week when you've called?

5. How and to what extent is your emergency shelter enforcing social distancing recommendations (i.e. requiring all clients and staff to maintain a 6 feet distance at all times)?

6. To what extent has your emergency shelter identified spaced isolation/quarantine options for people/families within your own space?

7. What gaps and needs, if any, have you identified for programs serving specific populations (i.e. families with children, young adults, single adults)?

8. What gaps and needs, if any, have you identified related to meeting medical and behavioral healthcare needs?

9. What gaps and needs, if any, have you identified for programs serving people with substance use?

10. Would you like ECHO to help with staff training?

11. Would you like to receive technical assistance from ECHO to help respond to COVID-19? If yes, describe areas where TA would be helpful.

Immediate needs

12. What types of financial needs does your shelter have over next 2 weeks and 4 weeks related to COVID-19?

Need	Financial Needs over next 2 weeks	Financial Needs over next 4 weeks	Notes
Shelter operating costs related to implementing COVID-19 protocols			
Diversion and homeless prevention financial assistance			
Rapid exit financial assistance to help people exit shelters more quickly			
Expanding shelter operating costs			
Q/I operating costs			
Other needs			

Thank you for your time; I'll follow up on the items listed above (give deadline for follow up). I'll speak with you again in one week at X (date/time) when we discuss these questions again.

Screening Clients for Symptoms or High Risk

The following is the identified community screening tool for Emergency Shelter, Outreach, and Service Providers for Austin/Travis County during the COVID-19 response.

City of Austin/Travis County COVID-19 Screener

Symptoms

1. Do you feel like you've been having fevers or chills? ____ yes ____ no
2. Do you have a cough that is more than your normal cough? ____ yes ____ no
3. Do you have any of the following symptoms? yes ___ no ____
    - Shortness of breath or difficulty breathing beyond your normal state
    - Fatigue
    - Muscle or body aches
    - Headache
    - New loss of taste or smell
    - Sore throat
    - Congestion or runny nose
    - Nausea or vomiting
    - Diarrhea

Risk/Exposure

1. In the last 2 weeks, have you been in close contact with someone confirmed to have COVID-19? ____ yes ____ no
2. Date of Birth
3. Are you 65 years old or older?
4. Do you have lung disease (COPD/asthma), heart disease, diabetes, cirrhosis, HIV, or cancer?
5. Are you pregnant?
6. How many people are in your household?

Symptomatic or Potentially Positive Screening

After completing the screener, if you have a client that screens positive follow the initial steps outlined by the CDC below:

1. Determine if the client has a fever, by:
    - Taking their temperature using a temporal thermometer, or
    - Asking, "Have you felt like you had a fever in the past day?"
2. Ask the client "Do you have a new or worsening cough today?"
3. Ask the client, "Do you have any of these other symptoms?
    - Shortness of breath or difficulty breathing
    - Fatigue
    - Muscle or body aches
    - Headache
    - New loss of taste or smell
    - Sore throat
    - Congestion or runny nose
    - Nausea or vomiting
    - Diarrhea

If the client has a fever OR a new/worsening cough OR any of the other symptoms:

1. Provide a facemask for the client to wear over their nose and mouth, if facemasks are available and if the client can tolerate it.
    - If facemasks are not available, advise the client on cough etiquette and provide tissues.
2. Notify management and appropriate healthcare providers, as available
3. Direct them to an isolation room, or an available space in the area designated for symptomatic persons
4. Let the client know:
    - If their symptoms worsen, they should notify someone immediately
    - Not to leave their room/the symptomatic area except to use the restroom
    - If they leave their room/the symptomatic area, they must wear a mask

Utilize standard shelter protocols for medical emergencies

Please remember to utilize HMIS to document High Risk clients for local Outreach Teams to be able to connect and provide clients with effective and efficient community services

Alternate Site and Hotel Workflow information

If someone screens positive for symptoms, the CDC mandates, the individual should be directed to where they can stay, either within the shelter or at another location, according to a predesignated plan developed with the local Continuum of Care (CoC), Public Health Department, and community leadership. With that, the Austin/Travis County Hotel Workflow has been attached with this document.

Austin Travis County Hotel Workflow

Testing

According to the CDC, the following information should be considered when testing in the community:

- Types of COVID-19 Tests
    - Viral Tests
        - This test is recommended to diagnose current infection with SARS-CoV-2, the virus that causes COVID-19.
        - Viral tests evaluate whether the virus is present in a respiratory sample.
    - Antibody Tests
        - This test is used to determine a past infection with SARS-CoV-2.
        - CDC does not currently recommend using antibody testing as the sole basis for diagnosing current infection. Because it is currently not clear

whether a positive antibody test indicates immunity against SARS-CoV-2, antibody tests cannot be used to determine if an individual is immune.

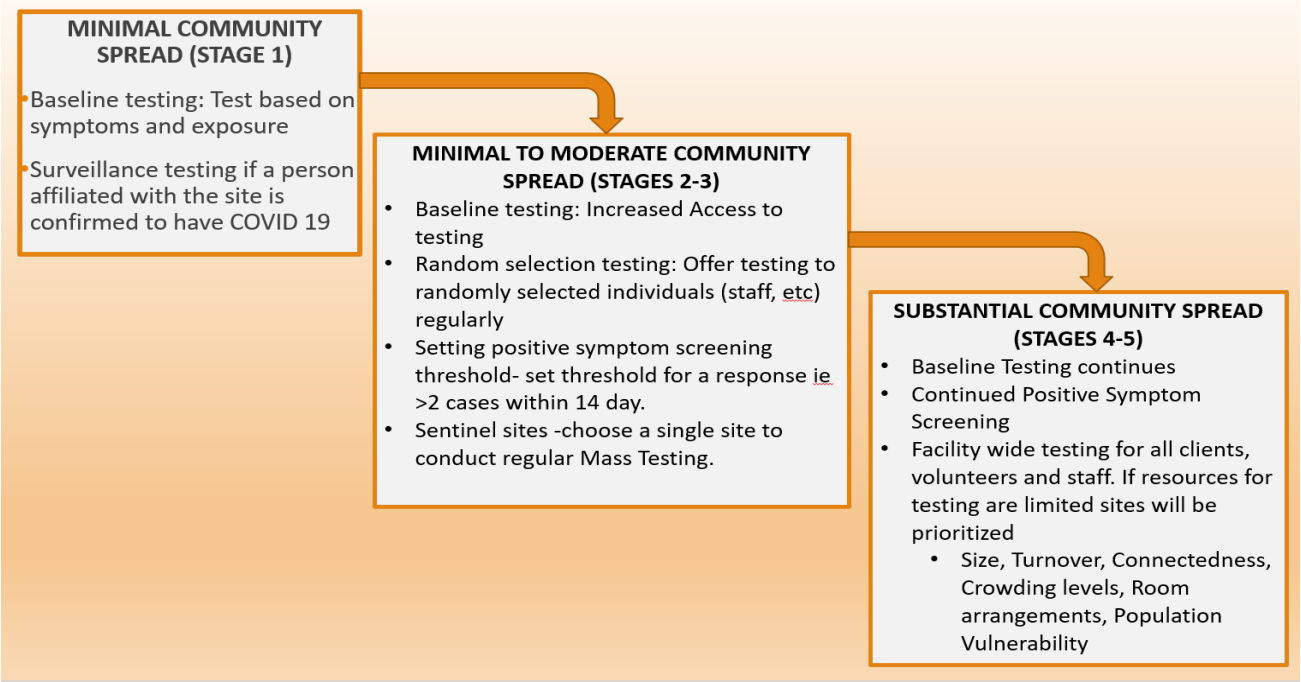
- Tests might be needed when:
    - Individuals exhibit signs or symptoms consistent with COVID-19
    - Asymptomatic individuals with recent known or suspected exposure to SARS-CoV-2 to control transmission
- Mass Testing vs. Survliance Testing
    - **Mass Testing** is periodic testing in certain areas based on spread in the community
    - **Surveillance Testing** is performed in the community where a "hot spot" or infection occurs.
- Table 1 below identifies when facility-wide testing in homeless shelters or encampments is indicated per the CDC
- Table 2 below further indidfies when facility-wide testing in homeless shelters is indiciated per stage by Healthcare for the Homeless and CDC

Table 1: Identifying when facility-wide testing in homeless shelters or encampments is indicated

	None to Minimal	Minimal to Moderate	Moderate to Substantial
Community Transmission Description	Isolated cases or limited community transmission; case investigations under way; no evidence of exposure in large communal setting	Sustained transmission that is not large-scale but with high likelihood or confirmed exposure in communal settings and with the potential for rapid increase in cases	Large-scale, uncontrolled or controlled community transmission, including in communal settings
Baseline Activities	Conduct regular case identification and investigation*	Increase access to testing at the site according to designated criteria**	Consider initial and regular facility-wide testing
When to Conduct Facility-wide Testing	A laboratory-confirmed case is identified at the site, or A laboratory-confirmed case is identified in a sentinel site***, or A cluster of probable cases at the site exceeds a pre-determined threshold, or A site is identified in location-based contact tracing		No trigger needed; follow-up testing triggered if cases are identified

*Passive surveillance.
**Active surveillance; see below for example criteria.
***Sentinel site= a site that provides a signal for whether outbreaks might be occurring at adjacent sites.

Table 2: Indentying when facility-wide testing in homeless shetlers is indiciated per stage



According to the CDC and Healthcare for the Homeless, the following is recommended:

- **Do NOT** require a negative COVID test for entry into an Emergency Shelter
- If someone is symptomatic or has known exposure, **DO** provide isolation and connect to testing
- **Do NOT** recommend a previously positive COVID individual to have a negative follow up test required (staff or clients)
- **DO** use symptoms and time to determine if the individual is still infectious
    - Asymptomatic COVID+: 14 days AFTER positive test result
    - Symptomatic COVID+: 10 days AFTER onset of symptoms, if symptoms are improving and 24 hours fever free without medication

CDC Testing Guidance

Local Medical Providers and Community Clinics

The following are local Medical Providers and Community Clinics in Austin/Travis County that regularly offer services and specialize in providing care for underserved individuals and individuals experiencing homelessness. These Service Providers are actively offering services during the COVID-19 response.

CommUnity Care Healthcare for the Homeless

CommUnity Care Healthcare for the Homeless is the leading community clinic in Austin/Travis County offering free services for individuals who have experienced homelessness. Those services include:

- Access to Health Care and Psychiatric Services
- Hepatitis C Treatment
- Access to Substance Abuse Counseling
- Medication Assisted Therapy
- Assistance with Securing Identification
- Assistance with SNAP, Social Security, MAP Card and Benefit Enrollment
- Case Management and Social Work Services

Direct Hotline: 512-978-8850

Community Care Healthcare for the Homeless Services Care Connections Flyer

Community Health Paramedics (CHP)

The overall goal of the CHP is to connect individuals to education and resources needed to prevent the Emergency Room (ER) from being a primary care provider and reduce admissions. CHP along with services such as Community Care, Integral Care, Central Health and many other organizations work collaboratively to remove barriers to health care. HP team members meet with individuals wherever they may be, at home, on the streets, at shelters and while incarcerated. CHP assess overall patient health, identifies immediate medical needs, and develops a care plans focused on addressing the needs of the whole person while linking them to appropriate care. CHP can be reached at the following numbers based on region of the city:

North: 512-435-7831 **Central & East:** 512-457-1987 **South:** 512-317-4041

For more information on CHP: CHP Article

Encouraging Proactive and Protective Measures

The first step in encouraging proactive and protective measures is to know the facts and how the virus spreads. With that, according to the CDC:

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- The best way to prevent illness is to avoid being exposed to this virus.
- The virus is thought to spread mainly from person-to-person.
    - Between people who are in close contact with one another (within about 6 feet).
    - Through respiratory droplets produced when an infected person coughs, sneezes or talks.
    - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
    - Recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms (asymptomatic).

CDC Printable Flyer: How to Protect Yourself and Others

After learning the facts and how the virus spreads the CDC recommends proactive and protective measures that include regular hand hygiene, avoiding close contact and encouraging physical distancing, covering your mouth and nose with a cloth face cover when around others, appropriately covering coughs and sneezes, and actively monitoring your health.

Regular Hand Hygiene:

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

CDC: When and How to Wash your Hands

Encouraging Physical Distancing:

- Avoid close contact with people who are sick, even inside your shelter space. If possible, maintain a distance of 6 feet from the person who is sick.
- Put distance between yourself and other people outside of your shelter space.
    - Remember that some people without symptoms may be able to spread virus.
    - Stay at least 6 feet (about 2 arms' length) from other people.
    - Do not gather in groups.
    - Stay out of crowded places and avoid mass gatherings.
    - Keeping distance from others is especially important for people who are at higher risk of getting very sick.

CDC Printable Flyer: Social Distancing

Face Coverings:

- You could spread COVID-19 to others even if you do not feel sick.
- Everyone should wear a cloth face cover when they have to go out in public or are in common area spaces.
    - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The cloth face cover is meant to protect other people in case you are infected.
- Do NOT use a facemask meant for a healthcare worker.

- Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.

CDC: Face Mask Instructions

Cover Coughs and Sneezes:

- If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Throw used tissues in the trash.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

CDC Printable Flyer: Stop the Spread

Engaging Shelter Participants in Safety Protocols and Shelter Rules

Emergency Shelters are required to provide each client a written copy outlining their rights and responsibilities so that each individual has a clear understanding of what the expectations are during their shelter stay. With that, it is best practice that all Emergency Shelters have Program Written Standards in place to maintain a restful, recuperative, and safe environment for all clients. For an example of when discharge and termination from services may occur please see the following:

Discharge may occur when the client:

- Achieves their goals and is ready to discontinue service
- No longer wants to stay at the Shelter and receive services
- Is referred to an alternative program or facility due to having needs that exceed the resources and expertise of the shelter.

Termination may occur when the client:

• Refuses to adhere to the policies and procedures of the shelter

Please see the Austin/Travis County CoC Termination for further Guidance:

ECHO Termination Policy

Engaging Participants in Infectious Disease Guidance

Emergency Shelter Staff are responsible for providing the resources and space needed to protect clients receiving emergency shelter services. This is particularly important for those who may need additional facility precautions due to being at-risk of health complications from COVID-19 and other infectious diseases.

- Staff are to be diligent in screening and observing clients for symptoms of COVID-19 or infectious diseases (see *Screening Clients for Symptoms or High-Risk section for further* information)
- Shelter staff are to be diligent in informing shelter guests of and ensuring residents follow the mandated guidance written by the CoC pending adoption by the City from the Emergency Shelter and Outreach Implementation Team. Within the *Emergency Shelter Guidance for Prevention and Management of COVID-19* guidance, clients and residents are expected to specifically:
    - Submit to COVID -19 and Infectious Disease Screeners at Emergency Shelter Entrance and continued screeners daily while residing in Shelter
    - Move to an onsite Quarantine or Isolation shelter space if identified during screener as symptomatic or potentially positive for COVID-19 or an infectious disease
    - Practice proactive and protective measures to prevent the spread of COVID-19 or infectious disease such as regular hand hygiene, maintaining physical distancing of 6 feet apart, and wearing face coverings as directed.

- Unless directed by the City of Austin, Austin Public Health, or ECHO, Emergency Shelters cannot mandate a testing requirement for access to Emergency Shelter services as that increases the barrier to emergent services for individuals experiencing homelessness. If an individual has a potentially positive screen or is symptomatic, but refuses testing, the person should be offered an onsite quarantine or isolation shelter space until the client screens negative or symptoms resolve. If the client refuses to move to an onsite quarantine or isolation shelter space utilize the following best practices.

If clients or residents decline to follow infectious disease guidance it is best practice to provide the client with:

- A Harm Reduction approach to following safety guidelines recommended by the CDC
- Strengths-based Person-centered coaching and education surrounding COVID-19 as well as infectious diseases and the importance of following the *Emergency Shelter Guidance for Prevention and Management of COVID-19*
- A Trauma Informed Care approach where providers and staff are aware of trauma triggers, processing fears, and increasing individuals' sense of safety

If clients or residents continue to decline to follow infectious disease guidance it is best practice to provide the client with:

- Verbal and/or written warnings of potential consequences of continued noncompliance of Emergency Shelter Policies and Procedures in place

Noncompliance with Emergency Shelter Expectations and Rules

It is important to note, that clients and residents have the right to refuse to follow Emergency Shelter policies and procedures as well as the *Emergency Shelter Guidance for Prevention and Management of COVID-19*. However, **Emergency Shelters are within their right to terminate services to clients who refuse to adhere to shelter policies and procedures if written in termination policies and residents rights and responsibilities.** Clients should be aware of the termination policy and provided a paper copy of the shelter's termination policy and grievance policy. Each Austin/Travis County Emergency Shelter must ensure that when service is

terminated, either voluntarily or involuntarily, employees follow a professional and respectful process.

Cleaning

According to the CDC, the following are instructions and best practices on how to clean:

- Wear disposable gloves to clean and disinfect.
- Clean surfaces using soap and water, then use disinfectant.
- Cleaning with soap and water reduces number of germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces.
- Practice routine cleaning of frequently touched surfaces.
    - More frequent cleaning and disinfection may be required based on level of use.
    - Surfaces and objects in public places, such as shopping carts and point of sale keypads should be cleaned and disinfected before each use.
- High touch surfaces include:
    - Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

According to the CDC, the following are instructions and best practices on how to disinfect:

- Recommend use of EPA-registered household disinfect.
    - Follow the instructions on the label to ensure safe and effective use of the product. Many products recommend:
        - Keeping surface wet for a period of time (see product label).
        - Precautions such as wearing gloves and making sure you have good ventilation during use of the product.
- Diluted household bleach solutions may also be used if appropriate for the surface.
    - Check the label to see if your bleach is intended for disinfection, and ensure the product is not past its expiration date. Some bleaches, such as those designed

for safe use on colored clothing or for whitening may not be suitable for disinfection.

  - Unexpired household bleach will be effective against coronaviruses when properly diluted.
  - Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser. Leave solution on the surface for at least 1 minute.
- Bleach solutions will be effective for disinfection up to 24 hours.
- Alcohol solutions with at least 70% alcohol may also be used.

CDC Disinfection Decision Tool

CDC Guidance for Cleaning and Disinfecting

According to the CDC, the following are instructions and best practices on how to clean and disinfect your facility if someone is sick:

- Close off areas used by the person who is sick.
  - Organizations do not necessarily need to close operations, if they can close off affected areas.
- Open outside doors and windows to increase air circulation in the area.
- Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- Vacuum the space if needed. Use vacuum equipped with high-efficiency particular air (HEPA) filter, if available.

    - Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
    - Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.
- Once area has been appropriately disinfected, it can be opened for use.
    - Workers without close contact with the person who is sick can return to work immediately after disinfection.
- If more than 7 days since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
    - Continue routine cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

According to the CDC, the following are instructions and best practices to use when cleaning:

- Regular cleaning staff can clean and disinfect community spaces.
    - Ensure they are trained on appropriate use of cleaning and disinfection chemicals.
- Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
    - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
    - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- Wash your hands often with soap and water for 20 seconds.
    - Always wash immediately after removing gloves and after contact with a person who is sick.

- Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

For further information on cleaning and a detailed explanation on how to clean soft surfaces, electronics, launder, and clean outdoor areas please visit the following CDC section at:

CDC: Cleaning and Disinfecting a Facility

Mental Wellness: Coping with Stress within the Emergency Shelter Setting

In general, outbreaks can be extremely stressful and it's important to remember that individuals all react differently to stress.

Stress during an infectious disease outbreak can include:

- Fear and worry about your own health and the health of your loved ones.
- Changes in sleep or eating patterns.
- Difficulty sleeping or concentrating.
- Worsening of chronic health problems.
- Worsening of mental health conditions.
- Increased substance use.

NHCHC: Harm Reduction for People Using Substances During COVID-19

For people coming out of quarantine emotional reactions to coming out of quarantine may include:

- Mixed emotions, including relief after quarantine.
- Fear and worry about your own health and the health of your loved ones.

- Stress from the experience of monitoring yourself or being monitored by others for signs and symptoms of COVID-19.
- Sadness, anger, or frustration because friends or loved ones have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious.
- Guilt about not being able to perform normal work or parenting duties during quarantine.
- Other emotional or mental health changes.

NAMI: COVID-19 Resource and Information Guide

With that, it's imperative Emergency Shelters encourage a variety coping strategies that increase client quality of life.

The CDC recommends individuals:

- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of your body.
    - Take deep breaths, stretch, or meditate
    - Try to eat well-balanced meals
    - Exercise regularly
        - This can be as simple as taking a walk each day
    - Get plenty of sleep
    - Avoid Substance Use
- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.

CDC: Coping with Stress

Leisure Resources

In keeping with the recommendations from the CDC, the Ending Community Homelessness Coalition has provided the following resources to assist with lowering client stress and improving client quality of life during the COVID-19 response. ECHO encourages providers to utilize recreation and leisure as an intervention that will ultimately aid in reducing clients stress, increasing client's self expression, and increasing client's ability to practice and utilize healthy coping skills. It is best practice to utilize the services of an NCTRC Certified Recreation Therapist (CTRS), when available, as these individuals specialize in the use of leisure and recreation interventions. The Austin/Travis County local CoC recognizes the significant impact the use of a CTRS has in meeting client treatment goals, housing success, and improving quality of life. However, ECHO has provided the following resource examples for Emergency Shelter service providers to be able to immediately engage clients in independent leisure during the COVID-19 response. See resource examples and additional items needed listed below. For further information or technical assistance on providing recreation and leisure within the Emergency Shelter setting and Homeless Services please feel free to email Christa Signor, MSRLS CTRS at christasignor@austinecho.org .

Independent Leisure Resource	Free Printable Resource Sites	Additional Items Needed
Cross Word Puzzles	Cross Word Puzzle Pages	Writing utensil for each client in residence
Journaling	Journaling Prompts and Ideas	Journals and writing utensil for each client in residence
Mandala	Mandala Pages	Crayola, markers, or map pencils for each client in residence
Sudoku	Sudoku Pages	Writing utensil for each client in residence
Word Search	Word Search Pages	Writing utensil for each client in residence

Local Mental Wellness Providers

The following are local Mental Wellness Service Providers in Austin/Travis County that regularly offer services and specialize in providing care for underserved individuals and individuals experiencing homelessness.

Integral Care

Integral Care is the local Mental Health and Intellectual and Developmental Disability Authority and provide a variety services for Austin/Travis County that include:

- 24-hour Helpline for any individual who needs immediate support
- Ongoing Counseling for Mental Wellness
- Substance Use Treatment to assist with Recovery
- Housing to regain health and independence.

Integral Care Website Integral Care Flyer

SAFE

The SAFE Alliance is a merger of Austin Children's Shelter and SafePlace, both long-standing and respected human service agencies in Austin serving the survivors of child abuse, sexual assault and exploitation, and domestic violence. Services include:

- 24-hour SAFEline for any individual who needs immediate support
- Shelter/Housing
- Face-to-Face & Digital Support
- Prevention and Education
- Advocacy

SAFE Website SAFEline English SAFEline Spanish