

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

Joint Recommendations from Department of Health Services (DHS), Department of Public Health (DPH), Los Angeles Homeless Services Authority (LAHSA), and Department of Mental Health (DMH)

This guidance will be used as a reference guide for interim housing sites receiving DHS, DMH, and LAHSA funding. Interim housing sites are expected to follow these guidelines to remain in compliance with funder expectations.

TABLE OF CONTENTS

<u>INTRODUCTION</u>	2
.....	
<u>STEPS TO PROTECT HEALTH AND SAFETY OF CLIENTS AND STAFF</u>	3
.....	
<u>DESIGNATE AN INFECTION CONTROL OFFICER</u>	3
<u>MAINTAIN ACCURATE ROSTERS OF CLIENTS</u>	3
<u>DECOMPRESS INTERIM HOUSING SITES</u>	3
<u>MATCH RESIDENT PROFILE TO SITE CAPACITY</u>	4
<u>IMPLEMENT CLIENT COHORTING</u>	5
<u>REFER COVID-POSITIVE OR SYMPTOMATIC CLIENTS TO MEDICAL SHELTERS (ISOLATION AND QUARANTINE SITES)</u>	7
<u>USE OF APPROPRIATE FACE COVERINGS BASED ON EXPOSURE RISK</u>	7
<u>IMPLEMENT AND MAINTAIN PHYSICAL DISTANCING</u>	8
<u>BED POSITIONING</u>	9
<u>USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)</u>	9
<u>IMPLEMENT AND MAINTAIN A CLEANING/DISINFECTION REGIMEN</u>	10
<u>ENSURE PROPER VENTILATION/AIR CIRCULATION</u>	11
<u>COVID SCREENING</u>	12
<u>COVID TESTING</u>	13
<u>SURVEILLANCE TESTING</u>	13
<u>WHAT IF CLIENTS OR STAFF REFUSE TO BE TESTED?</u>	14
<u>DIAGNOSTIC TESTING</u>	15
<u>OUTBREAK TESTING</u>	15
<u>CONTACT TRACING TESTING</u>	16
<u>REFUSAL OF ISOLATION/QUARANTINE ORDERS</u>	16
<u>NEW ADMISSIONS</u>	16



Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

<u>REFERRALS FROM NON-ACUTE CARE SETTINGS</u>	17
<u>ADDITIONAL STAFF CONSIDERATIONS</u>	18
<u>FINAL NOTE</u>	18
<u>SUMMARY OF EXPECTATIONS FOR IH SITE OPERATORS</u>	18
<u>RESOURCES</u>	20

INTRODUCTION

Operating an interim housing (IH) site in the time of COVID is challenging. Unfortunately, the threat of COVID will not diminish in the near future. Learning how to live in the “new-normal” and incorporating COVID-containment activities into usual operations is essential.

Recommendations may change as we learn more about the virus and ways to lessen its impact on Los Angeles County’s residents, economy, and overall well-being. For people experiencing homelessness (PEH), adhering to infection control guidelines is especially hard. Furthermore, decompression and physical distancing guidelines may mean serving fewer people.

Our goals are to prevent people from being exposed to COVID-19, becoming ill, needing hospitalization, or dying from the coronavirus. Until our community has developed immunity, either naturally or through vaccination, we must follow tight infection control guidelines set forth by federal, state, and county public health officials. This document sets guidelines and defines expectations for best practices within interim housing sites. They reflect policies of LA County DPH, the Centers for Disease Control and Prevention (CDC), and the U.S. Department of Housing and Urban Development (HUD) on IH site operations during the time of COVID.

To support IH providers with the implementation of these guidelines DHS COVID response teams (CRTs), DPH environmental health (EH) specialists, DPH public health nurses (PHNs) from Community and Field Services (CFS), and/or your funders at DHS Housing for Health, LAHSA, and DMH will provide regular site visits, training, and technical assistance. These teams will interact with you at as needed to resolve any COVID-19 issues that arise at your site.

Over the next few months, a DHS CRT will come to your location and complete an in-person site visit. Following this site visit, your team will receive a summary statement of COVID-related findings/recommendations. This report will be shared with your management and funders. With the help of the CRT and your funder(s), you will be expected to institute any changes required to increase the safety and efficacy of your operations. The CRT will also help you establish processes to provide COVID testing to your clients and staff. As the CRTs will not be deployed permanently, it is expected that your site will develop the



Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

capacity to do COVID-related infection control and surveillance testing on an ongoing basis.

A COVID outbreak is currently defined as one or more people with a positive COVID-19 test or two or more people who have developed symptoms within the same 14-day period but have not been tested or not yet gotten results. If your site has an outbreak, DPH will send a team to guide you through outbreak investigation, testing, and contact tracing. Once the outbreak investigation is closed, your site can resume regular COVID infection control and surveillance activities.

Thank you for your service. We look forward to working with you to ensure the health and wellbeing of people experiencing homelessness.

STEPS TO PROTECT THE HEALTH AND SAFETY OF CLIENTS AND STAFF:

Facilities in Los Angeles County must follow County protocols that apply to general infection control or to specifics related to the type of work they do. Protocols and guidelines for the County can be found [online](#). Other sources with important information about infection control practices and other relevant issues are the Centers for Disease Control and Prevention, the Department of Housing and Urban Development, the National Healthcare for the Homeless Council, and the California Department of Public Health (see Resource page at the end of this document for links to these resources).

DESIGNATE AN INFECTION CONTROL OFFICER

A first step in assuring safety of staff and residents is to identify a point person at your site for prevention efforts. The infection control officer should be familiar with these guidelines and be able to regularly provide training updates and technical assistance to your staff and clients. The DHS CRT will help train your infection control officer in current COVID containment guidelines as well as indicate where to find updated guidelines, as these change frequently. Duties of the infection control officer should include scheduled quality assurance checks to ensure that staff and clients are following infection control guidelines. The infection control officer should ensure that facility cleaning and disinfection is occurring regularly and adequately. The infection control officer can be the point of contact for the DHS CRTs, DPH, and your funder(s) for all things COVID-related.

MAINTAIN ACCURATE ROSTERS OF CLIENTS

Effective infection control, outbreak investigation, and contact tracing require that facilities maintain accurate rosters of clients with identifying information, including name, DOB, race/ethnicity, check-in date, check-out date and start and end dates for quarantine or isolation as necessary. When an exposure or outbreak has been identified at your facility, having this information ready allows DPH to respond more quickly in the outbreak investigation and contact tracing.

DECOMPRESS INTERIM HOUSING SITES

1. Define your maximum occupancy: There is no easy formula to determine the safest maximum occupancy at your site. Many interim housing sites comprise several rooms of different sizes and

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

configuration; maximum occupancy rates have to be calculated for each of these separate spaces. In order to determine the ideal occupancy within each space, different variables (e.g. bed spacing, ventilation, mask-wearing practices) are considered simultaneously. LA County DPH and the DHS CRTs will help you do this and will consider such factors as:

- How many clients can sleep safely at night in any particular space. Beds should be placed at [least 6 feet apart](#) when possible, and positioned head-to-toe, with heads positioned as far apart as possible. We will work with you to find acceptable solutions to maintain maximal distancing while other infection control practices (such as good mask/face covering wearing, regular disinfection, good ventilation, and ideal physical distancing in common areas) are maintained.
 - How many clients can be safely accommodated for meals. If your only option for mealtimes is a single, congregate dining area, consider how many people can safely line up to receive meals and how many people can be accommodated while maintaining 6 feet of physical distancing between any two individuals. Alternatives may include staggered mealtimes, using the dining area for residents to pick up food and eat in smaller settings or outdoors, or moving mealtimes fully outdoors when weather permits.
 - How many clients can be safely accommodated in common areas so that chairs are placed 6 feet apart. There should be no more than 10 persons at any time in common areas.
 - How many clients can bathroom facilities accommodate while maintaining physical distancing of 6 feet between any two people at any time.
 - How many clients can safely use bathrooms and showers based on your capacity to disinfect the space regularly. Do you have the staffing needed to be able to disinfect the bathroom at least three times a day and the eating area after each cohort?
2. The recommendations for safe operations of interim housing sites during the COVID pandemic are drawn from federal, state, and county guidelines. If following these recommendations pose financial hardships, please confer with your funder(s).
 3. Clients may not be refused shelter at your site based on their refusal to test for COVID-19 or inability to adhere to physical distancing or quarantine rules. Contact your CRT for guidance on how to manage these situations.
 4. Similarly, restricting entry based on the amount of time that clients stay outside IH sites is not advised. Clients should be allowed back into IH sites regardless of how long they have been outside and regardless of the number of times they go in and out of the site. Clients can be exposed to COVID during a fifteen-minute walk to the corner store so limiting time outside is no guarantee of safety. Conversations with your clients and general observations of their infection control practices can help stratify your clients with regards to their infectious risk.

MATCH RESIDENT PROFILE TO SITE CAPACITY

1. Cohorting is an important strategy for minimizing the risk of COVID-19 spread. Cohorting means keeping residents who may spread the virus – those who are infected and those who have been exposed – away from other residents until their infectious period is over. DHS, LAHSA, and DMH will be

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

working with you to determine whether you have capacity to safely house residents in all three categories (infected, exposed, or neither) and if that is not feasible, what steps you will need to take for clients who are infected and/or exposed.

- IH sites that have in-house nursing staff or partnerships with medical teams may be ideal sites for cohorting the more medically vulnerable/older clients.
 - IH sites that serve a population who do not come and go from the facility could be a better fit for older or more medically vulnerable clients. Clients who frequently go in and out of the IH site or those who cannot adhere to infection control guidelines should either be cohorted separately or referred to an IH site that has capacity to do so.
 - IH sites that have multiple dormitories (each with separate showers/restrooms) are better suited than other sites to maintain separate cohorts of clients who are at increased risk of becoming infected, spreading infection, or developing more severe illness, including:
 - Clients who are older or more medically vulnerable
 - Clients in quarantine whose test results are pending
 - Clients who decline to be tested for COVID
 - Clients who frequently go in and out and as a result are at a higher risk for carrying COVID into an IH site
 - If you think that your IH site can play a role in cohorting or specializing in a particular subpopulation discussed above, have a discussion with your funder(s).
2. The examples above point to factors that might make a site appropriate for cohorting and/or for housing more vulnerable clients. Certain interim housing layouts and staffing models make it challenging to implement COVID prevention practices. IH sites that have high client turn-over (overnight), large dormitories (greater than 20 beds per dormitory), limited restroom/shower capacity, and a limited number of unique areas for cohorting (i.e., segregating different groups of people by infectious risk) are at higher risk for COVID transmission.
- Facilities with one or more of these constraints should aim to serve the less medically vulnerable clients. These include:
 - Younger clients
 - Clients with no underlying physical health conditions
 - Clients who can follow infection control guidelines
 - Clients who have already had COVID
 - Clients who are more medically vulnerable or less able to follow infection control guidelines should be moved to other sites:
 - Refer medically vulnerable clients to Project Room Key, to IH sites with smaller dormitories and/or greater capacity for cohorting, or sites that have medical staff.

IMPLEMENT CLIENT COHORTING

1. If possible, designate separate areas for different groups of IH clients. Your facility can create these areas within one facility or share areas across facilities. These plans can be created in conjunction with your funder(s). Client choice should be accommodated in arranging placements as long as it does not conflict with maintaining maximal safety for all clients and staff.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

2. The following cohorts should be considered when designating segregated spaces:
 - a. General Uninfected Cohort: This area could house the majority of your clients who have tested negative within the last four weeks. Clients in this area should follow infection control practices and agree to be tested on a monthly basis.
 - b. Untested Cohort: This area could house new admissions or other individuals who are awaiting testing or test results. This area should have separate bathrooms/showers from the general area or have scheduled shower times to allow for adequate disinfection between cohorts. Untested clients should receive their meals separately and not congregate with the general cohort until they have tested negative. If you have not yet arranged for routine COVID testing at your site, please reach out to your CRTs and funder(s) for guidance.
 - If space allows, designate a separate area and bathroom for individuals who consistently decline testing. Ideally, a separate entry and exit way should be identified for these individuals to come and go from the IH site. If that is not possible, these individuals could be referred to an IH site in which they can be safely managed.
 - c. High Vulnerability Cohort: Medically vulnerable individuals should be referred to Project Room Key, recuperative care centers, or other appropriate interim housing sites. If this is not possible, designate an area for vulnerable clients. This area will house older individuals and those with chronic medical conditions that place them at higher risk of serious illness or death should they contract COVID. These individuals may leave the IH site on a less regular basis and may benefit from being kept apart from clients who come and go from the facility on a regular basis. These individuals need closer monitoring by staff. Staggered meals and shower times with thorough disinfection between use can reduce their risk of COVID infection. If your facility is unable to fulfill these criteria, refer to IH sites that can better manage vulnerable clients. Discuss these options with your CRTs and funder(s).
 - d. High Exposure Cohort: This area could house clients whose activities inside and outside of the IH site may put them at higher risk for COVID exposure but who do not have a specific known exposure to someone with confirmed COVID-19. These clients may not adhere to wearing masks or physical distancing and/or spend most of the day outside in high-risk environments. This area should have separate bathrooms/showers or have scheduled shower times to allow for adequate disinfection between cohorts. Clients should receive their meals separately and not congregate with the general population.
 - e. Symptomatic Persons Cohort: This area would house those with classic symptoms of COVID-19, while waiting for transport to an isolation and quarantine (IQ) site. This area could also house those clients who are developing symptoms that are suggestive of COVID-19 but not yet definitive.
3. For many IH sites, it is not possible to have five different areas. Consult the DHS CRTs or your funder(s) to determine if designated areas are possible and which sub-populations you could easily accommodate. For instance, if your IH site has a large number of people who do not adhere to infection control practices and come and go frequently from your facility, you may want to designate two areas in your IH site: One to house vulnerable (but uninfected) clients who are encouraged to stay in place and one to house clients who frequently go in and out of the IH site. Perhaps your IH site can only have a small area for symptomatic persons with a separate one for the general cohort.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

4. Work with your funder(s) to establish collaborations with other IH sites to create additional cohort areas. For example, an IH site that has space for only one cohort could house persons who decline testing while the other IH site could house vulnerable clients enabling both sites to improve client safety.

REFER COVID-POSITIVE OR SYMPTOMATIC CLIENTS TO MEDICAL SHELTERS (ISOLATION AND QUARANTINE SITES)

The County has established sites that serve as back-up facilities to house individuals who do not have safe alternative sites for isolation or quarantine. These medical shelters, or IQ (Isolation and Quarantine) sites, can accept residents by referral from IH sites that have clients who are COVID-positive, have COVID-like symptoms, or who are medically vulnerable with known exposure to COVID. Access to IQ sites county wide is through the DPH call center: 833-596-1009, 8:00 am to 8:00 pm daily. Make sure to isolate the individual for whom placement is sought at your site while you call to find an appropriate alternative location.

IH sites can choose to isolate or quarantine individuals on site for the duration of infectiousness instead of referring to an IQ site; these sites must, however, demonstrate ability to create and maintain strict infection control protocols to operate these areas within their facility. IH sites should discuss their plans for cohorting and submit policies and procedures for operating isolation or quarantine units within their facilities with their funder(s). At a minimum, isolation areas at an IH site should have four walls with a closing door, a separate air flow system, a separate bathroom and shower area, a separate eating area, and an area for putting on and taking off personal protective equipment (PPE). At this time, we still highly recommend that clients who are COVID-positive, those who have had a high-risk exposure to someone who is COVID-positive, and those who are exhibiting symptoms consistent with COVID be referred to designated IQ sites as opposed to kept in isolation areas in your facility.

USE OF APPROPRIATE FACE COVERINGS BASED ON EXPOSURE RISK

The guidance above is specific to IH sites providing congregate care to vulnerable populations. This section moves on to infection control measures that IH sites must implement. These measures are applicable to all businesses operating in the County.

Face coverings protect others from possible exposure to respiratory droplets that may come from the mouth when we talk, sneeze, or cough. All clients must wear cloth face coverings at all times except when eating, smoking, bathing, or sleeping. All staff who are working onsite must wear cloth face coverings at all times when contact with others is possible. Face coverings are not required, however, when staff are working alone in private offices or in cubicles that are enclosed up to standing height. Sites must provide one or more face coverings to staff who are required to wear them. Staff and clients should be instructed to wash their face coverings [daily](#).

Cloth face coverings are satisfactory for general infection control, however, health care workers, first responders, and others who are working directly with ill clients need to wear [surgical masks as discussed below](#).

Post visual reminders (you may wish to use this DPH [poster](#)) for clients and staff throughout the facility,

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

reminding them to wear face coverings. Anecdotally, facilities that have clear signage, provide consistent reminders, and incentivize use of face coverings are reported to be better able to achieve universal wearing of face coverings. Clients who cannot or will not wear masks or face coverings due to cognitive issues, behavioral issues, or personal preference should not be exited from an IH program. These clients should be counseled and incentivized to wear masks. If these efforts are ineffective, contact your CRTs and funder(s) for guidance.

Options for management of clients who will not wear face coverings or masks despite counseling and incentives include:

- Placing these clients in a separate area that has its own restrooms/showers and ideally, have a separate entry and exit way.
- Restricting client movement within the IH site.
- Requiring these clients to eat in isolation.
- Having these clients tested more frequently for COVID-19 if that is feasible.
- Assuring that staff are fully gowned with a surgical mask or N95 respirator and eye protection (goggles or face shield) when interacting with these clients.
- Referring these clients to an IH site that is better able to serve the client (consult your CRTs and funder(s).)

If a client poses a serious threat to others (e.g. client is known COVID-positive and deliberately coughs in someone's face), IH staff can call DPH to request a consultation to determine if a Health Officer's Order is warranted. DPH can also advise on how to engage officers to safely escort the client from the IH site. In these circumstances, call (213) 288 - 8522 and request to speak with a DPH physician about the need for a Health Officer's Order.

IMPLEMENT AND MAINTAIN PHYSICAL DISTANCING

Enforce 6-foot physical distancing among clients and staff at all times. Have visual reminders for clients and staff posted throughout the facility reminding them to stay 6 feet apart. Discourage any close contact, including handshakes, hugs, and fist bumps.

Assign staff to monitor congregate areas and to ensure that people maintain 6-foot distancing when they queue up to enter the IH site, pick up meals, smoke, shower, or visit the infirmary.

Other recommendations include:

- Place colored tape demonstrating 6-foot separations in areas where people must congregate or line up.
- Stagger mealtimes or other organized activities to reduce the number of clients in one place at the same time.
- Remove or block off (i.e. mark an "X" with duct tape) couches or adjoined seating spaces to maintain 6-foot physical distancing in common areas, smoking areas, and dining areas.
- Remove chairs so that dining tables that are less than 6 feet long only have one chair.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

- Place computers in staff and client areas 6 feet apart.
- Schedule staff breaks (including meals) at different times and re-arrange staff lounges to ensure that all seating is 6 feet apart.
- Consider placement of physical barriers between clients and staff at desks or registration windows.
- Consider ways to make physical distancing between clients and staff easier:
 - Establish and post maximum occupancy limits for common rooms (such as TV rooms or recreational areas) so that the maximum allows for 6 feet between people and never exceeds 10 people.
 - Establish and post maximum occupancy limits for bathrooms and showers.
 - Anchor chairs in smoking areas at least 6 feet apart.

BED POSITIONING

- For single beds, ensure that beds/mats are at least 6 feet apart with clients in adjacent beds arranged head-to-toe to maximize distance between faces.
- If this ideal bed positioning is not possible, confer with your DHS CRTs and funder(s). They will consider other variables (e.g. ventilation in the sleeping area, mask-wearing culture, cleaning/disinfection practices) to help you come up with ideal spacing solutions.
- For bunkbeds that are positioned next to each other or across from one another:
 - Position beds at least 6 feet apart.
 - Ideally, place only one person per bunk bed unit (either the top or the bottom bunk).
 - Ensure the patient's lying position is head to toe on adjacent bunk beds, so positioning allows for the least transmission risk possible.
- If this ideal bunk bed positioning is not possible, confer with your DHS CRTs and funder(s). They will consider other variables (e.g. ventilation in the sleeping area, use of cloth or other between-bed barriers, cleaning/disinfection practices) to help you come up with ideal spacing solutions.
- Confer with your funder(s) for guidance on bed positioning to maximize occupancy and safety for all clients.
- Email your DHS CRT (crtpm@dhs.lacounty.gov) to discuss options and recommendations when ideal bed positioning is not possible.

USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Ensure that the IH site has an adequate supply of personal protective equipment (PPE) for medical and cleaning staff. If you have difficulty procuring PPE through regular supply chains, let your CRT and your funder(s) know. PPE should be kept in a locked area and distributed by designated staff. All staff should be [properly trained in the use and reuse of PPE](#). PPE, including gloves, surgical masks, N95 respirators, face shields, and gowns, are to be used in the following ways:

- Funder(s) will expect a calculated “burn rate” of PPE at each site and will expect to find a 2-week inventory of PPE in stock at any given time. The CRTs will aid in calculating the “burn rate”.
- Gloves should be worn when screening clients for COVID on entry, when cleaning/disinfecting surfaces, disposing of trash, doing laundry, and handing out or receiving objects (such as food trays, pillboxes, or

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

linens) to clients. All gloves should be disposable and worn only once for a maximum of 30 minutes, as staff are encouraged to wash their hands every 30 minutes.

- Surgical masks or cloth face coverings should be worn at all times by staff members and clients. Masks and face coverings do not need to be worn during sleep. Surgical masks can be worn for the entire day as long as they do not become wet or soiled. Cloth face coverings should be washed and dried [every day](#).
- N95 respirators and face shields should only be used by cleaning staff when they are cleaning toilets, shower stalls, or sinks where the risk of splash or aerosolization is high. They may also be worn by staff who have close contact with clients not wearing masks or those with COVID symptoms. Wearing a face mask over the N95 respirator can allow the N95 to be used again. An N95 can be placed inside of a paper bag between uses and can be reused if it has not become visibly soiled or wet.
- Gowns and face shields or other eye protection should be used by staff laundering potentially contaminated materials as well as by staff cleaning toilets, shower stalls, or sinks where the risk of splash or aerosolization is high. Face shields can be reused if cleaned/disinfected after use and left to dry. Gowns should also be used by staff examining or testing clients with potential COVID infection.
- Re-washable gowns should be washed daily and dried before use. Disposable gowns can be reused only if not soiled or damaged.
- Medical staff who are performing exams on clients with unknown COVID status or staff with close contact to clients in quarantine in the setting of an outbreak investigation should wear gloves, surgical mask, and eye protection, such as goggles or face shields.
- Isolation and quarantine areas should be clearly indicated with signage for staff indicating the need for appropriate PPE.
- All sites should have trash receptacles with lids adjacent to any area where people will put on and take off PPE. There is no need, however, for special waste disposal for PPE at IH sites. PPE can be placed in regular waste bins and handled as regular trash.

IMPLEMENT AND MAINTAIN A CLEANING/DISINFECTION REGIMEN

To foster frequent (i.e. every 30 minutes) cleaning of hands by client and staff:

- Make sure that bathrooms and sinks are adequately stocked with soap and disposable paper towels at all times.
- Provide alcohol-based hand sanitizers that contain at least 60% alcohol at key points within the facility (e.g. registration desks, entrances/exits, eating areas).

To limit the spread of COVID due to contact with contaminated surfaces:

- Assign your infection control officer to oversee cleaning and disinfection and to ensure that it occurs consistently and frequently throughout the day.
- Train cleaning staff in the use of PPE and how to use cleaning and disinfection chemicals.
- Post cleaning logs outside of bathrooms/showers, sleeping areas, meal areas, and other common areas.

Facility cleaning recommendations can be found on the CDC/HUD/DPH [websites](#) (see resource list at the end of this document) and include:

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

- Clean surfaces using soap and water first. Then use an EPA registered household disinfectant ([on List N](#)) to disinfect. Bleach is a cheap and effective disinfectant.
- Clean and disinfect bathrooms at least **three times a day**. If a shower is shared by COVID-positive and COVID-negative/unknown clients, all the COVID-positive clients should shower separately, and the shower should be cleaned before use by others. Cleaning staff should wear full PPE, including an N95 respirator, face shield, disposable gown, and gloves when they are cleaning toilets, shower stalls, or sinks where the risk of splash or aerosolization is high.
- Clean and disinfect frequently touched surfaces after every use or at least [every hour](#). These surfaces include tables, chairs, doorknobs, light switches, countertops, handles, desks, phones, keys, faucets, refrigerator handles, microwaves, remote controls, keyboards, elevator buttons, grab bars, railings, etc.
- Frequently empty trash cans to avoid spillage of soiled materials onto the floors and other surfaces.

[Laundry recommendations](#) can be found on the CDC website and include:

- Cloth face coverings used by clients and staff should be laundered daily.
- Individualized linens/towels should be provided so cross-contamination between clients is minimized.
- Linens/towels that are not individualized should be laundered daily.
- Laundry staff should wear disposable gowns, gloves, face mask, and face shield while doing laundry.
- Launder with an appropriate amount of detergent at the warmest setting possible.

ENSURE PROPER VENTILATION/AIR CIRCULATION

Review the status of the ventilation system with the person in charge of that system at your site (for example, the building engineer or manager). Working with that person, ensure that ventilation systems in the IH site operate properly and take appropriate steps to improve ventilation in the IH site:

- Increase the percentage of outdoor air (e.g. using economizer modes of HVAC operations) as high as 100% (first verify compatibility with HVAC system capabilities for both temperature and humidity control as well as compatibility with outdoor/indoor air quality considerations).
- Increase total airflow supply to occupied spaces if possible.
- Consider using natural ventilation (i.e., opening windows and doors if possible and safe to do so) to dilute indoor air when environmental conditions and building requirements allow.
- Disable demand-control ventilation (DCV) switches that reduce air supply based on temperature or occupancy.
- Consider keeping the building ventilation system on at all times to maximize dilution ventilation.
- Ensure exhaust fans in restroom facilities are operating at full capacity when the building is occupied.
- Improve central air filtration:
 - [Increase air filtration](#) to as high as possible (MERV 13 or 14) without significantly diminishing design airflow.
 - Inspect filter housing and racks to ensure that filters fit properly. Check for ways to minimize filter bypass.
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplement to help inactivate the virus.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

- Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas).
- Work with an HVAC specialist to [generate clean-to-less-clean air movement](#) by re-evaluating supply and exhaust air diffusers and/or dampers and adjusting zone supply and exhaust flow rates to establish measurable pressure differentials. Have staff work in “clean” ventilation zones that do not include higher-risk areas such as visitor reception or exercise facilities (if open).

COVID SCREENING

IMPLEMENT AND MAINTAIN COVID SCREENING

All clients and staff should be screened on entry into the facility. Minimize entry of visitors who are not required for the operation of the facility.

Screen clients and staff as described below for COVID-symptoms or fever at least once per day. Consider screening older (>65 yo) or medically frail clients twice per day. Staff who conduct temperature and symptom screening should undergo regular training on COVID symptoms, how to use a thermometer, and how to isolate individuals who are symptomatic or febrile. Staff performing temperature screens should wear surgical masks, gloves, and face shields. Information gathered during screening should be collected on a log and available for inspection by the IH site infection control officer. Ensure those being screened are wearing face coverings.

Screening procedures for clients/staff/visitors:

- Take the client’s temperature using an infrared thermometer.
- Ask the client if they have been exposed to anyone with COVID over the past two weeks.
- Ask:
 - Have you had a fever or chills in the past day?
 - Do you have a new or worsening cough?
 - Do you have any shortness of breath?
- If they answer yes to any of the questions, ask if they have any of the following symptoms:

Fatigue	New loss of taste or smell	Nausea
Muscle or body aches	Congestion or runny nose	Vomiting
Headache	Sore throat	Diarrhea
- [Posters](#) with visual representation of symptoms can be used to assist with screening process.
- If the client has a fever OR a new/worsening cough OR any of the other symptoms, escort them to an isolation room while you arrange for transfer to an IQ site. Notify DPH:
 - 213-240-7941 Monday through Friday, 8:00am-5:00pm
 - 213-974-1234 weekends, holidays, and after hours, and ask for the on-call clinician
- If staff have shortness of breath, cough, fever or chills, or reports other symptoms consistent with COVID-19, they should be instructed to return home to self-isolate. Staff should be instructed to arrange for a test and to report the results to the site.
- Clients and staff with no fever (temperature is below 100.4 F) and no worrisome symptoms may enter the IH site.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

- If it is hot outside, those with a temperature at or above 100.4 F may “cool down” for ten minutes and be re-checked.
- If the temperature probe is reading below 97, it may be broken. Use another device or read its instructions carefully to ensure that the temperature screener is using it properly.

COVID TESTING

IMPLEMENT AND MAINTAIN COVID TESTING

The [Department of Public Health has recommended](#) that COVID testing occur weekly among both clients and staff of IH sites. It is expected that IH sites will develop the capacity to do this testing. In the interim, CRTs from DHS Housing for Health will provide testing as needed, as well as training and technical assistance to help you develop COVID testing capacity.

There are five types of COVID testing that may occur in IH sites:

- **Admission testing** - Described in the New Admissions section below.
- **Surveillance testing** - Routine/general COVID testing involving weekly testing of a sample of clients or staff to detect people with asymptomatic infection.
- **Diagnostic testing** - Testing of symptomatic individuals to determine if they have COVID infection.
- **Outbreak testing** - Testing of clients and staff once there is an outbreak investigation. An outbreak is currently defined as one COVID-positive person OR two or more people with COVID-like symptoms within 14 days. Testing of all exposed clients and staff can help determine if COVID has spread within the IH site. Targeted testing may be appropriate in some situations. Testing extent and frequency will be determined by DPH after review of specific site information and test results and will end when no further COVID-positive individuals or symptomatic persons are identified after 14 days.
- **Contact tracing testing** - Testing of people who have been exposed to a known COVID-positive person during their infectious period. For example, if an individual tests positive in an encampment and reports that he spent the night at an IH site two days prior to testing, everyone who was in close contact with that person at the IH site may need to be tested to determine if they were infected.

SURVEILLANCE TESTING

Individuals who have COVID symptoms should be tested as soon as possible. Surveillance testing refers to testing asymptomatic persons at your site. There are two reasons to do surveillance testing of clients and staff in your IH site:

- To identify asymptomatic individuals infected with COVID. This can help link them to necessary medical care and minimize exposure of the general population at your site.
- To provide information you need to inform your infection control and client cohorting practices.

DPH has recommended that COVID testing of a subset of clients and staff occur on a weekly schedule. It is expected that your facility will develop the capacity to do this testing on its own. In the interim, COVID-Response Teams (CRTs) from Housing for Health will provide weekly testing, as needed, as well as training/technical assistance to build capacity. You can develop this capacity by:

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

- Training your existing medical staff to perform COVID tests
- Partnering with a local FQHC or mobile clinic to perform COVID tests
- Hiring per diem nursing staff to perform COVID tests

Surveillance testing includes testing of clients and staff as follows:

- **Client testing:** 10-20% of asymptomatic clients should be tested weekly. When deciding which asymptomatic clients to test, you should employ a combined random and targeted sampling strategy.
- **Random sampling:** Random sampling simply means choosing the people who are going to be tested at random. You can test a random sample by going wing by wing or floor by floor within your site and testing various people every week – making sure that you are testing as many different people as possible within a four-week period. Alternatively, you can use a random sampling tool like that found at <https://www.randomizer.org/> to randomly select clients. For example, if you have 250 clients and you want to randomly sample 10% for testing, you would use the app to randomly select 25 clients off your roster.
- **Targeted sampling:** In addition to random sampling, you should select certain individuals to be tested on a weekly basis. These might include:
 - Older or more medically vulnerable individuals
 - Individuals who come and go out of your IH site frequently
 - Individuals who have trouble adhering to infection control recommendations (like wearing a face covering or physical distancing)
 - Individuals who frequent multiple locations in your IH site (either because of work responsibilities or behavior patterns)
 - Individuals who have recently been released from the hospital, jail, or other congregate living facility with COVID-19 outbreaks and were not previously tested
- **Staff testing:** 25% of your staff should be tested on a schedule that will result in testing of all staff members once a month. Testing options include:
 - On-site testing
 - Staff's own primary care clinics
 - County/city testing [sites](#)

If staff receive their tests elsewhere, they should submit their reports privately to the facility human resources or administrative specialist.

WHAT IF CLIENTS OR STAFF REFUSE TO BE TESTED?

Clients: If clients refuse to be tested, they should not be exited from the IH program. Discuss client management options with your funder(s). Options for client management include:

- Quarantine for 14 days during which they are not allowed to come and go until they agree to be tested.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

- Place them in a “test decliner” dorm as discussed previously under Cohorting. This dorm provides an isolated space, with separated bathrooms/showers and meals. Individuals in this dorm cannot leave this designated dorm to enter other areas of the IH site.
- Transfer to another IH site that accommodates “test decliners”.

Staff: If staff refuse to be tested, they will be held to higher infection control standards and cannot eat with other staff or clients. In addition, they will need to disinfect bathrooms or other common use areas after their use and should not come in close contact with older or more medically vulnerable clients. Other options for staff that refuse to be tested:

- Staffing the dorm that houses the clients who refuse to be tested.
- Doing work that does not involve contact with clients or other staff.

DIAGNOSTIC TESTING

If a client develops symptoms highly suggestive of COVID, notify the Department of Public Health at 213-240-7941 from 8:00 am to 5:00 pm, Monday through Friday, or 213-974-1234 (after Hours and weekends Emergency Operator), ask to speak with a physician to report the suspected case. You then have two options:

- Refer them to an IQ site where they will remain until they are safe to return. The IQ site will test them per their protocol. If they test positive, the IQ site will notify DPH which will begin an outbreak investigation. If they test negative, the IQ site will hold them until the isolation period is over for presumed COVID. After the isolation period is over, they do NOT have to test negative before returning to your IH site nor do they have to be quarantined on admission as they have already been isolated for the required period of time.
- COVID test the clients and place them in an isolation area for 10 days at your site AND release them only if, after 10 days, their fever has resolved for at least 24 hours without the use of fever-reducing medication and their symptoms have improved.
 - A positive test result necessitates an outbreak investigation by DPH. Call DPH to report the case.
 - A negative test result does not mean the client is not infected with COVID given the high false-negative rate of available testing. Continue to isolate them for the full duration as stated above. Call DPH if you need help in decision-making.
 - Exceptions to maintaining strict isolation may be made for clients who have critical medical appointments, but providers must be notified of the client’s COVID status prior to the client going to the appointment.

OUTBREAK TESTING

It is your responsibility to report a COVID-positive case or two or more people with COVID symptoms within a 14-day period to DPH so that an outbreak investigation can be initiated. Once an outbreak investigation has been initiated, testing will be conducted by DPH. Facility staff will be expected to assist Public Health Nurses in coordinating client and staff testing for the duration of the outbreak investigation. In general, outbreak investigations last for two to four weeks. During outbreak investigations, admissions to the IH site will be

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

temporarily halted until the extent of the outbreak can be determined. In addition, some areas of the IH site may be placed on “lock-down” with restriction of movement of affected clients.

CONTACT TRACING TESTING

Location-based contact tracing and testing will be conducted by DPH. Facility staff will be expected to assist Public Health Nurses in information gathering and in coordinating client and staff testing for the duration of the contact tracing testing. Of note, should a client have been tested outside of your facility and have a positive test result, DPH will communicate with you regarding this individual during contact tracing and instruct you on appropriate isolation procedures as well as possible outbreak investigations at your site.

REFUSAL OF ISOLATION/QUARANTINE ORDERS

- A COVID-positive client who declines transfer to an IQ site and/or isolation within your IH site may be exited from the IH site after approval from your funder(s). The following steps should be taken prior to exiting a client from the IH site:
 - IH staff should contact DPH to determine if an individual Health Officer’s Order should be issued by calling (213) 288 - 8522.
 - IH staff should document the client’s refusal to self-isolate in Clarity and issue an alert informing other providers of this individual’s COVID-positive status. This alert should be removed if the client changes his/her stance on isolation/quarantine orders.
 - Provide your funder(s) with the client’s HMIS ID within 24-hours of terminating them for the program. For clients in LAHSA-funded beds, complete LAHSA’s approved termination form and e-mail the form to incidentreporting@lahsa.org.
 - Allow for clients to reenter the IH site once the isolation period ends and request the client show proof they have been medically cleared to re-enter. This should be the only time formal medical clearance is required.
- A COVID-exposed client who declines quarantine at an IQ site or quarantine area within the IH site may be exited after discussion with your funder(s).
- Exceptions for strict quarantine may be made for clients who have critical medical services appointments, but providers must be notified in advance.

NEW ADMISSIONS (does not apply to beds funded by DHS or DMH since clients referred by these departments will have been medically cleared)

REFERRALS FROM ACUTE CARE HOSPITAL SETTINGS

COVID-related hospitalization: If a client was hospitalized and treated for COVID infection, they should be admitted to your interim housing site only after they have completed 10 days in [isolation](#) at the hospital or other facility. A COVID test is NOT, however, necessary prior to admission to the IH site if the client has completed 10 days of isolation.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

Non-COVID related hospitalization: If the client was hospitalized for something other than COVID, the IH site can ask the discharging hospital to test for COVID within 7 days prior to discharge. This is not mandatory, nor does lack of a test mean that the client cannot be admitted to an IH site.

If the hospital agrees to test the client for COVID:

- **If the client tests COVID positive:** The client should be referred to a County IQ site to complete 10 days of isolation before coming to IH site. Alternatively, if the IH site has a COVID positive area, the client can return to the IH site and complete 10 days of isolation prior to release into the general population.
- **If the client tests COVID negative:** Admit the client to your facility. Quarantine is not necessary.

REFERRALS FROM NON-ACUTE CARE SETTINGS

Clients referred from non-acute care settings (i.e. jail or street) may have had limited access to testing. No testing is required prior to admission but on arrival, clients should be screened for COVID symptoms and COVID exposure.

Symptomatic clients with COVID exposure should be referred to an IQ site if not seriously ill. If they are seriously ill, they should be sent to a hospital. They should complete 10 days of isolation and be fever-free without fever-reducing medication for at least 24 hours prior to their return. A COVID negative test is not required for entry after 10 days of isolation.

Asymptomatic clients without known COVID exposure should be admitted to the IH site, placed in a short-term quarantine ward, and tested as soon as possible:

- If the client tests COVID positive, refer to an IQ site.
- If the client tests COVID negative, release them into the general population and COVID-test again in one week.

We generally discourage quarantining all new asymptomatic admissions prior to entry into the general population at your site for various reasons:

- It will limit the number of people accessing the IH site
- It may not reduce the spread of COVID in your facility as the majority of clients in the general population areas continue to come and go from the IH site and may acquire infection elsewhere.
- Any person developing symptoms or testing positive in a quarantined cohort would lead to extension of quarantine for all others quarantining together.
- Admissions on different days would lead to groups of people quarantining together longer and longer.
- Extension of these rolling quarantines could lead to severe restrictions to people accessing the facility or exiting quarantine.

If you do choose to quarantine new admissions for 14 days, you may consider targeting quarantine to high-risk individuals coming from jails or congregate living facilities with ongoing outbreaks. If you elect to do this:

- Quarantine new admits for 14 days.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

- Client is then released to the general ward if they remain asymptomatic AND have not been exposed to a symptomatic or COVID-positive person while in quarantine.
 - If the person develops symptoms while in quarantine, they should be moved to an on-site isolation area or referred to an IQ site.
 - If the person is exposed to a symptomatic person while in quarantine, quarantine should be extended to ensure completion of a new 14-day quarantine beginning the day the ill person was separated from others.
 - A repeat COVID test prior to release from quarantine is NOT necessary.

Please be advised that clients cannot be placed in IH sites that are actively under outbreak investigation UNLESS they obtain DPH clearance. Sites under active outbreak investigation are notified in writing by DPH and will be assigned a Public Health Nurse who will be DPH point of contact for the site.

ADDITIONAL STAFF CONSIDERATIONS

- Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.
- Develop and use contingency plans to deal with increased absenteeism caused by employee illness or by illness among employees' family members. These plans might include extending hours of remaining employees, cross-training current employees, or hiring temporary employees. Discuss these contingency plans with your funder(s).
- Staff and volunteers who are at [higher risk](#) for severe illness from COVID-19 should not be designated as caregivers for sick clients who are staying in the IH site. Identify flexible job duties for these higher risk staff and volunteers so they can continue working while minimizing direct contact with clients.
- Staff should avoid handling client belongings. If staff are handling client belongings, they should use disposable gloves. Make sure to train any staff using gloves to [ensure proper use](#) and hand hygiene before and after use. If gloves are unavailable, staff should perform [hand hygiene](#) immediately after handling client belongings.
- Provide resources for stress and coping to staff. Learn more about [mental health and coping](#) during COVID-19.

FINAL NOTE

DHS, DMH, DPH, and LAHSA recognize that to accomplish the goals set forth in this document, budgetary modifications may be needed, including changes to staffing patterns/needs, supplies/equipment, and facility repair and enhancements. It is highly recommended that IH sites determine how existing funding can be leveraged to increase infection control in the IH site and protect clients and staff. Please contact your funder(s) if you have financial barriers to implementing the guidance in this document.

SUMMARY OF EXPECTATIONS FOR IH SITE OPERATORS:

- Create policies and procedures related to COVID-19. Policies and procedures should address:

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

- COVID-informed operational procedures for staff
 - Client symptom monitoring
 - Procedures for maintaining accurate rosters of clients and for logging client entry into and exit from isolation or quarantine as needed
 - Decompression and cohorting plans
 - Intake/admission procedures during COVID
 - Infection control plans (including PPE, cleaning/sanitation, bed spacing, ventilation plans)
 - Isolation/quarantine and outbreak plan
 - Staffing plan during COVID (including contingency plan in the event of staff shortage)
- Identify an infection control officer for your facility.
 - Consider designating available areas in your facility with separate entryways/restrooms and showers to serve a specific cohorting purpose. Discuss these opportunities with your CRTs and funder(s) to determine what client cohorts you can best serve given your physical layout and staffing patterns.
 - Define your maximum occupancy rate and fill to that capacity by decompressing or admitting clients as needed.
 - Refer symptomatic, COVID-positive, or high-risk individuals with COVID exposure to IQ sites.
 - Notify DPH of symptomatic persons, confirmed cases, and exposures.
 - Do not restrict the amount of time that a client can be outside of the IH site during the day.
 - All staff and clients should wear cloth face coverings or surgical masks at all times.
 - Full PPE (surgical face masks or N95 respirators, face shields, gloves, and gowns) are necessary only when staff are examining or testing potentially COVID-infected clients or when custodial staff are laundering contaminated materials or cleaning toilets, shower stalls, or sinks where the risk of splash or aerosolization is high.
 - Do not exit clients who will not wear face masks or remain physically distanced unless they are known COVID-positive and DPH recommends the discharge.
 - Enforce and facilitate physical distancing by making physical layout modifications, staggering meal and shower times, and assigning infection control monitors to maintain physical distancing practices at all times.
 - Determine your “burn rate” of PPE and cleaning materials and ensure that a two-week supply is available at any given time.
 - Follow recommended cleaning schedule and ensure that cleaning staff are trained in proper cleaning and disinfection techniques as well as PPE donning and doffing.
 - Ensure that ventilation systems are fully functional, and that air circulation is optimized to minimize spread of respiratory droplets.
 - Have trained staff to do full COVID screening on client entry and throughout the day and document these data on a log that is available to your funder(s).
 - Develop the capacity to do surveillance, diagnostic, and admissions testing on your clients and coordinate with DPH during outbreak investigations and contact tracing initiatives.
 - Have a protocol in place for discharging clients who are COVID-positive and who do not follow public health orders, including entry of information into Clarity and funder(s) notification.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Interim Housing (IH) Settings

- Create and implement a protocol for new client admissions, including quarantine of new clients pending COVID test results.
- Do not require COVID-negative test results for new admissions or clients returning from 14-day isolation or quarantine.
- Create and implement staff training materials and protocols to ensure staff safety and adherence to infection control measures.
- Ensure that staff are tested for COVID on a monthly basis (by testing 25% staff every week) and determine policies and procedures for managing staff who decline testing or infection control standards.
- Implement a staffing plan that accounts for reduced client numbers and reflects increased need for augmented cleaning, COVID screening, COVID testing, and infection control and discuss and fiscal challenges with implementing the plan with your funder(s).

RESOURCES

<http://www.publichealth.lacounty.gov/media/Coronavirus/docs/homelessness/GuidanceHomelessShelters.pdf>

<http://www.publichealth.lacounty.gov/media/Coronavirus/docs/homelessness/GuidancePEHTestingPriorities.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/infection-control-inventory-planning-tool.pdf>

<https://www.hudexchange.info/resource/5985/infectious-disease-toolkit-for-cocs/>

<https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/>

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

<https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html>

<https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/air.html>

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

<http://www.publichealth.lacounty.gov/media/Coronavirus/docs/homelessness/GuidancePEHTestingPriorities.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>