

Coronavirus Resources and Guidance For Homeless Services

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OVERVIEW

To support your efforts in protecting people experiencing homelessness from the coronavirus and in response preparations, we have collected guidance and resources from around the world.

We recognize that these resources are heavily sourced from the United Kingdom and United States, so if you have any resources or plans from your country, **please send them to us [here](#)**. We will be updating this document as new guidance becomes available.

OVERVIEW OF GUIDELINES AND RESOURCES

- 1. Develop community-wide coronavirus protocols and plans for homeless services in conjunction with local public health partners and be clear in your communication about the needs and vulnerability of the homeless population in your community**
 - a. For communications, be prepared to describe: homeless numbers, subpopulation information, housing inventory, unsheltered locations and encampments
 - b. Example plans/guidance: [King County \(Seattle\)](#), [Los Angeles](#), [New York City](#)

- 2. Provide free, widespread testing and contact tracing for people experiencing homeless**
 - a. For people in congregate shelters and rough sleepers, it is recommended to test all individuals for the coronavirus as people with no symptoms can still transmit the virus and people experiencing homelessness are more vulnerable to the coronavirus due to a higher prevalence of pre-existing conditions including respiratory illness.
 - i. Research: [The Lancet](#), [BMJ](#)
 - ii. Develop triage protocols and link discharge for people with COVID-19 to public health isolation protocols:
 1. [COVID-19: Homeless Sector Plan - Test-Triage-Cohort-Care](#)
 2. [Chicago Department Public Health: Resource for Discharge of High-Risk COVID-19 Persons](#)

3. Secure safe, self-contained accommodation for isolation

- a. To reduce the number of people living in congregate settings, and also provide isolation areas for people with symptoms or who have tested positive, secure temporary self-contained housing, for example in hotels or dormitories
 - i. Examples of countries/regions/cities that have implemented this: [United Kingdom](#), [California](#), and [Montevideo, Uruguay](#)
 - ii. Examples of protocols: [Wales](#), [King County \(Seattle\)](#)

4. Perform street outreach to rough sleepers and encampments

- a. Inform people experiencing homelessness of the symptoms and prevention methods, and ensure access to hygiene and food
 - i. Examples of Information Sheets: [Health Update for People Experiencing Homelessness](#), [FAQs for People Experiencing Homelessness](#)
 - ii. Guidelines: [United States guidelines for responding to the unsheltered](#)

5. Protect, support, and advocate for the rights of people experiencing homelessness

- a. According to FEANTSA, “Enforcement of confinement measures by the police must take account of the special vulnerability of people experiencing homelessness and the lack of safe alternatives to public space that are available to them. Inter-agency cooperation and targeted non-coercive measures must be developed to ensure that enforcement connects people who are homeless with safe support, rather than making them more vulnerable.” For more information, visit their [website](#).
- b. Leilani Farha, United Nations Special Rapporteur on the right to adequate housing, urged Governments to take urgent measures to prevent anyone falling into homelessness and ensure access to adequate housing for those without. Important measures that can be taken include: moratoriums on evictions due to rental and mortgage arrears; deferrals of mortgage payments for those affected by the virus; extension of winter moratoriums on forced evictions of informal settlements; and increased access to sanitation and emergency shelter spaces for homeless people. For, more information, visit the [UN website](#).

6. For homeless direct service organizations, review layout of communal spaces, supply needs and distribution, access to sanitation and handwashing

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- a. Provide regular communication and [information](#) about hand washing/covering your mouth when you cough or sneeze, remind clients/staff what [symptoms](#) are, and what to do if clients/staff have any symptoms
 - b. Undertake deep cleanings weekly and regularly disinfecting for frequent 'high-touch' areas like doorknobs, handrails (examples of sanitation guidelines can be found [here](#))
 - c. Prepare for staff absences at the same time as increased client volume

LESSONS FROM PAST EXPERIENCE

Below are lessons learned based on the SARS Outbreak in Toronto. Although no homeless individual in Toronto contracted SARS, the outbreak highlighted the need to develop an outbreak preparedness plan that accounts for unique issues related to homeless people. The full article can be found [here](#).

- Designation of a single contact person (in public health and/or shelter administration) as the main information source for homeless service providers
- Development of crisis management teams at larger homeless service agencies. Identification of staff and/or volunteers at smaller programs who can receive official communications in a reliable manner
- Inclusion of all homeless service providers in an automated email alert system
- Preparation of explicit guidelines for homeless service agencies regarding appropriate use of masks, gloves, surface cleaning, disinfection, and other basic infection control measures in the event of an outbreak
- Establishment of a coordinated funding and supply mechanism for shelters to obtain basic infection control supplies, such as masks, in the event of an outbreak
- Additional Resource: Lessons from the H1N1 virus in Canada:
<https://www.homelesshub.ca/LessonsFromH1N1>

GUIDANCE FOR STREET OUTREACH AND TRIAGE:

This guidance comes from [Homeless Link in the U.K. Click through to read Frequently Asked Questions and further information.](#)

Where an individual who is currently sleeping rough is found to have (or is suspected of having) the virus, a multi-agency approach should be taken to identifying and commissioning suitable self-contained accommodation as a matter of urgency. This may include hostel accommodation where a 'safe zone' has been established (see above); self-contained private rented accommodation; housing association stock; or a self-contained room in a hospital ward. This accommodation should be sourced in the locality where the person presents as sleeping rough, so as to avoid unnecessary travel.

- Local areas ought to establish a homelessness and COVID-19 task force, including the police, housing, health, homelessness, people with lived experience, the wider voluntary sector, and other relevant stakeholders.
- A local needs analysis should be undertaken, which includes the nature and location of homeless/rough sleeping cohorts; current intelligence on the demographic and the needs of current rough sleepers; the perceived risk in

each of the main homelessness services (day centres, hostels and night shelters) including risk from staff and volunteers. This should include the numbers of people with no recourse to public funds in their area, as this is one of the groups that may be disproportionately affected.

- Services should be mindful that COVID-19 is more likely to enter the sector through staff than through clients, so it will be important that all local messaging by stakeholders avoids a focus on people using services as the source of any outbreak. Members can influence this locally.
- Services ought to establish a screening protocol for all staff, volunteers and others in regular contact with the service. At a minimum, outreach teams will need guidance on what to look for and training in what to do should they suspect the presence of COVID-19.
- A self-isolation protocol, and contingency plan should be developed, as well as a plan for priority treatment for rough sleepers found to have the virus who cannot self-isolate.