

## Recommended Local Strategic Approaches for COVID-19 Response for Individuals Experiencing Homelessness and Requesting FEMA Public Assistance

Developed in partnership with Emergency Support Function #6 and Colorado's Statewide Homeless and Housing Task Force

**Purpose:** The state of Colorado is focusing on non-congregate sheltering as best practice to protect human life according to CDC's recommendations during COVID-19. These approaches are to help minimize hospital surge by reducing the possibility for transmission of COVID-19 in individuals experiencing homelessness and high-risk populations throughout Colorado.

#### **Local Coordination Essential**

All homeless response efforts will work best if managed through a local coordinated system with county public health and local emergency management.

# How to Start Up a Local Housing and Homeless Task Force

- 1. Designate leader
- 2. Gather local community housing partners
- 3. Convene a call
- 4. Identify roles and gaps in service
- 5. Ask identified local partners to fill gaps
- 6. If local resources can not fill gaps, coordinate with local emergency management to request assistance from state partners.

### Local Emergency Mgmt. Feeding Housing Partners Local Community Continuum Housing/ Recreation of Care Homeless (CoC) Centers Task Force Private Sector Local Human (i.e. hotel, Providers

### Request for FEMA Public Assistance

To request FEMA Public Assistance for emergency

non-congregate sheltering activities, please send the following information to the State Emergency Operations Center, Michael. Haney@state.co.us.

- 1. Declaration from local public health officials for medical necessity
- 2. Location (county, city)
- 3. What does your situation look like? (i.e. People experiencing homelessness in congregate shelters are showing COVID symptoms and need to move into isolation or quarantine situations)
- 4. Numbers affected or in need of sheltering
- 5. Other options considered
- 6. Justification for needing state assistance
- 7. Any other documentation supporting the request
- 8. Cost analysis in spreadsheet:
  - Estimated costs of individual rooms (hotels, dorms, or other)
  - Initial dates of expected sheltering support
  - Totals \$XX for X# people

### Recommended Sheltering Approach for COVID-19 Response



### **Recommended Triage Screening Steps**

#### At Shelter or Homeless Outreach:

- 1. Ask the individual:
  - a. Do you have a dry cough?
  - b. Do you have a sore throat?
  - c. Are you feeling feverish?
  - d. Do you have difficulty breathing (worse than usual) or shortness of breath?
- 2. Take temperature—if higher than 100.4 degrees, client screens positive.

Note: In shelters, ask guests these questions daily. In unsheltered settings, screening should be performed by outreach workers as feasible.

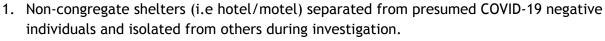
### Recommended Sites (hotel/shelter/encampments) based on Triage Screening

#### For Presumed COVID-19 Negative:



- 1. Non-congregate shelters (i.e. hotels/motels) for high risk individuals [older adults and people of any age who have serious underlying medical conditions],
- 2. congregate shelters with appropriate social distancing, or
- 3. Remain unsheltered with appropriate outreach and social distancing. Guidance on organic encampments and planned tent set-ups below.

#### For Person Under Investigation (PUI):





2. Alternative care settings (i.e. medical shelters) separated from presumed COVID-19 negative individuals and staffed by healthcare professionals where individuals who are confirmed COVID + can receive healthcare and assessments to see if they require a higher level of care (i.e. transfer to emergency department or inpatient).

#### For Presumed & COVID-19 Positive:



- 1. Non-congregate shelter (i.e. hotels/motels) separated from presumed COVID-19 negative and PUIs and do not require extensive healthcare while contagious.
- 2. Alternative care settings (i.e. medical shelters) separated from presumed COVID-19 negative individuals and PUIs and staffed by healthcare professionals where individuals who are COVID + can receive healthcare and assessments to see if they require a higher level of care (i.e. transfer to emergency department or inpatient).

### **Ongoing Screening and Referral**

For shelter staff → screen everyone for symptoms (see recommended triage questions above):

- 1. If an individual answers yes to triage questions, staff should follow recommended site guidance and ask identified medical personnel for a decision as to whether the person requires further medical evaluation and/or should be considered a Person Under Investigation (PUI). Identified medical personnel should determine whether the person is clear to stay at a congregate shelter, non-congregate shelter (i.e. hotel/motel) or requires immediate medical attention and should be transported (with a mask and appropriate social distancing precautions) to an emergency department.
  - a. If a person needs to be placed at a site for PUI → place a mask on them and transport to identified place for PUI. Ideally, should be a hotel/motel to decrease risk of exposure to others.
- 2. If a guest screens negative and is a client at high risk for medical complications, staff should arrange for placement in a non-congregate shelter. Localities should determine the best strategy to make these referrals.
- 3. If a guest screens negative and is at low risk of medical complications, the guest can stay in the congregate shelter with appropriate social distancing, cleaning and screening.

For unsheltered outreach staff→ screen all individuals that are outreached to for symptoms (see recommended triage questions above):

- 1. If an individual answers yes to triage questions, identified medical personnel should assist in determining whether the person is clear to stay where they are currently located, enter a non-congregate shelter environment or require immediate medical attention.
- 2. If an individual screens negative and is at high risk for medical complications, as defined above, staff should arrange for hotel/motel placement for high-risk persons.
- 3. If an individual screens negative and is at low risk for medical complications, CDC recommends that the person not be forcibly "swept" from their current location, but it would still be appropriate to provide people with options to remain where they are, if appropriate social distancing and hygiene needs can be addressed, or to enter an appropriate non-congregate shelter opportunity where appropriate social distancing, cleaning and screening measures can be met.
  - a. Key recommendations from the CDC for organic encampments and tent step-up include:
    - Unless individual housing units are available, do not clear encampments during community spread of COVID-19. Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious disease spread.
    - Encourage people staying in encampments to set up their tents/sleeping quarters with at least 12 feet x 12 feet of space per individual.
    - Ensure nearby restroom facilities have functional water taps, are stocked with hand hygiene materials (soap, drying materials) and bath tissue, and remain open to people experiencing homelessness 24 hours per day.
    - If toilets or handwashing facilities are not available nearby, provide access to portable latrines with handwashing facilities for encampments of more than 10 people.



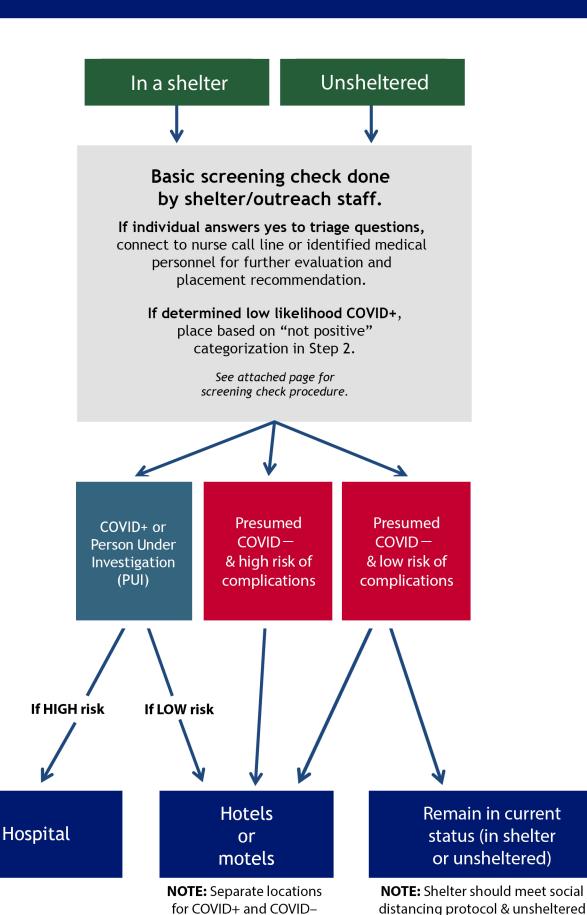
# COVID-19 Recommended Protocol for People Experiencing Homelessness in Colorado



STEP 1: Screening check

STEP 2: Priority and wellness categorization

> STEP 3: Move to destination



protocols should follow CDC guidance