



*Homeless and At-Risk Populations*



The purpose of this document is to provide guidance to homeless providers in wake of the increase in infectious diseases such as hepatitis A, influenza, and tuberculosis, contagious parasites including lice, scabies and crab louse. The Continuum of Care (Homeless and Housing Alliance) encourages each provider to educate their staff on the current or potential outbreaks within our community.

This document is a guide to providers and shall in no way replace bulletins, alerts or warnings issued by local, state or federal health agencies

### **Encampments and Unsheltered Homeless:**

Homeless persons and families who are unsheltered and/or living in encampments are more likely to be exposed to infectious diseases. Outreach workers should be prepared to encounter individuals who present with symptoms. Outreach workers should not perform tasks performed by nurses or medically trained outreach workers.

Outreach workers should be up to date on all their own vaccines including but not limited to:

- Flu Vaccine
- MMR/Measles
- Hepatitis

Outreach Workers should be equipped with the following materials for the field:

- Cellular Phone
- Several pairs of disposable gloves
- Several surgical masks
- Goggles
- Alcohol soaked hand wipes
- Hand Sanitizer
- Basic first aid kit
- Resealable plastic bags for contaminated items
- Water resistant or water proof bag to carry supplies in

Outreach workers should also carry the following for distribution in the field:

- Hand Sanitizer (bottles)
- Hand Wipes
- Socks and Gloves
- Feminine hygiene products
- Condoms
- Clean Blankets

Outreach Workers should also distribute documents that are essential to topic:

- Local, State or Federal flyers on basic information on symptoms and were to seek medical care

- List of local health, mental health and substance use resources
- Hygiene Resources

Outreach Workers who observe persons who appear ill are asked to complete the following forms. The information in the form is based on self-report, outreach worker observation, or third-party verification (park rangers, police officers, etc.). It is understood that outreach workers cannot diagnosis medical conditions.

911 should be contacted if an Outreach Worker observes a person in distress or severely ill.

### **Assessing Weak Spots in Palm Beach County**

Assessing weak spots in Palm Beach County relies on outreach teams to identify which areas/encampments do not have running water or accessible public toilets. Once identified these areas should be prioritized for infectious disease screening, periodic health care visits and enhanced street outreach. The same holds true for shelters that run solely by volunteers as these shelters may need additional volunteers if an outbreak occurs.

Information regarding weak spots should be sent to the CoC's lead entity as soon as possible, so a GPS location map can be completed, tracked and reported, if necessary for public health concerns.

### **HOUSING FOR THE HOMELESS**

Prevention of an outbreak requires that **emergency shelters, transitional housing facilities, supportive housing and permanent supportive housing facilities** to educate, be vigilant with cleanliness and known facts about the illness, causes and prevention techniques.

It is important to know that anyone can transmit a virus or infectious disease. It is essential that all persons do the following during an outbreak:

- 1) Avoid close contact with people who appear sick
- 2) Wash your hands regularly and frequently for at least 20 seconds each time
- 3) Cough into your elbow not into your hands
- 4) Avoid touching your eyes, nose or mouth with unwashed hands
- 5) Limit physical contact such as shaking hands
- 6) Limit contact with high touch surface areas such as handrails, doorknobs, etc.

Educate your residents, staff, volunteers and clients by posting materials or speaking to them individually. If you serve high-risk residents, each resident should be engaged individually and educated on what will keep them safe and/or what they should do if experiencing symptoms.

The following protocols should be followed as recommended by the CDC (Center for Disease Control):

## **Surfaces in facilities and workplaces:**

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
  - Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
- Prepare a bleach solution by mixing:
  - 5 tablespoons (1/3<sup>rd</sup> cup) bleach per gallon of water or
  - 4 teaspoons bleach per quart of water
  - [Products with EPA-approved emerging viral pathogens claimspdf iconexternal icon](#) are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
  - For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
    - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
    - Otherwise, use products with the EPA-approved emerging viral pathogens claims (examples at [this linkpdf iconexternal icon](#)) that are suitable for porous surfaces

## **Linens, Clothing, and Other Items That Go in the Laundry**

- Do not shake dirty laundry; this minimize the possibility of dispersing virus through the air.
- Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

## **Personal Protective Equipment (PPE) and Hand Hygiene:**

- **Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
  - Gloves and gowns should be compatible with the disinfectant products being used.

- Additional 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. Be sure to **clean hands** after removing gloves.
- Gloves should be removed after cleaning a room or area occupied by ill persons. [Clean hands](#) immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.
- **Cleaning staff and others should clean hands often**, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.
  - Additional key times to clean hands include:
    - After blowing one's nose, coughing, or sneezing
    - After using the restroom
    - Before eating or preparing food
    - After contact with animals or pets
    - Before and after providing routine care for another person who needs assistance (e.g., a child)
    -
- The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for [health workers](#).

### **Continuity of Safe Housing:**

#### **Persons not exposed (prevention)**

- If persons HAVE NOT been exposed to infectious diseases within a facility or housing program, then routine cleaning of frequently touched surfaces such as tables, doorknobs, light switches, desks, toilets, faucets, sinks and handles with household disinfectants is required. Persons should wear gloves and have proper ventilation during the cleaning process.
- All residents should be educated on the precautions to protect themselves from infection or exposure.
- The CDC offers multiple flyers and posters that have been printed in multiple languages from their website. (<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>)

#### **Persons who have been Diagnosed or Exposed to Infectious Disease**

- Persons who have been diagnosed or exposed to an infectious disease should stay in a specific room and away from other people. The use of a separate bathroom is recommended if possible.
- Individuals may need to be moved to temporary housing locations or remain in their homes for a period of 14 days. These individuals will need to self-isolate and monitor for worsening symptoms.
- Disposable meal service may be provided to quarantined clients as needed.
- Ensure any staff remaining to support clients receive necessary training to protect themselves and residents from spread of infection.

### **Ensure continuity of meal programs.**

- If there is community spread, design strategies to avoid food distribution in settings where people might gather in a group or crowd. Consider options such as “grab-and-go” bagged lunches or meal delivery.
- Consider if and how existing dining services should be scaled back or adapted. Consider closing some of or all its cafeterias/cafes to discourage clients and staff from gathering in group settings.
  - Ensure any staff remaining on campus to support food services receive necessary training to protect themselves.

### **Suggested Office Procedures to Minimize Exposures:**

#### **Before Arrival**

- When scheduling appointments for clients, instruct clients to call ahead to ensure they do not have a fever, cough or systems of an infectious disease. If systems are present, the appointment will be rescheduled.
- Please notify clients that if they arrive for appointment and are exhibiting signs of illness, they will be turned away and appointment rescheduled.
- Services for clients that can be done virtually should be done virtually to reduce the risk of exposure.
- Identify a location in the facility where clients with symptoms can be contained until contact with Health Department can be made.
- Can group activities such as group therapy, recreational activities, etc.

#### **Upon Arrival and During the Visit or Home Visits**

- Consider limiting points of entry to the facility.
- Take steps to ensure all persons with symptoms adhere to hygiene and cough etiquette and hygiene.

- Post signs, posters at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide clients with instructions (in appropriate languages) about hand hygiene, hygiene, and cough etiquette. Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.
- Provide supplies for hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 60-95% alcohol, tissues, and no-touch receptacles for disposal, at facility entrances, waiting rooms, and check-ins.

Home Visits should be limited during an infectious disease outbreak.

Each caseworker should contact their clients prior to visit occurring to ensure that there is no fever, cough or systems of an infectious disease present in the home.

If the home is experiencing symptoms, please reschedule the visit and begin to educate the client about cleaning methods and hygiene etiquette.

Case Management can be conducted over the phone and if deemed appropriate, all in home case management should limit home visits during a potential infectious disease outbreak or threat.

Clients should be asymptomatic for a period of 14 days before a home visit is conducted.

If a client begins to present with symptoms of infection during office visit, ensure rapid triage and isolation of the clients.

- Personnel should have a supply of facemasks and tissues for clients with symptoms of infection. Source control (putting a facemask over the mouth and nose of a symptomatic client) can help to prevent transmission to others.
- Isolate the patient in a private room with the door closed. If a room is not readily available, ensure the client is not permitted to wait among other clients or staff.
- **Contact the Health Department immediately at 1-866-779-6121**

**Client should be asymptomatic for a period of 14 day before another appointment is scheduled.**

#### **Contact Numbers:**

Health Department 1-866-779-6121                      Center for Disease Control – 1-800-232-4636

PBC Division of Human and Veteran Services – 561-355-4775

Health Care District – 561-659-1270

Information has been taken from a variety of sources including but not limited to:

- Center for Disease Control
- Florida Department of Health
- United States Interagency Council on Homelessness
- CSH
- United States Department of Health and Human Services
- United States Department of Housing and Urban Development