Santa Cruz County

Congregate Shelter COVID-19 Policies and Recommendations

Updated Jan. 2022

Questions and Comments about this guidance document can be sent to HousingforHealth@SantaCruzCounty.us

Table of Contents

Introduction

Homeless shelters, warming/cooling shelters, emergency evacuation shelters, and other shelters where individuals have close contact with one another indoors (congregate shelters) are especially vulnerable to outbreaks of COVID-19. Congregate shelters should implement recommended COVID-19 outbreak prevention measures, such as physical distancing, masking, and good ventilation to the extent possible, and vaccinate willing guests and staff to reduce the risk of transmission.

This guide was created in partnership between Santa Cruz County's Department of Human Services, Housing for Health Division, and the Health Services Agency, Public Health Division. It is for emergency congregate shelters serving people experiencing homelessness in Santa Cruz County during the COVID-19 pandemic. The County recognizes that each shelter is different in terms of physical plant, staffing structure, funding and programming prior to COVID-19 and that implementing changes in response to COVID-19 may present challenges. Individuals housed in shelters share living spaces and sanitary facilities and may be exposed to crowded conditions. Emergency managers, shelter coordinators/managers, and public health professionals should understand the risk of introduction and subsequent transmission of COVID-19 and other infectious diseases in these settings.

This guidance is intended to provide both County requirements and practice recommendations for safe sheltering, as well as information about how to implement changes. It may be modified or added to as the local response develops and/or more is known about the disease. The CDC's Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)[1], as well as the California Department of Public Health (CDPH)'s Infection Control Guidance for Clients in Congregate Shelters, Including Shelters for People Experiencing Homelessness[2] should also be used for reference, as they will be kept current on best practices for sheltering during the Pandemic. Recommendations from both these sources have been incorporated into this document.

For questions regarding this guidance, or suggestions for additions/modifications for upcoming versions, please email HousingforHealth@santacruzcounty.us.

I. Vaccination, Shelter Layout, Distancing Practices and Other Infection Prevention Measures

A. Vaccination Information

Vaccination is the leading prevention measure to keep clients, staff, and volunteers healthy and help your organization maintain normal operations. COVID-19 vaccines are safe and effective, widely available, and provided at no cost to people living in the United States. Learn more about the benefits of getting a COVID-19 vaccine. See Interim Guidance for Health Departments: COVID-19 Vaccination Implementation for People Experiencing Homelessness[3] for more information.

Because vaccinations are the most effective, lifesaving measures available to protect shelter guests and staff from serious COVID-19 complications, please encourage all staff, volunteers and clients of congregate shelters to vaccinate and/or get their booster shots.

It may be possible to coordinate a vaccination clinic at the shelter site. To request this potential service, shelter managers should contact the Health Services Agency at HSAC19VaccineClinics@santacruzcounty.us.

Consistent with the State Public Health Officer Order, shelter operators must assess and keep record of the COVID-19 vaccination status of all staff/volunteers. It is permissible to ask staff and volunteers to provide information about their vaccination status. The Order also requires that unvaccinated staff and volunteers in high-risk congregate settings undergo diagnostic screening testing at least weekly.

When feasible, shelter operators should assess and keep record of the COVID-19 vaccination status of all clients and

[1] Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) | CDC

[2] Infection Control Guidance for Clients in Congregate Shelters, Including Shelters for People Experiencing Homelessness (ca.gov)

[3] https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/vaccination-guidance.html

assist them with initiating or completing COVID-19 vaccination and boosters, if recommended. Shelters should not decline entry to clients based on vaccination status.

Shelter operators may enroll in the California Immunization Registry (CAIR) to confirm client COVID-19 vaccination status. To apply for access, go to: CAIR Enrollment Website.

Per the CDPH Guidance for Vaccine Records Guidelines & Standards, the following information can be used as proof of vaccination:

- vaccination card (which includes name of person vaccinated, type of vaccine provided, and date last dose administered); OR
- a photo of a vaccination card as a separate document; OR
- a photo of the attendee's vaccine card stored on a phone or electronic device, OR
- documentation of vaccination from a healthcare provider; OR
- digital record that includes a QR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates and vaccine type (the QR code must also confirm the vaccine record as an official record of the state of California); OR documentation in CAIR.

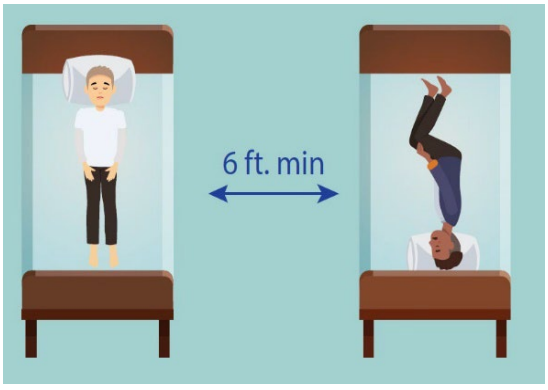
Children less than age 5 are not currently eligible for COVID-19 vaccination.

Children who are not fully vaccinated should be treated as any other unvaccinated client except that they may be sheltered with other household members during their isolation or quarantine periods (see Prioritization of Non-Congregate Housing for Clients).

Visit the Health Services Agency's website[3] for local vaccination site information.

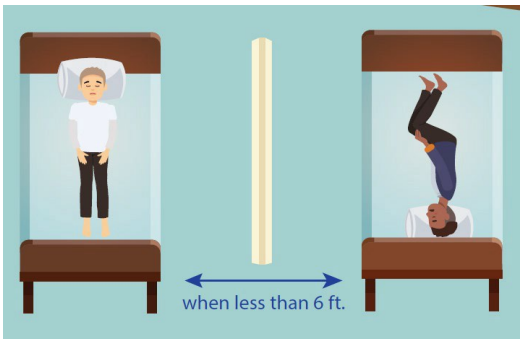
B. Physical Distancing and Layout of Areas

The shelter facility should be large enough to provide space for distancing among residents. Physical distancing is one of the most important preventive actions that can be taken to reduce spread of the virus. It is not always apparent when a person is infected with COVID-19, and through breathing, talking, coughing, and sneezing, the virus can be aerosolized in small respiratory droplets and spread through the air. For the safety of shelter residents and staff, plan the layout of the shelter to optimize safe spacing, particularly for areas where people would normally tend to congregate: sleeping, dining, service and social areas. Portable air filters should be placed in crowded areas with poor ventilation to further enhance shelter safety



Sleeping areas: For safety, shelters should prioritize the use of tents over open sleeping arrangements. If tents are unavailable, shelters should attempt to lay out sleeping areas (for those who are not experiencing COVID-related symptoms) with cots/mats *more than six feet* apart, facing head-to-toe. Maintain a space of at least six feet between guests, both on the long sides of the cots and end to end. If possible, place temporary barriers between cots, such as room dividers or curtains. Guests with mild respiratory symptoms should be provided individual rooms whenever possible—see Isolation/Quarantine (I/Q) section in Part II. If no rooms are available, set up a separate I/Q area, with the layout suggested above.

[3] http://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome/Vaccine.aspx



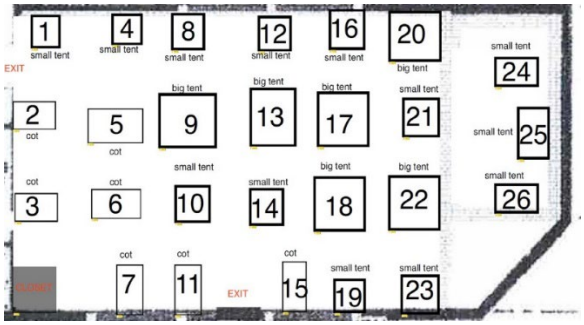
If it is not possible to achieve six feet between tents or beds, then shelters must provide the maximum distance possible. Ensure guests on cots/mats sleep head to toe, allowing for more than six feet of space between heads. Experts are divided about the protection provided by partitions against the spread of viral respiratory droplets between guests. Shelters can continue to use partitions to provide privacy, however proper ventilation protocols must be followed to ensure sufficient air flow – see Ventilation and Air Filtration, section F in Part I.

Assigned locations: When possible, place families in shared tents or individual rooms/sleeping areas in the facility.

Shelter facility must be large enough to provide space for safe distancing among residents.

Assigned tents or sleeping spaces should be copied onto a schematic drawing of the sleeping area layout and kept updated with the name of the person occupying each assigned spot or with a numbering system that corresponds to a log of names.

Maintaining historic bed assignment records is critical because in the event someone from within the shelter is infected, the County will be better able to identify who is most likely to have been exposed.



Assigned locations are mapped, numbered, and marked off with tape. <u>Staff maintains records about occupants and keeps records current</u>.

Social and service spaces: When possible, set up social spaces outdoors, or in large, well-ventilated areas. Whether indoors or out, the design of social and service spaces should encourage physical distancing of at least six feet. If a shelter has a common area or television lounge, staff should move chairs apart and help residents maintain safe physical distancing. Consider marking off spacing of chairs with painter's tape on the floor.

Note: Shelter staff and residents must wear a face covering at all times when in communal areas except when not practical, such as when eating or showering—for more details, please see section *D. Required Use of Face Coverings.* In addition to modeling desired behavior, Staff may need to frequently verbally reinforce this masking requirement.

Food services and dining areas: Hand sanitizer should be available for use by guests and staff alike in food service and dining areas. Guests and staff should maintain distancing (over six feet) in food service and consumption areas. If food is being prepared and served in the shelter, staff/volunteers should serve guests (guests should not serve themselves) and lines should be marked off to meet physical distancing requirements. If dining areas cannot accommodate all guests with distancing, food should be served in shifts and the area should be cleaned between. Guests should use a new tray if they would like seconds. Shelters serving individual delivered meals should hand these out in ways that comply with physical distancing and minimize handling (servers should perform hand hygiene, wear gloves and must be masked). Consider staff bringing the meals to guests seated at their tables.

Because dining requires the removal of masks, it is important to have tables and chairs well-spaced apart. Outdoor dining is safer than indoor, so if possible set tables up outside under awnings, protected from the elements. Shelters are urged to expand use of outdoor spaces for socializing and eating to help meet physical distancing requirements.

If, to maximize physical distancing, shelters need additional or different furnishings, such as tents, folding chairs or small tables, please submit a request for resources through the supply request process:

Please submit all resource requests to EMS/MHOAC Logistics (see Important Phone Numbers and Websites—Appendix Attachment F).

C. Posted Signs

Please post the following informational signage in hallways and common areas throughout the facility:

- Common symptoms of COVID-19
- The importance of wearing face coverings
- Physical distancing
- Proper handwashing
- Respiratory etiquette
- Reporting symptoms to shelter staff
- Coping with stress

Signage should be prominently displayed in places where staff and guests frequent, including entrance areas, sleeping and day use areas, dining areas and bathrooms. Ensure signage is understandable for non-English speaking persons and those with low literacy, and that necessary accommodations are made for those with cognitive or intellectual disabilities and for those who are deaf, blind, or with low vision.

Signs from the CDC in both Spanish and English are available at the Santa Cruz County Health Services Agency COVID-19 website's Signs Media Library[5].

D. Required Use of Face Coverings

In the shelter: To protect oneself and others and prevent the transmission of COVID-19, all staff and guests, regardless of vaccination status, are required to wear face coverings while in the shelter, with certain exceptions noted below. Staff and volunteers at homeless shelters are at increased risk of exposure to airborne transmissible disease, and should be provided well-fitting surgical masks, in addition to fit-tested N95 respirators for use when within 6 feet of shelter guests. In instances when N95s are not available, KN95s, KN94s, or surgical masks may be used (document attempts to obtain N95s or fit testing).

For Shelter guests, 'Face Covering' means a covering made of paper or cloth fabric, without holes, that fully covers the nose and mouth and surrounding areas of the lower face. Previously permissible examples of face coverings, such as scarves, bandanas or neck gaiters are no longer considered protective against COVID-19 and consequently should not be worn in lieu of masks in congregate shelter settings. Masks that incorporate a one-way valve (typically a raised plastic cylinder about the size of a quarter on the front or side of the mask) designed to facilitate easy exhaling *do not* comply with the County's Order and requirements. Valves of that type permit droplet release from the mask, putting others nearby at risk. A covering that hides or obscures the wearer's eyes or forehead is also not a face covering.[6] Face coverings must stay in place to cover the nose and mouth. Staff should offer paper medical masks to those who have face coverings that continually slip or fail to properly cover their face.

Not all masks provide the same level of protection. Because congregate facilities present higher risks of exposure, shelter staff should increase their protection by utilizing the most effective mask possible. See mask rankings below:

[5] http://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome/PublicInformation/SignsMediaLibrary.aspx

[6] https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings-07-28-2021.aspx

Choosing your Mask

Know which Masks Provide the Best Protection Against COVID-19:

Most Effective	More Effective	Effective	Least Effective
• N95 (also best for wildfire smoke)	• KF94 • KN95 • Double Mask • Fitted Surgical Mask	• Surgical Mask	• Fabric mask with three or more cloth layers

No matter what kind of mask you wear, check the fit and eliminate gaps above the nose or on the sides. Gaps will significantly reduce the effectiveness of any mask.

Get the Most out of Masking' [7] CDPH)

Unvaccinated shelter staff have additional masking requirements – See the *State Public Health Officer Order for Health Care Workers in High-Risk Settings* for more information.

N95 Respirators: During COVID-19 outbreaks, or around guests who are confirmed (or even highly suspected) of having COVID-19, staff should be protected from airborne spread of the virus. As stated above, staff should be fit-tested and provided with N95 respirators that fit comfortably. They should be instructed to safely use these respirators [8], and should also be instructed about the difference in protection between paper masks and N95s. Staff should be expected to model expected behavior.

Reuse of Respirators: Staff should have access to one new respirator each shift when supplies are available. If a respirator is removed during break periods (out of shelter) it can be placed in a marked paper bag for safe keeping.

Face coverings should be comfortable, so that the wearer can breathe comfortably through the nose and does not have to adjust it frequently, to avoid touching the face.

When the shelter has guests sleeping in cots in an open floorplan, staff should recommend the wearing of loose masks during sleep, for the safety of all involved.

Regardless of vaccination status, guests or staff who refuse to wear face masks should not be permitted inside (with the exception of guests who cannot safely wear masks—see Exceptions to the Face Covering Requirement below).

Additional mask guidance can be found at the CDPH webpage 'Get the Most out of Masking'[7]

Exceptions to the Face Covering requirement: Any child under two years old should not wear a face covering. For those over two years old, exceptions to the requirement to wear masks while in the shelter include: when a guest is in private space, such as a room or tent, alone or with household members; or when eating, bathing or sleeping. A face covering is also *not required* if the person can show either: (1) a medical professional has advised that wearing a face covering may

[7] https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Get-the-Most-out-of-Masking.aspx
[8] https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/fs-respirator-on-off.pdf

pose a risk to the person for health-related reasons; or (2) wearing a face covering would create a risk to the person related to their work as determined by local, state, or federal regulators or workplace safety guidelines. A face covering should also not be used by anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance.

If a guest has difficulty complying with the requirement to wear a face covering the shelter should ensure as much as possible that the guest does not interact with those outside their household. If a guest repeatedly refuses to wear a face covering without a medical reason for refusal, and they cannot be safely accommodated, the shelter should initiate the process to exit the guest and should inform the **Public Health Communicable Disease Unit (CD) at 831-454-4114**. **Call 911 or the nearest emergency room** if symptoms are concerning (difficulty breathing or speaking, change in level of consciousness or high fever.

Staff or volunteers who have health conditions that would exempt them from the masking requirement should not be deployed to work at the shelter sites, for the safety of all involved.

Individuals are exempt from wearing face coverings in the following specific settings:

- Persons in a car alone or solely with members of their own household.
- Persons who are working in an office or in a room alone.
- Persons who are actively eating or drinking provided that they are able to maintain a distance of at least six feet away from persons who are not members of the same household or residence.
- Persons who are outdoors and maintaining at least 6 feet of social distancing from others not in their household. Such persons must have a face covering with them at all times and must put it on if they are within 6 feet of others who are not in their household.
- Persons who are obtaining a service involving the nose or face for which temporary removal of the face covering is necessary to perform the service.
- Workers who are required to wear respiratory protection.
- Persons who are specifically exempted from wearing face coverings by other CDPH guidance.

More information about face coverings can be found at:

- Order to Wear Face Coverings Indoors English[9] Spanish[10]
- Face Covering FAQs English[11] Spanish[12]
- Sample Signage Example 1 (bilingual)[13]

Supply and care of face coverings: The shelter should provide face covering to any guest or staff/volunteer member who does not have one (or to replace insufficient face coverings), with distribution tracked to ensure adequate supplies. Staff are to be provided a new N95 respirator (or best substitute) at the beginning of each shift (and also provided a replacement if their respirator becomes visibly contaminated). Ensure that everyone has a clean mask available to them.

If removed, respirators may be used up to 5 times per shift before needing to be replaced. They can be stored in labeled paper bags.

[9] https://www.co.santa-cruz.ca.us/Portals/7/pdfs/Coronavirus/MaskingOrder111921.pdf

[10] https://www.santacruzhealth.org/Portals/7/Pdfs/Coronavirus/PHO%20Order%20Requiring%20Face%20Coverings%20Indoors%2011-18-2021_Spanish.pdf

[11] https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Face-Coverings-QA.aspx

[12] https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Translations/Face_Coverings_FAQ--es.pdf

[13] https://www.santacruzhealth.org/portals/7/Pdfs/Coronavirus/sign%20library/SCC%20Face%20Coverings%20Sign_ENG_SPAN.pdf

If guests prefer cloth face coverings, they should double mask or add a filter, and should be clean the mask frequently—ideally after each use and have a dedicated laundry bag or bin. Always wash hands or use hand sanitizer, before and after touching your face or face coverings. As stated above, the shelter should also post signs regarding the proper use of face coverings.

If the shelter needs support providing face coverings to staff or guests, or would like advice on N95 fit testing, please submit a request for resources through the supply request process:

Please submit all resource requests to EMS/MHOAC Logistics (see Important Phone Numbers and Websites—Appendix Attachment F).

E. Cleaning and Disinfecting

Once a day cleaning of the shelter, particularly in areas of high traffic and frequent touch surfaces (tables, chairs, doorknobs, light switches, countertops, etc.) is recommended. Shelters should establish a cleaning schedule and log regular and extraordinary cleaning. CDC guidance on how to clean, including how to clean and disinfect different types of surfaces, is provided in **Attachment C**.

F. Ventilation and Air Filtration

The virus that causes COVID-19 is transmitted through the air and concentrates indoors. The CDPH Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments[14] is a good guidance document to follow.

Optimal ventilation: Good ventilation is essential for safety of residents and staff. Ensuring adequate ventilation can help reduce risk of COVID-19 transmission by:

- removing air containing droplets and particles from the room
- diluting the concentration of droplets and particles by adding fresh, uncontaminated air

Ideally, congregate shelters should be buildings with high ventilation capacity and have tall ceilings. Shelters should be equipped with air exchange systems and adopt 'clean-to-dirty' directional airflows.

Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.

Ensure exhaust fans in kitchens and restroom facilities are functional and operating at full capacity when the building is occupied. Consider running exhaust fans for several hours before and after occupied times when possible.

Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.

Consider using natural ventilation (i.e., opening windows if possible and safe to do so) to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow. If temperatures outside make it difficult to leave multiple windows open, consider safely securing window fans or box fans (sealing the perimeter around the box fan) to blow air out of selected windows. The resulting make-up air will come into the building via multiple leak points and blend with indoor air as opposed to a single unconditioned incoming air stream. Fans can be set up by windows to push room air out and pull in fresh air, but care should be taken to ensure that fans not blow across individuals into the room.

Improve air filtration: Filtering or cleaning room air will remove viral droplets and particles from room air. Increase air filtration to as high as possible without significantly diminishing design airflow. Inspect filter housing and racks to ensure

[14] https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx

appropriate filter fit and check for ways to minimize filter bypass.

Consider running the HVAC system at maximum outside airflow for 2 hours before and after occupied times. Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning. Generate clean-to-less-clean air movement by evaluating and repositioning exhaust fans. Increase total airflow supply to occupied spaces, if possible. Portable HEPA filtration systems are highly recommended for areas considered poorly ventilated, crowded or confined. HEPA systems not only capture and remove potentially infectious particles in the air, but their clean air discharge is just as beneficial as fresh outdoor air when it comes to diluting contaminants.

Consider using ultraviolet germicidal irradiation (UVGI) as a supplemental technique to inactivate potential airborne virus in the upper-room air of common occupied spaces. Seek consultation with a reputable UVGI manufacturer or an experienced UVGI system designer prior to installing and operating UVGI systems.

G. Personal Hygiene

In addition to masking and distancing, handwashing and hygiene can help prevent the spread of COVID-19 (as well as other illnesses such as influenza and norovirus. Ensure all sinks/bathrooms are consistently stocked with soap and paper towels for handwashing. Guests and staff should be trained in the proper way to remove gloves and handwashing techniques, which include scrubbing all parts of the hand for at least 20 seconds and avoiding touching doorknobs when exiting the bathroom. CDC handwashing guidelines can be found at the following link: https://www.cdc.gov/handwashing/when-how-handwashing.html.

If possible, hand sanitizer should be made available throughout the shelter and particularly at the entrance, in passageways from one part of the shelter to another, near food service areas, by phone charging stations, and in restrooms.

If, to meet these hygiene guidelines, shelters need materials such as soap, paper towels or hand sanitizer, please submit a request for resources through the supply request process:

Please submit all resource requests to EMS/MHOAC Logistics (see Important Phone Numbers and Websites—Appendix Attachment F).

H. Guest Log and Shift Change Summary

Guest Log: In case of outbreaks, shelter operators should be able to provide the Local Health Department with an up-to-date list of guests that include name, date of birth, tent/cot placement, COIVD-19 status, vaccine status, and notes about health concerns. This is HIPAA protected information and shelter management must ensure that it is safeguarded. Staff/volunteers should make sure to notify managers when the list might need updating, such as when tent/cot placement changes. A daily guest log see (Attachment D) is used for keeping track of entrance/exit of guests.

Shift Change Summary: Review current shift change policies and practices to ensure that incidents in the shelter that need to be recorded or communicated to a new shift are covered. This should include any matters related to the facility such as items needing repair or replacement, supplies needing to be ordered, or to matters relating to the guests, including changes in health status for anyone and any new intakes or discharges. A procedure of all staff reading and initializing to acknowledge that they have read information from prior shifts is recommended. Supervisors should ensure that staff have time at the beginning of their shifts to do so.

A sample form for this is provided in **Attachment B**.

II. New Intakes and Oversight of Guests

A. New Intakes

If shelters can maintain safe physical distancing and have additional capacity, they should continue to intake new guests. Potential new guests should be screened for body temperature and COVID-19 symptoms as well as any underlying health conditions that may increase their risk. Additionally, it is highly recommended that COVID-19 testing be performed at initial intake and/or regularly, e.g., weekly, on all or a sample of clients. If Medical staff is available, refer guest to the Medical Station for further entry screening. If no medical staff is available on-site, ensure testing supplies are sufficient and staff is trained to observe self-swabbing. Refer to the CDPH Antigen Testing Playbook[15] for further guidance.

Please note that no guest should be turned away based on COVID-19 status or vaccine status.

Screening and Intake form and data collection: All Santa Cruz County Continuum of Care shelters, are required to collect and report data on new intakes in the Homeless Management Information System (HMIS). Whether completing directly into HMIS or on paper, ask all the questions and then follow the written instructions to determine whether to place a potential new guest into isolation, refer for potential isolation and quarantine or how to proceed.

The COVID-19 Shelter Screening and Intake Tool can be found in Attachment A.

Once the screening has been conducted and recorded, shelters will also enroll guests in the HMIS project using the program enrollment screens or forms.

If you are concerned that a guest may have COVID-19:

- Isolate them immediately
- Contact the guest's clinic or refer them to one
- Ensure this guest is wearing a medical mask for the safety of those in the vicinity.

Always call a healthcare facility before arranging guest transport

Location and Process: Due to the sensitive and confidential nature of some of the questions, intake should occur in a separate location from where admitted guests stay – outside if possible and weather permitting, or in a distinct/separate area where others do not gather.

For all intake and re-entry screening, staff, volunteers and potential guests must wear face coverings and enforce physical distancing. If no plexiglass partition is in place to protect screeners, screening staff/volunteers are recommended to wear N95 respirators and eye protection, such as a face shield.

In locations where people are waiting in line, tape off sections for standing six feet apart. Communicate to people entering that they will be screened at entry in order to keep them safe and use additional signs to communicate the process.

Consider where people will put their belongings during screening and make sure there is a place for belongings to be put down as intake may take longer than usual. Staff and volunteers should avoid handling potential guests' belongings.

When possible, make restrooms available for people waiting to be screened and checked in, but such facilities will need to be regularly cleaned and sanitized.

B. COVID-19 Positive, Presumed Positive or Exposed Guests

Shelters that identify a guest or a potential guest exhibiting symptoms of COVID-19, regardless of vaccination status, should follow the steps in the Attachment D: Skilled Nursing Facility & Congregate Living COVID-19 Response. In this order, you should:

1. Isolate the guest immediately (see "Isolation Space" below) and if needed, provide them with a well-

[15] https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2021/02/Antigen-Testing-Playbook.pdf

fitted face covering.

2. Contact the guest's medical provider. If the guest does not have a medical provider, refer them to a local free clinic for services.

    a. The Homeless Persons Health Project: (831) 454-2080

    b. Santa Cruz Community Health Centers: (831) 427-3500

    c. Other local free clinics[16]

    Additionally, contact the Communicable Disease Unit (CDU) 831-454-4114. The CDU provides timely response during normal business hours (8 to 5 M-F), monitoring as indicated, and case contact tracing for known individuals.
3. If a medical provider recommends referral to isolation/quarantine, they will need to complete and submit the Isolation Quarantine Hotel Shelter Referral Form--available in English and Spanish at the Homeless Action Partnership[17] website. Please note: Referrals for the Isolation Quarantine Hotel Shelter will only be accepted by hospitals or a physician office. Questions about the referral process can be sent to HousingforHealth@santacruzcounty.us.
4. If there are no rooms available at the Isolation Quarantine Hotel Shelter, guests will need to remain in the congregate shelter's isolation space for the duration of their quarantine period.
   All areas the guest had been in should be cleaned, sanitized and left vacant for as long as possible—optimally more than eight hours after the guest has relocated. Placing a portable air filtration unit in the space will speed this process.

The process for assessment and response to the referral may take 24 hours, in the meantime, continue to isolate the guest. Guests in the referral process should be encouraged to remain in isolation. If a guest chooses to leave during this time, attempt to confirm contact information and immediately inform the Public Health Communicable Disease Unit: 831-454-4114.

Exposure to COVID-19: It is recommended that all exposed guests, regardless of vaccination status, receive COVID-19 testing 24 hours after known exposure, or immediately if symptomatic ('exposed guests' are those who were within six feet of an infectious person with confirmed COVID-19 for at least 15 minutes in a 24-hour period). For those tested with rapid antigen tests who receive negative test results: those without symptoms should quarantine (see below) and should be tested again within 24 hours with a PCR test if possible. Those who receive positive test results should be placed in an isolation area. All who are exposed should be provided well-fitted masks for 10 days post-exposure.

C. Isolation and Quarantine Space

The County is currently providing isolation and quarantine rooms for people experiencing homelessness who are COVID-19 positive, presumed positive or exhibiting symptoms of illness even if not from COVID-19. Medically fragile and higher risk guests will be prioritized for these rooms. ***When the hotel shelter providing this service has capacity, shelters are not expected to provide ongoing isolation space***; however, they may need to provide temporary isolation if someone begins to show symptoms or has arrived for intake and is in the referral process. *Please note that the isolation/quarantine hotel(s) may have a different algorithm and plan for testing and length of stay than other congregate shelters.*

If isolation/quarantine (I/Q) space is needed in shelter: Isolation areas are for guests who are known to be infected with COVID-19. Quarantine areas are for those who are suspected to have been infected with COVID-19, i.e., if this

[16] http://www.santacruzhealth.org/HSAHome/HSADivisions/ClinicServices/PrimaryCareandUrgentCareServices.aspx

[17] https://www.homelessactionpartnership.org/GetHelp/ShelterInformation.aspx

person has had a COVID-19 exposure or is experiencing symptoms of COVID-19.

Isolation: It is recommended that shelters provide separate areas, including restrooms, to isolate residents with symptoms of COVID-19. Place symptomatic guests with known COVID-19 exposure in separate areas from clients experiencing unexplained respiratory (or other COVID-19) symptoms. If individual rooms for clients experiencing symptoms are not available, consider transfer to a separate site, or cohort people with mild respiratory symptoms in a large, well-ventilated room with a door that can be closed to other guests. Supply tents if possible, or place cots greater than six feet apart, positioned head-to-toe. If it is necessary for someone with symptoms to remain in a shelter, ask guests to remain in their isolation/quarantine quarters, and have them avoid common areas. People staying in isolation areas should not have guests from the shelter in their rooms. *Staff assisting quarantined individuals should be in full PPE (respirators, face shield/goggles, gowns and gloves)*. Isolation period for guests should be 10 days after symptom onset, or upon testing positive for COVID-19. The isolation period may end after 10 days if symptoms are resolving and there is absence of fever (without fever reducing medications). For those in isolation with compromised immunity, isolation period should remain at 10-20 days, as the virus may take longer to clear.

Quarantine: Those who have had an exposure to someone known to have COVID-19 should be tested upon exposure (after 24 hours if asymptomatic, or immediately, if symptomatic) and 5-7 days after exposure. Regardless of vaccine status, guests with a known exposure should be placed in a quarantine area and stay apart from others except those in the same family or quarantine cohort for 10 days, upon which they may leave quarantine if they have continued to test negative for COVID-19 and are asymptomatic. Please refer to CDPH's 'Coronavirus Disease 2019 (COVID-19) Mitigation Plan Recommendations for Testing of Health Care Personnel (HCP) and Residents at Skilled Nursing Facilities (SNF)' [18] for further indications.

Generally, guests who are ill and have not been diagnosed with COVID-19 should not be cohorted with clients with known COVID-19 infections.

If possible separate symptomatic guests from those who are not experiencing symptoms of COVID-19.

Exposed, asymptomatic guests who have recovered from SARS CoV-2 infection in the prior 90 days do not need to quarantine. As with all who are exposed to COVID-19, they should wear a well-fitted mask for 10 days when around others (and while inside shelter, as always).

Staff assisting quarantined individuals should be in full PPE (respirators, face shield/goggles, gowns and gloves).

Notes on I/Q: Please be aware that State and Federal guidance for Isolation and Quarantine may change or be updated in keeping with new scientific findings. See the CDC's Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)[4], as well as CDPH's Infection Control Guidance for Clients in Congregate Shelters, Including Shelters for People Experiencing Homelessness[5] for updates.
Monitor guests in I/Q areas at least 2-3 times per 8 hour shift for signs of distress or need of medical attention. **Seek immediate medical attention if a person is having difficulty breathing, experiencing heaviness of chest, new confusion, having difficulty staying awake, or appearing pale, gray, or blue-colored skin, lips, or nail beds depending on skin tone and call emergency services for transport. Tell the operator this is a probable case of COVID-19.**

If a resident has respiratory symptoms, advise the resident on cough etiquette and provide tissues if a mask is unable to be worn (*masks should not be placed on babies or children younger than 2 years of age or anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the covering without assistance*).

If serving guests in isolation or quarantine spaces, shelters will need to establish methods to ensure guests have what they need including food, liquids, medications, and access to restroom facilities. People who are in isolation may need to

[18] https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx#

take smoking breaks, so, if possible, have dedicated outdoor space for this purpose. If space is shared, ensure that these breaks occur when others will not be around. Create a clear passage, use respiratory protection, and clean after someone has been in the area. Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to ill persons to as-needed cleaning (e.g., of soiled items and surfaces) to avoid unnecessary contact with ill persons. If possible, keep a window to the outside ajar to dilute the concentration of virus in the air.

If space is limited at the Isolation/Quarantine hotel(s), please prioritize the most medically fragile for these rooms.

D. Identifying People at Risk

While all persons staying in shelter may be at risk for infection, people over 65 and/or those with certain underlying health conditions such as blood disorders, kidney, liver, heart or lung disease, obesity, diabetes, high blood pressure or any immunosuppressant illnesses are at higher risk for morbidity and mortality from COVID-19.

Shelter Medical staff should collect information about all guests' health conditions, needs, primary care physician (if they have one) and emergency contacts (see questions on the shelter screening and intake form). If Medical staff is not present, staff at screening station should collect this information, and share information with Medical staff upon their return, for completion of onsite medical records in the Medical Binder.

Non-Congregate shelters (NCS) settings are recommended for people at increased risk of poor outcomes from COVID-19. Whenever possible, congregate shelters should explore alternative NCS options for guests that are considered high-risk.

E. Guests Leaving for Essential Activities

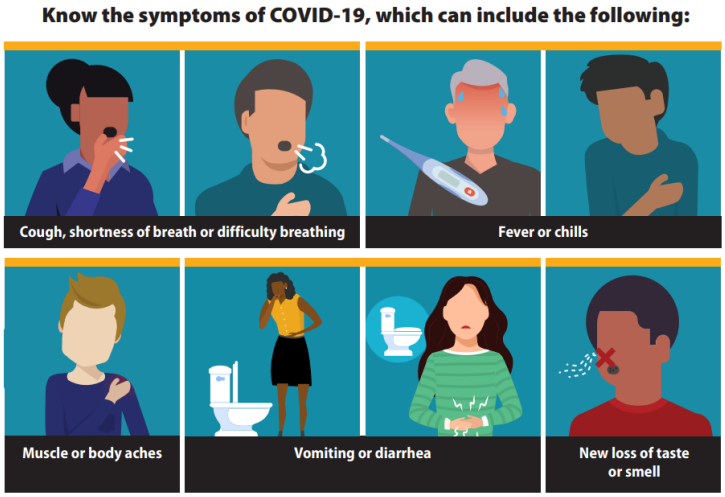
Guests should be encouraged to plan ahead and consolidate errands as much as possible. Any guest that does not have a face covering should be provided with one. Without being unnecessarily intrusive into guests' lives, shelters should check guests in and out in the Daily Guest Log (see Attachment D) when they leave to undertake essential activities.

F. Symptom Checking and Log

At least once a day, and every time a guest or visitor re-enters the shelter, a body temperature check (fever is >100.4°F) and screening for any new symptoms or potential exposure should be conducted and the results logged. (Note: The CDC recommends monitoring residents daily for symptoms of COVID-19 as well as other illnesses, including mental health concerns, and provide a daily status update to the local health department and other relevant agencies.) A sample guest and visitor health screening log can be found at: https://docs.google.com/spreadsheets/d/17T5JqMfOmIih4CgUBl4C0LW3h_2nuDVxAtCXyTW97t0/edit?ts=5ebc9d35#gid=1357703410

A graphic flyer from the CDC[19] and its Spanish version[20] should be posted to show the symptoms that are part of the screening.

[19] https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf
[20] https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf



G. No Visitors

Shelters must not permit visitors other than immediate family or case workers. Guests who attempt to bring in other visitors may be warned.

Every visitor (immediate family or case worker) should be screened or symptoms of COVID-19 and vaccination status, and information should be logged before permitting entry. Those reporting symptoms should be referred to a medical facility and should be refused entrance.

Request that permitted visitors wear masks while inside the facility (please provide a mask if they are not wearing one).

H. Curfew

Shelters may establish a curfew by which guests must be in for the evening. Guests who arrive after curfew should be accommodated, if possible, but may be warned. Repeated curfew violations may be a reason to discharge someone, but every effort should be made to determine first whether circumstances apply that would warrant exceptions, and to find solutions that do not lead to discharge.

If someone does not return to the shelter for the night, they should be treated as a new admit if they return the next day or thereafter and all intake procedures (except for completion of the HMIS form) should be followed. However, a person who has been regularly staying in the shelter who misses a night should have priority for a bed or mat area over someone who has not been staying there.

I. Day Services

In general, most day services and group activities that violate physical distancing should be suspended.

Phone and device charging: Like staff, guests are likely to rely heavily on their phones. In the past, they have typically charged phones in other settings. Consider how to provide the space and time for guests to charge phones and other devices without crowding or persons handling others' devices. One option is to provide surge protectors for use in the staff office and place a piece of tape with the resident's name on each phone. Sanitizing wipes should be provided at the charging station so people can clean off their phones, and table and charging equipment should be cleaned and sanitized several times each shift.

Food and drink: In addition to providing for regular meals, emergency shelters should make individually packaged snacks and drinks using single service disposable or washable containers available to guests. For other congregate shelters, reusable dishware and utensils are safe to use, assuming standard cleaning protocol is in place. Ensure guests have access to clean, safe drinking water.

For best practices, have staff wear disposable gloves when serving food or beverages. Hand hygiene should be performed before and after using gloves, and staff should be instructed to remove gloves after the task is completed.

Medication and health management: Guests who are remaining inside may have medications they need to take regularly and/or may need assistance to ensure they have the medications they need. Shelters should make sure that guests who may need help with medication self-management are reminded to store their medications safely, to take medications regularly and are assisted in refilling prescriptions, if needed.

In emergency shelters with a medical station and trained medical staff, over the counter (OTC) medications may be provided to guests if deemed appropriate by medical staff. Please note: medical staff should consult with a healthcare provider when considering giving OTC medications to children. Children younger than 4 years of age should NOT be given OTC cold medications without first speaking with a healthcare provider. Do NOT give aspirin (acetylsalicylic acid) to children who appear sick—this can cause a rare but serious condition called Reye's syndrome.

Drug and alcohol use and treatment: As described above, guests may leave to undertake essential activities and will need to make their own determination about their essential needs. If a guest is receiving methadone and requires isolation, shelter staff should coordinate care with Janus of Santa Cruz: www.janussc.org.

Drug addiction and alcohol or drug use that does not result in significant behavioral concerns should not be a basis for being refused shelter. Alcohol and marijuana use are legal in California and guests should not be asked to leave for use or for possession of these items, though they may be asked to store them in ways that others cannot get to.

Harm reduction techniques should be used to reduce the risk to guests of drug use. If guests are interested in Medication Assisted Treatment (MAT), resources are available to support this. The first step is to contact a primary care provider or HPHP. More information about harm reduction approaches during COVID can be found at: https://homebase.app.box.com/s/5lh4fdrd8kwqgwmmvqo5pw9sgmm0wtx2.

J. Consequences for Guests Violating Safety Rules

Consequences for guests violating physical distancing, face covering, hygiene or other safety rules: Because of the extreme importance of reducing transmission of COVID-19, shelters may need to discharge guests who repeatedly violate any of the rules in place to reduce transmission, including rules that enforce physical distancing and/or personal or facility hygiene. However, discharge should be avoided if at all possible and guests may need reinforcement of the guidance on requirements and training in order to comply. To minimize discharges, shelters should work through issues with guests as much as possible.

A verbal contract for a change in behavior can be made for the first incident and should be documented. If the behavior is repeated, a written behavioral contract can be written and agreement with the guest on how the behavior can be changed. After two written warnings a shelter may move to discharge someone but should only do so if provision has been made to transfer the person to another place, or if they are able to go to another destination where they can shelter-in-place, even if that place is outside.

Please note, this does not apply to dangerous actions that put the safety and well-being of guests and staff at risk. In those situations, aggressive or violent actions should be addressed per normal shelter protocol.

If someone is discharged, or notifies of their intent to leave, and no other arrangement has been made the guest should be provided with all of their possession, as well as a tent and sleeping bag, if at all possible, and the shelter should attempt to obtain or confirm information about where they are likely to be found.

Other than rules in place for the safety of guests, shelters should suspend other rules, and should only enforce requirements based on the results of behaviors that impact the safety of the guest or others. For example, alcohol consumption that does not cause a guest to become a threat to others and should not result in discharge; however, if the behavior of a guest under the influence poses a threat to the health or safety of that person or other guests it may

be a reason for issuing a warning. Again, attempts to work out the issues should be made before moving to a warning or a discharge.

Immediate discharge is permitted if someone engages in intentional endangerment of others, including violence or behavior that deliberately and significantly endangers another person's health.

K. Notification of Departure, Discharge or Disappearance

For all shelters entering data into HMIS, if a guest is asked to leave the shelter, leaves on their own to another location (including housing) or does not return for two nights, they should be exited from the program in HMIS with as much information about their destination as possible. **This should be done within 24 hours of their departure to ensure that data is up to date and can be used to locate someone.** Shelters that do not enter data into HMIS at this time should keep logs of departures including time, date and where the guest was most likely to have gone, and update Guest Log.

If someone who is symptomatic or suspected of being infected or exposed leaves a shelter clearly intending not to return or does not return for 24 hours the shelter should immediately notify the County Communicable Disease Unit at 831-454-4114.

III. Considerations for Shelter Staff

To mitigate the risk of COVID-19 for employees, shelter employers are subject to the State Public Health Officer Order for Health Care Workers in High-Risk Settings[20]. Employers subject to the Cal/OSHA COVID-19 Prevention Emergency Temporary Standards (ETS)[21] must comply with those requirements. In some workplaces the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard[22] (PDF)is also applicable. Facilities should follow the CDPH and Local Health Jurisdiction recommendations where they may exceed the Cal/OSHA standards.

A. Planning for Staff

Shelters should plan for how they will manage, train, and communicate to staff and volunteers about how COVID-19 is impacting facility program operations and expectations of staff and volunteers. Staff should understand the basics of COVID-19 transmission (i.e. airborne transmission), and they should be asked to model expected infection prevention behaviors.

Training: Provide training and educational materials related to COVID-19 for staff and volunteers. This should include information about safe practices (including physical distancing, safe use of personal protective equipment, and hand washing) as well as training about what to do if a guest or a staff member feels ill. Resources for training can be found on the Santa Cruz Health Services Agency website[23] or the CDC COVID-19 and Homeless Services Training[24].

Minimize potential exposure of staff and volunteers. Shelters should minimize the number of staff members who have face-to-face interactions with clients *with any respiratory symptoms or fever*. Staff and volunteers who are at higher risk for severe illness from COVID-19 should not be designated as caregivers for sick or potentially exposed guests who are staying in the shelter or conduct intake/assessments. Identify flexible job duties for these higher risk staff and volunteers so they can continue working while minimizing direct contact with clients (see the *Shelter Screening and Intake form* for a list of conditions that place people at higher risk).

Staff and volunteers whose position would make it difficult to maintain at least 6 feet of distance between themselves and others (such as those at registration tables with no Plexiglass shields) should be fit-tested and provided with N95

[20] https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Unvaccinated-Workers-In-High-Risk-Settings.aspx
[21] https://www.dir.ca.gov/dosh/coronavirus/ETS.html
[22] https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf
[23] https://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome/PublicInformation.aspx
[24] https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/Homeless-Shelter-Worker-Training.pdf

respirators when possible. They should be educated about how to properly use, and, under certain conditions, reuse the mask.

In the incidence of a COVID-19 outbreak or medical emergency requiring less than 6-foot proximity, staff should wear personal protection to include N95 respirator, face shield, gloves and gown if available. If the situation requires emergency responder aid, contact and follow 911 supportive guidance. If a staff member or volunteer interacts closely with a guest due to an emergency, follow your agency protocol for reporting and follow up on this possible exposure.

Communication: Communicate clearly with staff about expectations, situation updates and changes.

- Post signs on COVID-19 infection prevention at entrances and in strategic places providing instruction on COVID-19 symptoms, hand washing and cough etiquette, use of cloth face coverings, and social distancing.
- Provide educational materials about COVID-19 for non-English speakers or hearing impaired, as needed.
- Keep staff current on changes in facility procedures.
- Ensure communication with guests and key partners about changes in program policies and/or changes in physical location.
- Identify platforms for communications such as a hotline, automated text messaging, or a website to help disseminate information to those inside your organization. This should also include how staff are to report if they are ill.

Crisis Communication: Develop a crisis communication plan[25] so that you know how you will reach your staff in an emergency, and how they will reach a supervisor.

Anyone feeling ill or suspecting COVID-19 exposure should stay home: Staff and volunteers should not come to work sick, and any staff or volunteer who becomes sick at work should be sent home immediately. 'Sick' is purposefully defined at a very low threshold: anyone who feels unwell. This could include body/muscle ache, fatigue, congestion/sneezing not caused by allergies, cough, loss of sense of smell or taste, fever/sweats/chills, or gastrointestinal symptoms etc.

Diagnostic Testing: Staff and volunteers need to test upon identification of an exposure to someone known to be positive for COVID-19 (but no sooner than 24 hours after exposure), and if negative, test again after 5-7 days, regardless of vaccine or booster status. During a COVID-19 outbreak, serial testing would be initiated for all shelter staff and guests.

Quarantine: Normally, vaccinated (and boosted) asymptomatic staff may continue working after a COVID-19 exposure (following the above testing guidance) and staff who are not 'up-to-date' on vaccines (i.e., vaccinated and boosted) may test out of the 10-day quarantine at day 7 with a negative test result within 48 hours prior to return, as long as they have no COVID-19 symptoms. If there is a critical staff shortage, facilities may consider shortening staff quarantine times (such as described in the table in the 'Returning to Work' section below). These decisions should be made in conjunction with the local health department and take all facility characteristics into consideration.

Staff who are sick with any of the symptoms associated with COVID-19 should follow the guidance below before returning to work. Be sure to report any staff or volunteer illness on the shift change summary as well.

[25] https://www.ready.gov/crisis-communications-plan

Immediate Response Actions: S-A-C COVID-19

When any individual within the facility is showing symptoms of COVID-19, follow: **S-A-C COVID-19** for early response (see flyer, Attachment D):

SEE	Recognize COVID-19 Symptoms
ACT	Quarantine the Individual; Provide Face Covering; Test
CONTACT	Primary Care Physician; CDU; Shelter Supervisor

Please place signage for **S-A-C** response in prominent locations for both staff and residents to see.

Staff Testing: COVID-19 testing is required for all unvaccinated staff and volunteers at least once per week under the State Public Health Officer Order for Health Care Workers in High-Risk Settings[22], which includes congregate shelter workers.

Ensure testing supplies are sufficient, reporting platform has been chosen, and that staff are trained to observe swabbing and conduct rapid antigen tests (when home test kits are used, once trained, non-medical staff may observe self-swabbing and record results). Refer to the CDPH Antigen Testing Playbook (PDF)[26] for additional guidance.

The Health Services Agency updates local testing sites[27] regularly. Call ahead to ensure that hours of operation and scheduling information are correct.

Staff Diagnosed with COVID-19: Staff, volunteers and visitors who screen positive for COVID-19 symptoms should be sent home immediately, if feasible, and advised to follow recommended steps for persons who are ill with COVID-19 symptoms.[28] If staff or volunteers are also residents of the shelter, they should be directed to an isolation area. Shelters should minimize the number of staff members who have face-to-face interactions with clients *with any respiratory symptoms*.

The following list documents the process that will be followed:

1. Public Health administration in the Emergency Operations Center will contact the County Communicable Disease Unit (CDU) by calling (831) 454-4114. After receiving report that an employee has tested positive for COVID-19, the CDU will investigate who may have been exposed to the COVID-19 staff person (residents, other staff, family, e.g. contact tracing).

2. CDU will issue an exposure notice and other information to the shelters so that staff receive adequate information to monitor themselves and residents routinely and carefully for symptoms.

3. Staff who experience or observe symptoms perform **S-A-C**. They will ensure face coverings are in use and isolate themselves or the resident(s) should symptoms develop. Refer staff to the County's Isolation/Quarantine guidance: https://www.santacruzhealth.org/Portals/7/pdfs/coronavirus/COVID-19_Patient_Instruction_Booklet_self_quarantine_and_self_isolation.pdf

4. CDU will provide guidance to the shelter regarding bringing in new staff to work based on the number of COVID-exposed staff and/or residents. Should new staff be brought in, training on appropriate care and protection will

[26] https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2021/02/Antigen-Testing-Playbook.pdf
[27] https://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome/SAVELivesSantaCruzCounty/GetTested.aspx
[28] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

be provided along with appropriate use of personal protective measures.

5. Exposed and/or symptomatic staff will be required to follow the Public Health guidelines of isolation and quarantine (see above). If they are unable to do so safely in their own home, they will be asked to identify an alternative location, i.e. hotel. If they are unable to pay for a hotel, they may be able to access an on-demand hotel room offered as part of the COVID-19 recovery efforts. Staff needing housing assistance for isolation shall communicate these needs to their supervisor who will submit a hotel shelter referral form.

Returning to Work: If staff have been diagnosed with COVID-19 or are suspected of having had COVID-19, they may resume normal activity and return to work when they have completed the recommended isolation period and if they meet requirements for ending isolation (namely, improved symptoms and no fever). Because guidance on isolation can change, please refer to CDC and CDPH guidance for Congregate Shelters. Normally staff who are 'up-to-date' on vaccines may test out of isolation after 5 days, and those who are not fully vaccinated may test out of isolation after 7 days (see Table below). In times of critical staffing shortage, management may consider shortening isolation for staff. Please refer to the table immediately below for guidance. You may also refer to the Santa Cruz County HSA COVID-19 website guidance in English[29] or Spanish[30]; CDC - Symptoms of Coronavirus COVID-19 Guidance[31] and CDC - What to Do If You Are Sick[32].

Work Restrictions for HCP with SARS-CoV-2 Infection (Isolation)

Vaccination Status	Routine	Critical Staffing Shortage
Boosted, OR Vaccinated but not booster-eligible	5 days* with negative diagnostic test† same day or within 24 hours prior to return OR 10 days without a viral test	<5 days with most recent diagnostic test† result to prioritize staff placement‡
Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose	7 days* with negative diagnostic test† same day or within 24 hours prior to return OR 10 days without a viral test	5 days with most recent diagnostic test† result to prioritize staff placement‡

Work Restrictions for Asymptomatic HCP with Exposures (Quarantine)

Vaccination Status	Routine	Critical Staffing Shortage
Boosted, OR Vaccinated but not booster-eligible	No work restriction with negative diagnostic test† upon identification and at 5-7 days	No work restriction with diagnostic test† upon identification and at 5-7 days
Unvaccinated§, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose§	7 days with diagnostic test† upon identification and negative diagnostic test† within 48 hours prior to return	No work restriction with diagnostic test† upon identification and at 5-7 days

(Source: CDPH AFL 21-08.6)

B. While Working in the Shelter

Staff and volunteers must follow all the required protocols within the shelter that are applicable to persons working in essential services.

[29] https://www.santacruzhealth.org/Portals/7/pdfs/Coronavirus/Return%20to%20Work%20Guidance_Updated%209.28.20.pdf
[30] https://www.santacruzhealth.org/Portals/7/Pdfs/Coronavirus/Return%20to%20Work%20Guidance_Spanish%209.28.20.pdf
[31] https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
[32] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

Screening staff before starting work: All staff must be screened for COVID-19 symptoms upon entry for their shift. Temperatures should be taken of all staff and a log kept. Temperatures 100.4 °F or above are to be considered high and staff should remain home or immediately go home. Temperatures greater than 99.1 °F and below 100.4°F should be taken again two more times 1 hour apart before a decision is made whether to recommend the staff return home. Best practice is no food or exercise 30 minutes prior to taking and oral temperature. Staff should also be asked about any other symptoms: cough, shortness of breath, chills (with or without shaking), muscle pain, headache, sore throat, and/or loss of taste or smell, and those answers should be recorded. A sample staff health screening tool can be found at: https://docs.google.com/document/d/1JrzOJacY1V- uFA5RuBhZLlwg8Y4_DnP3rBTPzQZ49Ys/edit?ts=5ebc9d46

Face Coverings: All staff and volunteers must wear a medical grade face covering when in the shelter and around the shelter entrance—preferably a fitted N95 respirator or a KN95 mask. Face coverings must also be worn when interacting with guests or other staff (please refer to Section 1. D. *Required Use of Face Coverings*).

Distancing: Staff should maintain physical distance (maintaining at least 6-foot perimeter at all times) from clients and other staff members while still providing necessary services. It is understood that this may not be achievable at all times, in which case, it is important to keep these interactions as brief as possible. If job duties make it impossible to maintain distance, Shelter Management should arrange for N-95 respirator fit-testing and supply N-95 respirators to wear. Informational flyers promoting physical distancing best practices should be posted around the shelter, including the screening/entrance area.

Temperature Taking: Fever is not always a reliable indicator of COVID-19, nevertheless, body temperature monitoring should be conducted for all persons entering the shelter and in food distribution areas.

Although people being screened will be wearing face coverings, it is advised that screeners should stand behind a physical barrier, such as a glass or plastic window or partition that can protect from respiratory droplets that may be produced if a guest sneezes, coughs, or talks. If these barriers are unavailable, screeners should wear N95 respirators, or at least place a wide table between, and wear a face shield or goggles.

If possible, have screening table placed in an area with good ventilation (outdoors is best).

Please conduct thorough cleaning and disinfection of the area at least every 4-6 hours.

Guests' belongings: Staff should avoid handling guests' belongings. If staff are handling guests' belongings, they should use disposable gloves, if available. 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. See the CDC documents https://www.cdc.gov/handhygiene/providers/index.html and https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf.

Laundering needs (for guests): If guests choose to use cloth face coverings, ensure these masks are laundered frequently, ideally after each use. Shelter residents may be provided access to portable laundry facilities or directed to nearby laundromats to wash face coverings and other laundry.

Laundering of personal clothing (Staff): Staff should launder work uniforms or clothes after use using the warmest appropriate water setting for the items and dry items completely. *Shelters should check with staff to ensure they have the capacity to do this or should make laundry available to them.*

Resources to support staff: An outbreak may be stressful for people. Fear and anxiety can be overwhelming and cause strong emotions. Everyone reacts differently to stressful situations. In addition to their own stress, staff may also experience secondary traumatic stress resulting from exposure to other individual's traumatic experiences.

Provide resources for stress and coping to staff. Information about mental health and coping can be found at: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019- ncov%2Fprepare%2Fmanaging-

stress-anxiety.html

Behavioral Health (BH) Support: The Santa Cruz County Health Services Agency can provide non-emergency on-call behavioral health support (triage, assessment, linkage) to participants/staff at shelters in Santa Cruz County.

1. Call (831) 535-8684 Monday -Friday (8:30-5 pm). If BH staff is not available, call will be returned as soon as possible on the same day the call was received or if same day is not possible, call will be returned the next business day.
2. BH staff will:
    a. Review limits of confidentially — elder/dependent abuse, child abuse, intent to harm self/others
    b. Obtain basic information: Name, shelter location
    c. Support caller —triage need, behavioral health support, de-escalation
    d. Determine if caller has any linkages to providers in the community:
        i. Does caller have a PCP, therapist, counselor, case manager, coordinator, or any other supports in the community?
            1. If yes – re-connect to those supports
            2. If no – refer appropriate resource/service – obtain verbal consent if needed to speak on behalf of caller

IV. Considerations for COVID-19 Confirmed Cases – Outbreaks among Guests

Each facility is unique and variable including staffing, resident characteristics, layout, census and capacity. The facilities dedicated to sheltering persons experiencing homeless during COVID-19 in the County have limited isolation and quarantine spaces in the event of COVID-19 confirmed cases. It is prudent to plan for circumstances that exceed known capacity as outbreaks/clusters in congregate living have occurred with dire outcomes. The intent to shelter people experiencing homelessness is to provide as many shelter beds as possible. To that end, it is possible that all the facilities will near capacity and there may not be open beds to move residents from one facility to another due to an outbreak or cluster in one shelter.

1. When any shelter resident is identified as having COVID-19 symptoms, they will be relocated to the designated isolation and quarantine space within the shelter, where they will remain until they have been assisted to have a medical assessment by a medical provider and/or interviewed by a Public Health Nurse. The CDU will also be notified as this is a suspected case involving a vulnerable population. After the assessment, a determination will be made between the involved medical/nursing staff (including the CDU) and the Shelter Manager whether the resident will remain or will be transferred to the Isolation/Quarantine shelter.

2. Any shelter resident who is identified as having tested positive for COVID-19 will similarly be relocated to the designated isolation and quarantine space within the shelter, where they will remain until CDU is notified.

3. The Health Services Agency (HSA) Department Operations (DOC) shall be notified of all confirmed cases in Shelters and any emergent likelihood of multiple infections e.g., outbreak.

4. Response testing will be required if the facility meets the definition of a COVID-19 outbreak. Per the CDPH, for congregate facilities such as shelters, an outbreak is when at least three probable or confirmed COVID-19 cases are identified within a 14-day period.

5. Based on the number of potential residents needing isolation and/or quarantine, and in consultation with CDU 831-454-4114, HSA will determine whether the shelter will transition into an Isolation/Quarantine shelter.

6. In making this assessment it is strongly recommended that the Public Health Nursing Staff at the Homeless Persons Health Project (HPHP) be contacted for relevant contextual information.

7. Outbreaks, e.g. multiple confirmed cases, will stress shelter capacity and may require rapid deployment of additional housing for isolation and quarantine.

8. Resource requests for support to mitigate disease outbreak must be immediately and clearly communicated to the County's Medical Health Operation Area Coordinator (MHOAC). Contingency planning for outbreaks is necessary and should have pre-identified locations; rapid site activation capability with staffing, equipment and supplies cached for deployment.

9. When local resources exceed demand, mutual aid may be requested through the Standardized Emergency Management System (SEMS) by contacting the local MHOAC, who then requests assistance from Region II (Bay Area Counties) and up to the State level if regional resources are exhausted.

ATTACHMENTS

Attachment A: COVID-19 Shelter Screening and Intake Process

Click here to return to manual

Step 1. Look the potential guest up in HMIS to see if they have a previous record in the system and an active Release of Information.

Screener Name_____

Date_____

HMIS # _____

This tool can be completed in HMIS or by paper

If administering tool by paper:

Client's Name _____
Client's Birthdate_____

Forward completed paper form and ROI to your agency's HMIS Lead or Data Entry Specialist

Record Screener name and today's date.

If in HMIS: Record HMIS number.

If no ROI recorded, or if unable to check HMIS, secure a signed Release of Information and record client's name and birthdate.

Step 2. Complete the following questions with the potential guest on this form or directly into HMIS.

Symptoms

1a. Take and record temperature:_____(°F) **OR, if not possible, inquire**

b. Ask "Have you felt like you had a fever in the past day?"

❑Yes ❑No ❑N/A (if temperature is physically taken)

2. Do you have a new or worsening cough?

❑Yes ❑No

3. Do you have new or worsening shortness of breath (different from your normal breathing) today?

❑Yes ❑No

4. Do you have any of the following other symptoms:

❑Fevers or Chills
❑Congestion or runny nose
❑Cough
❑Headache
❑Nausea or vomiting
❑Shortness of breath or difficulty breathing
❑New loss of taste or smell
❑Diarrhea
❑Fatigue
❑Sore throat

Tests and exposure

5a. Have you, to your knowledge, been exposed to someone with COVID-19?

❑Yes ❑No

If yes, date of exposure:_____/____/_____(mm/dd/yyyy)

b. If yes, do you have documentation from a medical professional saying you have been exposed to Covid-19?

❑Yes (attach) ❑No ❑Waiting on results

c. Have you been tested for COVID-19? (Testing is provided at HPHP, call the 24/7 nurse line to schedule an appt: 831-345-5417)

❑Tested Positive ❑Tested Negative ❑Waiting on results ❑Not Tested

Test Date:_____/___/_____(mm/dd/yyyy)

6. If you have been tested, do you have documentation from a medical professional saying you tested positive or negative for COVID-19?

❑Yes (attach) ❑No ❑Waiting on results

Risk Factors?

7. How old are you (or determine from birthdate): _____
8. Do you have any of the following health conditions? Please select all that apply.

❑Asthma/Lung disease
❑Severe Obesity (BMI > 40%)
❑Diabetes
❑Liver disease
❑Serious Heart Condition
❑Immunocompromised (Including Cancer Treatment)
❑Chronic Kidney Disease undergoing dialysis

ALWAYS KEEP THIS PAGE with client documents

ACTION: ❑ Isolation and Referral*, stopped intake.
❑ Offered IQ Referral*, accepted, continued intake.
❑ Offered IQ Referral*, declined, continued intake.

Screener Name _____

Date _____

HMIS # _____

Client's Name _____

Client's Birthdate _____

*Note on referral form as much as information as possible about the person's condition and risk factors

Intake and Enrollment

1. Note Risk Factors Present (**from #7 and #8 above, ESPECIALLY IF HMIS data entry is done offsite**)

_____

_____

_____

_____

_____

2. Determine whether the potential guest has a primary care physician or source of medical care and note this information here:

3. If the guest has an emergency contact, ask that they provide all information to reach that person.
    a. Emergency Contact:

    b. In addition, inquire where they generally spend time or would likely be found if they leave and the name of a friend who would know how to contact them

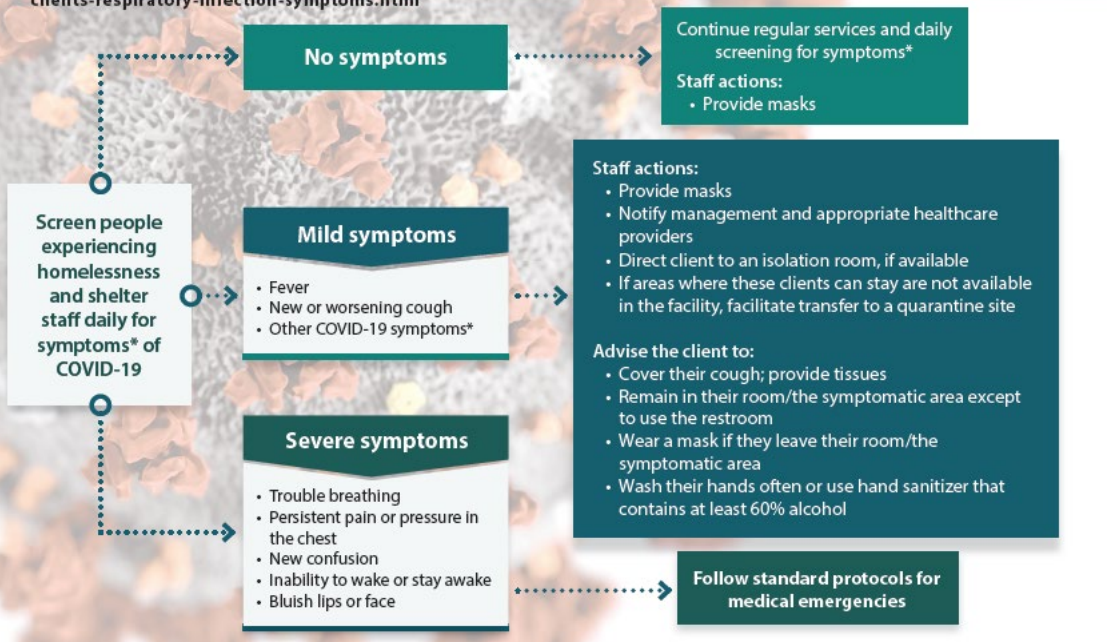
        - Usual location/likely to be found or frequent:

        - A friend likely to see them:

_____

Flow Chart For Screening Symptoms in Homeless Shelters

Accessible version available at: https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html



*Symptoms of COVID-19 may include: fever or chills, cough, 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

Scan for more guidance

cdc.gov/coronavirus

Attachment B: Sample Shift Change Summary

End of Shift:_____ Date/Time_____

Supervisor Completing Summary:_____ Supervisor Receiving:_____

All Keys, Radios, Thermometers,_____have been accounted for. Initials:_____/ _____

1. **Facility Matters and Supply Issues:**

□ No issues arose during shift with any facility matters, building and systems functioning properly.
□ Facility matter(s) and Supply Issues which arose and was/were resolved during shift. Describe:

□ Facility matter(s) arose and continue to need attention at shift change. Supplies which are completely out or running low. Describe issue and any action taken or scheduled and role of next shift (such as repairs needed, additional cleaning, calling on-call, borrowing or purchasing, etc.).

2. **Guest or staff matters/behavioral or health concerns or any matters Needing 9-1-1 or other support during shift:**

□ No issues arose during shift with any guest or staff matters or health or behavioral concerns.
□ Guest or staff related matter(s) arose and was/were resolved during shift or 9-1-1 or Behavioral Health or Medical Health Issues during shift (**ATTACH INCIDENT REPORTS**): Describe:

□ Guest or staff related matter(s) arose and continue to need attention at shift change including follow-up visits for support: Describe issue and any action taken or scheduled and role of next shift.

3. **Admissions / Discharges / Any clients that have not been onsite for 24 hours:**

Note any new intakes or guests who left or were discharged or are in risk of losing their spot in the shelter:

Attachment C: How to Clean and Disinfect

Return to section in manual here.

Adapted from the CDC: https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building- facility.html.

Wear disposable gloves: to clean and disinfect.

Clean:

Clean surfaces using soap and water. Practice routine cleaning of frequently touched surfaces.

High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfect:

Clean the area or item with soap and water or another detergent if it is dirty. Then, use disinfectant.

Recommend use of EPA-registered disinfectants for COVID-19.

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 to ensure the product is not past its expiration date. 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.**

To make a bleach solution**, mix:**

- 5 tablespoons (1/3rd cup) bleach per gallon of water

  OR

- 4 teaspoons bleach per quart of water

Alcohol solutions with at least 70% alcohol may also be used.

Soft surfaces:

For soft surfaces such as carpeted floor, rugs, drapes and tents:

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.
- **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

  OR

- Disinfect with an EPA-registered household disinfectant.

Electronics:

For electronics, such as **tablets, touch screens, keyboards, remote controls and ATM machines**:

- Consider putting a **wipeable cover** on electronics.
- **Follow manufacturer's instruction** for cleaning and disinfecting.
    - If no guidance, **use alcohol-based wipes or sprays containing at least 60% alcohol**. Dry surface thoroughly.

Laundry:

For clothing, towels, linens, sleeping bags and other items:

- Launder items according to the manufacturer's instructions. **Use the warmest appropriate water setting** and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick **can be washed with other people's items**.
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- Remove gloves and **wash hands right away**.

Cleaning and disinfecting your building or facility if someone is sick:

- **Close off areas** used by the person who is sick.
- **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.
- 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.

When cleaning:

- 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.
- Additional key times to wash 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).

Attachment D: Sample Daily Guest Log

Return to section in manual here.

Date: ______________________________

Guest Name	Time Leaving for Essential Activity	Estimated Return Time	Return Time	Health Check at Return (if fever or cough reported follow referral protocol)
				☐ No reported or recorded fever ☐ No new or worsening cough
				☐ No reported or recorded fever ☐ No new or worsening cough
				☐ No reported or recorded fever ☐ No new or worsening cough
				☐ No reported or recorded fever ☐ No new or worsening cough
				☐ No reported or recorded fever ☐ No new or worsening cough
				☐ No reported or recorded fever ☐ No new or worsening cough
				☐ No reported or recorded fever ☐ No new or worsening cough
				☐ No reported or recorded fever ☐ No new or worsening cough
				☐ No reported or recorded fever ☐ No new or worsening cough
				☐ No reported or recorded fever ☐ No new or worsening cough
				☐ No reported or recorded fever ☐ No new or worsening cough
				☐ No reported or recorded fever ☐ No new or worsening cough
				☐ No reported or recorded fever ☐ No new or worsening cough
				☐ No reported or recorded fever ☐ No new or worsening cough
				☐ No reported or recorded fever ☐ No new or worsening cough

Attachment E: S-A-C Quick Reference flyer

SEE ACT CONTACT

SEE Recognize COVID-19 Symptoms

ACT Quarantine Individual

CONTACT **Contact** Primary Care Physician; **Contact** Communicable Disease Unit: 831-454-4114, hsacd@santacruzcounty.us
HPHP 831-454-2080

S-A-C COVID-19

Attachment F: Important Phone Numbers and Websites

COVID-19 Information & Updates

Santa Cruz County Website: http://www.santacruzhealth.org/coronavirus

California State Website: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx

Federal Website: https://www.cdc.gov/coronavirus/2019-ncov/index.html

COVID 19 Call Center: **454-4242** (8 a.m.-6 p.m., Monday-Friday)

Resources

Local Resources: Call 2-1-1 OR text "COVID19" to 211-211 for Coronavirus Information Medical Resource requests: HSADOC.Coordinator@santacruzcounty.us

*Medical Health Operational Area Coordination Program (MHOAC)**, Santa Cruz County Health Services*** (831) 454-4751 brenda.brenner@santacruzcounty.us All Other Resource Requests: HousingforHealth@santacruzcounty.us

Isolation and Quarantine Hotel Referrals: http://homelessactionpartnership.org/GetHelp/ShelterInformation.aspx

Healthcare facilities: *Please call clinics in advance before visiting.*

Homeless Persons Health Project (Hours: M-Th 8am-5pm; Friday 8am-3pm): 831-454-2080

Location: 115-A Coral Street, Santa Cruz

Email: HPHPreferral@santacruzcounty.us

Emeline Health Center (Hours: M-F 8am-5pm): 831-454-4100

Location: 1080 Emeline Ave, Santa Cruz

Watsonville Health Center (Hours: M-Th 7:30am-6:30pm; F 7:30-5:00): 831-763- 8400

Location: 1430 Freedom Blvd, Suite C, Watsonville

County Clinic After Hours (Hours: after clinic normal business hours): 831 763-8227

Testing

Testing sites can be located by following the link below. Call ahead to ensure that hours of operation and scheduling information are correct.

http://santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome/SAVELivesSantaCruzCounty/GetTested.aspx

Behavioral Health

24-hour Access Line: 1-800-952-2335

Santa Cruz County Non-Emergency Line (Hours: M-F 8:30am-5pm): (831) 535-8684

Communicable Disease

Call 831-454-4114 to report suspected or confirmed COVID-19 cases

Housing for Health Division, Human Services Dept.
HousingforHealth@SantaCruzCounty.us
(831) 454-7312