Advice for homeless shelters and people working with homelessness in COVID-19 pandemic

Readers should not rely solely on this advice. This advice is not intended to be a substitute for advice from other relevant sources including, but not limited to, advice from a health professional. Homeless shelters and organisations working with people experiencing homelessness are responsible for ensuring they comply with state and territory requirements and guidelines in relation to managing COVID-19 in these settings.

There is significant diversity among people experiencing homelessness. People experiencing homelessness may have poor health literacy, underlying medical conditions, poor personal hygiene, drug and alcohol misuse, or a lack of access and connection to health services and medical care. In addition, mental ill health can both precede or be a consequence of experiencing homelessness. These factors can lead people experiencing homelessness to be at higher risk for developing and transmitting diseases including COVID-19. Staff should maintain awareness of this and provide communications, services and support in a respectful manner which acknowledges and caters to this diversity.

Homeless shelters and services should ensure accessibility, cultural appropriateness and cultural safety for Aboriginal and Torres Strait Islander peoples as well as people from culturally and linguistically diverse backgrounds. Some cultural backgrounds may have different beliefs and understanding about viruses, germs and the spread of disease and it is important for staff working in homelessness settings to recognise, maintain awareness and respectfully respond to these differences.

Information on COVID-19 including how the virus spreads and who is most at risk is available here.

Advice for Staff

Protecting staff working with people experiencing homelessness

Staff working directly with people experiencing homelessness should take additional precautions. If staff are at higher risk from serious illness from COVID-19, in consultation with their employer they may be assigned to alternative duties.

Those who are continuing community outreach activities should follow advice on how to protect yourself and others. In particular:

- Educate clients on personal hygiene and social distancing.
- Screen clients for symptoms of COVID-19, and if a client is unwell, give them a surgical mask to wear and help facilitate medical attention. Health authorities may also consider outreach testing depending on local epidemiology, which staff may be able to support.
• If a client has symptoms of COVID-19, use appropriate PPE (see below).
• Wash your hands regularly, before and after touching clients or their belongings.
• Avoid touching your face, particularly your eyes, nose and mouth.
• Provide clients with additional hygiene products where available.
• Regularly clean frequently touched surfaces such as door handles and light switches.
• Review client’s mental health and their stress and coping. There are a range of culturally sensitive resources to assess and support mental health on the Head to Health website.
• Be mindful of client’s mental health issues and drug and alcohol use. Follow your organizations normal precautions for avoiding conflict and maintaining your safety.
• Acknowledging that this may be a stressful time, be mindful of your own mental health and seek support if needed.

Personal Protective Equipment (PPE)
People with confirmed COVID-19 should be isolated in a hospital, home or isolated housing setting. Staff should avoid physical contact with people with confirmed COVID-19 wherever possible.

Physical contact with a confirmed COVID-19 client should be a last resort. If staff must come into physical contact with a person with confirmed COVID-19, they should be aware of jurisdictional requirements for PPE. As a general guidance:

• Appropriate hand hygiene must be observed.
• The person with COVID-19 should be issued with a surgical mask and should wear this while in close proximity to staff.
• If close contact is required, staff should be trained in the appropriate use of PPE.
• A surgical mask and gloves are the recommended PPE when a staff member is in the presence of someone with COVID-19, but can maintain physical distancing. If a staff member cannot maintain physical distancing, then eye protection and a long-sleeve gown are also recommended.
• Hand hygiene must take place after gloves are removed or changed.
• Staff should continue to maintain physical distance wherever possible.
• Information on the use of surgical masks is available here.

Staff should follow the advice of jurisdictions regarding whether they should use PPE when interacting with clients during the regular course of their duties, generally:

• There is a low chance of coming into close contact with suspect or confirmed cases in the community.
• All staff are required to practice social distancing and good hygiene.

If homeless shelters, organizations or services anticipate requiring PPE, they should source this from a commercial supplier. While the National Medical Stockpile (NMS) is supplementing PPE held by state and territory health authorities, this is intended to support continuity of health service provision. The majority of deployments from the NMS have been made to state
and territory health authorities for use in public hospitals, to protect medical professionals caring for confirmed COVID-19 cases, and in aged care facilities where there has been a confirmed outbreak of COVID-19. The use of PPE does not replace the need for modifications to practice, such as social distancing.

Where to find additional advice and support

- For the latest advice, information and resources go to [www.health.gov.au](http://www.health.gov.au)
- Call the National Coronavirus Health Information Line on 1800 020 080. The line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.
- The National Coronavirus Health Information Line can help direct you to nearby health centers that test for COVID-19, to support you and your clients.
- If you work with a service or homeless shelter and have a confirmed case of COVID-19 within your organization, you should contact your jurisdictional health authority for advice on management and assistance with contact tracing. Public health authorities will be able to support and advise your service if you are experiencing an outbreak.

Communications for people experiencing homelessness

It is important to provide appropriate and accessible communications to people experiencing homelessness, including those who are unsheltered:

- People who are influential in the community may be able to assist with messaging, for example respected Aboriginal and Torres Strait Islander elders and leaders.
- Reputable local agencies may assist in producing local health promotion materials.
- Post signs in strategic locations such as public bathrooms, laundromats, food vans, orange sky vans, charity pantries, and places where people may shelter such as bus and train stations.
- Coordinate with other services and support networks to assist with messaging, for example by providing information through coffee vans that support homelessness.
- Provide communications in a way that is accessible, keeping in mind many people experiencing homelessness may not have access to phones, internet, TV, or social media messaging. For example, you could provide brochures with key information for charity staff to hand out or tell clients about.
- Think about your regular clients and consider whether communication materials may need to be translated into other languages to ensure accessibility.
- Keep in mind that mental ill-health can both precede or be a consequence of experiencing homelessness. Mental ill-health could limit people’s understanding and awareness of COVID-19.

Where possible, staff may wish to share the following information:

- Make the client aware if there have been recent cases of COVID-19 in the area, and emphasise the importance of following preventative measures
- Advice on social distancing
- Advice on hygiene and cough etiquette
• Advice on how to recognise the symptoms of COVID-19
• What to do if they, their family or friends become unwell
• Advice on who to contact if they need assistance isolating
• Where they can access free COVID-19 testing or assessment
• Where to find food, water, hygiene facilities, healthcare and resources if there have been local closures or changes

Communications advice for homeless shelters

State and territory governments will provide regular updates on the COVID-19 pandemic. Some states have already published guidelines for homeless shelters during COVID-19. Shelters and services should keep up to date with new information.

Shelters and services should work within their local communities to ensure appropriate and accessible communications are available to people experiencing homelessness. As outlined above, this may include:

• Sharing brochures with clients.
• Providing and explaining information with clients in a culturally appropriate and sensitive manner.
• Putting up posters on COVID-19 in your shelter or service.
• Showing clients short videos on mobile devices to help explain personal hygiene measures and the need for social distancing.

Unsheltered Homelessness

People who experience unsheltered homelessness (those sleeping outside or in encampments) may be at higher risk of COVID-19 infection when there is community spread occurring. Lack of housing contributes to poor health outcomes, and linking people with permanent housing should continue to be a priority. In the context of COVID-19, some people may become newly homeless due to financial difficulties. These people may not be as ‘savvy’ as people who have experienced homelessness for a prolonged period, and services may need to provide additional support.

In the context of COVID-19, there are unique risks associated with sleeping outdoors. Although outdoor settings are generally associated with decreased risk, they are associated with poor health outcomes due to a range of other factors, including a lack of protection from the environment, access to hygiene and sanitation, and a lack of protection from other people. Additionally, homeless populations often have a lack of access to healthcare, including testing for COVID-19. Organisations and services working with people experiencing homelessness should work with local health authorities to ensure appropriate outreach to for screening and testing.

The following advice is provided to support state and territory housing and homelessness services, healthcare facilities, and homeless outreach services who work with people experiencing homelessness.
Prevention measures

Encampments:

- Individuals experiencing homelessness may feel safer living in encampments or unsheltered accommodation, where they can remain isolated from other people during this time. People in these circumstances should be encouraged to remain aware of the changing situation, seek medical help if needed, and seek supports when needed whilst maintaining social distancing.

- Law enforcement officials are encouraged to consider that clearing encampments can cause people to disperse throughout the community and break connections with service providers. This may increase the risk of COVID-19 spreading in a community. Law enforcement officials are encouraged to not clear encampments unless alternative housing is available, particularly if significant community transmission of COVID-19 is occurring.

- Outdoor sleepers may huddle for safety reasons, which can make social distancing difficult to maintain. Encourage people staying in encampments to spread their tents/sleeping equipment.

Support for people experiencing unsheltered homelessness:

- Organisations and staff may assist in facilitating outreach services to ensure access to medical care and COVID-19 testing where appropriate.

- It is essential that people experiencing homelessness have adequate access to testing for COVID-19. Health authorities may consider asymptomatic testing via outreach, particularly if there is significant community transmission.

- Where possible, ensure public restroom facilities, particularly those near encampments, have functional water taps, are stocked with hand hygiene materials (soap or alcohol-based sanitiser) and tissues or toilet paper, and remain open 24 hours per day.

- Where possible, ensure people experiencing unsheltered homelessness are provided with the supplies and access to infrastructure necessary for personal hygiene.

Isolation Housing

State and territory housing and homelessness services and community organisations are encouraged to prepare for COVID-19 in their region. Authorities and services should plan for appropriate accommodation for if a client needs to be isolated in a community setting.

- Identify where people experiencing homelessness can stay to isolate themselves if they have suspected or confirmed COVID-19 or need to quarantine.

- Be aware that isolation housing must be appropriate for the people being isolated, which may include family groups. If an unwell person is part of a family group (e.g. a mother and child), it is encouraged to keep the family group together but separated from other clients. The unwell member of the family group should be encouraged to maintain physical distance from other family members where possible.

- If a person experiencing homelessness requires hospitalisation, assist with discharge planning to ensure a safe and supported recovery. For Aboriginal and Torres Strait
Islanders, determine if a person is linked with an ACCHS, and if so share the discharge summary with their health provider.

- Isolation housing units could be designated by local authorities, or shelters could establish isolation facilities if they have capacity.
- If no options are available for housing, individuals should be advised on how to self-isolate and what additional support is available to them.

### Housing temporarily homeless people

- Services and community organisations should be aware that some people may experience temporary homelessness during this time due to a range of socio-economic factors or COVID-19 related travel restrictions.
- For example, people being released from correctional and detention facilities may require housing prior to returning to their home community if they live interstate or in a remote Aboriginal and Torres Strait Islander community.
- Community organisations should work with state and local governments to determine appropriate facilities for people in these circumstances.

### Homeless Shelters

Facilities that provide services for homeless people (including shelters and meal service providers) are at increased risk of disease outbreaks due to large populations of transient clients, difficulties social distancing and crowding, and clients having limited access to healthcare.

The following advice is provided to support state and territory housing and homelessness services, homeless shelters and homeless outreach services. These measures provide guidance on protecting staff and clients during the pandemic, and what to do if someone becomes unwell with COVID-19 while staying in a shelter.

People who are confirmed or suspected of having COVID-19 should not be isolated in a homeless shelter setting. However, homeless shelters may be able to assist in securing appropriate isolation housing for people in this circumstance.

### Develop a COVID-19 outbreak plan

Management and staff working in shelters should prepare for the possibility of a COVID-19 outbreak in their community and in their shelter.

- Keep up to date with any guidance from your state and territory health, housing and homelessness departments.
- Establish communication with local healthcare facilities so you know where to go if a client or staff member develops symptoms of COVID-19.
- Discuss with your local community and government whether there is a planning group for COVID-19 that meets regularly. Liaise with them for support and resources as needed.
- Develop an emergency operations plan for your organisation:
  - Educate staff to identify signs and symptoms of COVID-19.
  - Organise for sufficient supplies of hand sanitiser and PPE.
- Plan for losses in your workforce due to absenteeism, infection, workers in vulnerable groups or those with carer responsibilities. Consider if you need to hire additional employees, cross-train current employees, or extend your operating hours. Consider if you need to implement flexible attendance and sick leave policies.

- Identify a list of healthcare facilities and alternate care sites where clients with respiratory illness and/or fever can seek housing and isolation.

- If multiple people become unwell in your facility, contact your state or territory health department for advice.

- Plan for higher usage of the shelter during the COVID-19 pandemic. Have an up to date list of places to refer clients if the shelter is full.

**Prevention measures**

Staff and residents should be encouraged to protect themselves and others from COVID-19. In particular, facilities should encourage good hygiene and social distancing.

Facilities should ensure they are cleaning common areas regularly and appropriately. Mealtimes and bathroom schedules should be staggered to minimise gathering in common areas.

Shelters or organisations may consider recording the contact details of clients to be used in the event of a COVID-19 outbreak, however this should be done in a manner which is culturally appropriate and does not risk client disengagement.

Prepare for if a person staying in the facility becomes unwell:

- Designate a specific room for them to isolate in or have a plan to arrange transfer to another facility with appropriate accommodation.

- Use a room with ensuite facilities or designate a specific bathroom for use.

- Avoid sharing personal items such as towels, dishes and bedding.

- If a person is confirmed to have COVID-19 they should not be isolated in a homeless shelter, but may be isolated in appropriate isolation housing.

Ensure there are adequate supplies for COVID-19 prevention at the facility:

- As demand for items such as soap, tissues, and cleaning products increases, there may be disruptions to supply chains. Facilities are encouraged to be aware of this and plan accordingly.

- Facilities should ensure there is appropriate supplies available for use by staff and clients.

**Managing clients who become unwell**

If clients become unwell while staying in a shelter, staff should help clients seek medical care, including testing for COVID-19. Appropriate and early testing is essential for managing cases of COVID-19 and for contact tracing.

Local health authorities may deem it appropriate for clients to be managed in the community. Clients who test positive for COVID-19 should not be isolated in a homeless shelter, but may be housed in appropriate isolation housing organised by a homeless shelter.
If shelters are managing an unwell client:

- Provide the individual with a surgical facemask.
- Refer to your local public health advice to facilitate medical review and testing. This may involve organising a telehealth appointment with their GP, arranging to attend a respiratory clinic, or going to the ED.
- Arrange for COVID-19 testing if indicated.
- Arrange for safe transport with appropriate physical distancing, the patient wearing a facemask if required, and appropriate disinfection.
- Encourage the individual to minimise or, wherever possible, avoid all interaction with other people unless essential.
- House clients in a specific isolation room, ideally with an individual living space and bathroom, or arrange transfer to appropriate accommodation.
- If a client deteriorates while being isolated, organise urgent medical review and call ahead to inform the healthcare provider that the patient may have or has COVID-19.
- If a client becomes acutely unwell while in isolation, call 000 to arrange an ambulance transfer to the Emergency Department.

Identify and closely monitor individuals who may be at higher risk of severe illness from COVID-19.

If a client is suspected or confirmed to have COVID-19, and individual isolation rooms are not available, providers should discuss potential alternative living arrangements with local health authorities. If this is not available, then health authorities may advise cohorting of clients:

- Use a large, well-ventilated room
- Keep beds at least 2m apart, use temporary barriers between beds (such as curtains), and request that clients sleep head to toe.
- Allocate cohorted clients a separate bathroom where possible.
- Have masks and hand hygiene supplies available for clients.

If an outbreak occurs in your community

If clusters of COVID-19 are reported in your local community, enact your emergency operations plan.

Ensure staff and clients are complying with prevention measures.

Minimize the number of staff members who have face-to-face interactions with clients:

- Maintain social distancing and hand hygiene measures.
- Use physical barriers to protect staff from clients with unknown infection status, for example install a sneeze guard at the check-in desk or use a table to distance staff from clients.
- Disposable facemasks should be reserved for clients exhibiting respiratory symptoms and staff interacting with unwell clients or clients in quarantine or isolation. Staff should be guided by jurisdictional advice.
• Staff who are at higher risk of severe illness should not be designated to a caregiver role.

• If staff are handling client belongings they should use disposable gloves where possible, and continue to exercise hand hygiene.

• Limit non-essential visitors to the facility and maintain physical distancing.

• Frequently clean the facility with appropriate detergent and disinfectant, particularly surfaces that are regularly touched.