

# GUIDANCE ON THE CORONAVIRUS (COVID-19) FOR VA GRANTEES PROVIDING HOMELESS SERVICES

MARCH 13, 2020

*\*This document provides suggestions; it is not intended to be official regulatory guidance. It will be updated as information evolves.\**

## Purpose

The purpose of this document is to provide practical information to VA grantees working with Veterans experiencing homelessness so that they may strategize in preparing for and responding to a public health emergency using trauma-informed methods that minimize the impact on those who they serve. This information does not replace or supersede critical information and directives from the Centers for Disease Control and Prevention (CDC) [CDC Coronavirus-19](#), the World Health Organization (WHO), and state and local health departments. These organizations should be the primary source of guidance for grantees. Additionally, grantees should also continue to keep abreast of new developments and work closely with their local VA medical center (VAMC).

## Background

Populations experiencing homelessness are more at risk than the general population to emerging infectious diseases. See the [CDC's Higher Risk and Special Populations](#) information. Additionally, our services are vital to people experiencing homelessness during epidemics so maintaining operations is important. Coronaviruses is a large family of viruses that cause illness ranging from the common cold to more severe diseases, such as Severe Acute Respiratory Syndrome (SARS). The first cases of Coronavirus 2019 (COVID-19) were detected in December 2019. COVID-19 can spread from person to person through the air by coughing and sneezing, close personal contact, and touching an object or surface. Misinformation can cause fear which can result in stigma to certain populations. It is our responsibility to be educated, to share correct information with others, and to advocate for those who we serve. For more information about stigma see [CDC's Coronavirus Stigma and Resilience Guide](#) and [WHO's Social Stigma Associated with COVID-19](#)

## Approach

Our overall goal is safety and support for Veterans and grantees. We are a team. It is understood that public health issues can evoke a sense of anxiety and loss of control. However, with the right tools and planning, VA grantees can play a lead role in reducing transmission risk, minimizing COVID-19 impact, reducing fear and stigma, and ensuring that communities proactively consider and address the needs of persons experiencing homelessness in a positive manner. It is also understood that the speed of decision-making may be faster than coordination, so it is crucial to constantly ensure that coordination is happening in an intentional way.

## Preparation, Mitigation, and Response

Public health emergencies are often viewed through 3 phases: preparation, mitigation, and response. Communication, education, and training are key elements within each phase that grantees can use to support staff and the Veterans who they serve. While many grantees have written Emergency Preparedness Plans, these plans might not include infectious disease outbreaks. The [CDC's Interim Guidance for Homeless Service Providers and COVID-19](#) describes what to do before, during, and after a COVID-19 outbreak. The U.S. Department of Housing and Urban Development (HUD) recorded webinar [Infectious Disease Preparedness Among Homeless Assistance Providers and Their Partners](#) shares great resources regarding planning and examples. For more general information on infectious diseases related to homelessness, visit [HUD's Infectious Disease Prevention Response](#). Additionally, [HUD's Infectious Disease Toolkit: People Experiencing Homelessness, Shelters, and Encampments](#) provides structure and specific examples for planning and responding to Influenza, Coronavirus, and other infectious diseases. The toolkit consists of three documents that provide information for CoC leadership, homeless service providers, and partners to utilize when planning for and responding to infectious diseases. The information below may assist VA grantees providing homeless services with some initial steps, but this information should not replace the information provided by the CDC and local community health partners.

## Additional Tips for Grantees

### Infection Prevention Methods

The best method to combat any infectious disease is to have preventive measures in place prior to an outbreak that mitigates the transmission and spread of the disease. This includes:

- frequent handwashing with soap and water for minimum of 20 seconds
- frequent use of 60% or greater alcohol-based sanitizers
- avoid shaking people's hands when in situations where access to soap/water or sanitizers is not available (inform people why not shaking their hands)
- avoid touching your face
- increase cleaning of surfaces (ex: workstations) and communal areas (ex: waiting rooms). After each encounter in the office, wipe down flat surfaces
- avoid public places and areas where large groups of people will congregate (ex: concerts, sporting events).
- When resources are available, encourage staff to call Veterans on their caseload (who have access to phones) to inform them about COVID-19 infection prevention methods, especially Veterans who are at higher risk of acquiring COVID-19. Risk factors include being 65 years of age or older, underlying lung problems, weakened immune system, and tobacco user. Encourage tobacco cessation.
- Further information about everyday preventive actions: <https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>

### Homeless Outreach

Educate Veterans on infection control measures and rationale for not engaging in close contact such as shaking hands and maintaining 6 feet distance from people even if they are not exhibiting any COVID-19 symptoms.

### Home Visits

Staff are encouraged to utilize the same infection prevention methods that their agency recommends be used for community-based visits.

- Consider calling Veterans in advance of conducting home visits, when possible. If either the Veteran or the individuals in their household report symptoms suggestive of COVID-19 infection (i.e. cough, fever, or shortness of breath), then consider using virtual methods to conduct the visit. Video calling is preferable, when available, or over the phone.
- Staff should use hand sanitizer before and after home visits.
- Staff should work with Veterans to develop preparedness plans.
- When Veterans have been directed to self-quarantine or self-isolate, home visits should not be completed. Alternative methods of contacts should be utilized. Discussions with these Veterans should address issues related to food security and other subsistence issues.
- When Veterans report symptoms suggestive of COVID-19 infection, staff should be available to assist them, during the staff's normal hours, with connecting Veterans to their primary care provider for guidance on next steps. Veterans who are eligible for VA services also have access to VHA Clinical Contact Centers (a call center staffed by registered nurses) for alternate resource source.
- When Veterans cannot be contacted and staff have concerns for their safety, then local standard operating procedures should be completed, which may include a welfare check.

## Congregate Settings, such as Shelters and Transitional Residences

- Risk of COVID-19 transmission can be decreased by avoiding close contact with others.
  - In general sleeping areas, CDC encourages but does not consider as an absolute requirement to situate beds/mats at least 3 feet apart with an ideal of 6 feet apart.
  - Residents should also sleep head-to-toe and use temporary barriers between beds, when possible.
- Discuss current infection prevention process with clients that have influenza or tuberculosis and utilize similar practices as below for COVID-19 transmission prevention
  - Such practices may include non-medical staff asking clients about whether they have a fever, new or worsening cough or shortness of breath, or flu-like symptoms.
  - If these symptoms are mild, then admitting them to an area of the congregate setting that is restricted for residents with similar symptoms and requesting that the person wear a surgical mask if available.
  - If individual isolation rooms are not available, consider using large, well-ventilated rooms. If possible, there should be designated bathroom for clients with potential COVID-19.
- Medical care should be considered for individuals with more severe symptoms, such as difficulty breathing or shortness of breath, pain or pressure in chest or abdomen, sudden dizziness, confusion, severe or persistent vomiting, or flu-like symptoms improve but then return with fever and worse cough.
- Begin proactive discussions regarding local resources that may be able to assist congregate settings without medical staff in determining if Veterans need medical care.
  - If the decision is that a Veteran needs to obtain medical care, plan now on how this process would occur:
    - (1) know the point of contact (POC) of the medical care facility (often ED charge nurse or nurse manager)
    - (2) call this POC to give them advance warning that a patient who has symptoms suggestive of COVID-19 will be arriving to their facility
    - (3) have discussions now about how this patient will be transported to the facility. Transportation with minimal exposure to others is suggested.
- If Veterans with COVID-19 symptoms are denied admission to shelters solely on the bases of having COVID-19 symptoms, this should signify the need for higher level of medical care and provisions to obtain this higher level should be done.
- If Veterans develop fever, new or worsening cough or shortness of breath, or flu-like symptoms after admission, use aforementioned steps utilized during admission process to determine next steps.
- Environmental cleaning of common areas: <https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html>

## Wellness Questions for Veteran Care and Support

**Purpose:** These questions are meant to assist grantees in identifying the needs of Veterans experiencing homelessness who are newly referred to their program or who are current participants in their programs. They should be asked in an extremely respectful, culturally competent, and helpful way. They are not meant to cause fear or screen Veterans out of services. They are just meant to provide information that can be used to assist the Veteran in the best way possible.

**Prior to Implementation:** It is important that you have a conversation with your representative at the VA medical center (GPD liaison, HCHV staff, or SSVF VAMC Point of Contact) and community health partners prior to implementing screening to ensure that there is a plan for the various scenarios.

**How to Use:** The initial screening should be conducted prior to entry into the facility, if at all possible, and before a Veteran enters a waiting room. This might include reviewing information over the phone with the Veteran. Questions 1-5 could be used prior to admission or initial enrollment and Questions 1-3 could be used as a daily (or other specified time-frame) wellness check while Veterans are in the program. An example might be that a Veteran entered a GPD or HCHV CRS bed a month ago, but now the facility is conducting daily wellness checks to support health of all Veterans. The frequency with which your agency, in consultation with your local public health department, determines these ongoing wellness inquiries will be dependent upon the degree to which your community is experiencing COVID-19. For GPD grantees, wellness checks can be included as part of the daily census that is required by the GPD regulations.

**Script:** *It's great to see you today. As part of our process for helping Veterans to stay healthy related to the flu and other viruses, we are going to ask you a few questions. Please know that these questions are for informational purposes only. They will not affect your access to a safe space to stay or your path to permanent housing. Rather, they just allow us to provide you with the best care possible. Please be open and honest.*

- 1. Do you have a fever or have you had a fever in the last 2 days?**
- 2. Are you experiencing any symptoms that are similar to a cold or a flu?**
  - Cough?
  - Shortness of breath?
- 3. Do you know if you have been in close contact with anyone who was diagnosed with Coronavirus COVID-19 (examples: health care workers, friends, family, peers, etc.)?**
- 4. Have you or someone close to you been to an area with widespread or sustained community transmission of Coronavirus Disease 2019 (COVID-19) within 14 days of symptoms occurring (travel outside U.S., travel inside U.S. in states or communities that have been identified as widespread transmission, etc.)?**
- 5. Where are you currently staying (for Veterans who are requesting GPD TH or HCHV CRS)?**
  - If person indicates streets, shelter, transitional housing, or non-profit organization, please be aware that a person may not be able to return depending on the situation.

**Interviewer Notes:** *If on the phone or in person, were there any auditory or visible signs that did not appear to align with a response? Runny nose, coughing, etc.?*

### Results/Outcome:

- A positive screen is considered if “yes” to question 1 and/or 2 **and also** “yes” to question 3 and/or 4.

### Next Steps for a Positive Screen:

1. *If the Veteran has not yet entered your program, follow the process that has been identified*
2. *If the Veteran is already in your program (in particular GPD TH and HCHV CRS), provide the Veteran with a space that is secluded from other clients and staff*
3. *Clean the area where the Veteran was*
4. *Get the Veteran connected to medical professional for further screening*
  - Is the Veteran VHA eligible? If so, contact the VHA Clinical Contact Center.
  - If the Veteran is not VHA eligible, should you call the health department or other health partner?
  - Where possible, you may want to use virtual options until the further screening indicates the need for an in-person visit.
5. *Determine next steps after screening*  
(Examples: Veterans currently enrolled at GPD TH or HCHV CRS but can be isolated, Veteran currently enrolled at GPD TH or HCHV CRS but no isolation available but can be connected to another provider who can isolate, Veteran enrolled at GPD TH or HCHV CRS but needs higher-level of care)

### Planning Considerations for Wellness Checks

- In addition to having a clear plan for how to screen Veterans prior to admission (goal not to screen out but to have an understanding of needs), VA grantees should also have established a clear plan for the various scenarios in consultation with their public health partners and VA medical center.
- Grantees may want to consider how to create areas of isolation which might include what space might be available to isolate Veterans as well as the use of separate entrances and exits for those who screen positive.
- Lastly, grantees may want to consider how they will respond to Veterans who screen positive but who do not need a higher level of care (could stay in TH or HCHV CRS).

### Development of an Agency and Programmatic Response Plan

#### Step 1: Understand current community planning, mitigation, and response efforts

One of the first steps grantees can take is to understand what is currently happening in the communities that they serve. Aligning work with community response and calibrating plans to meet needs is important.

- Review the local health department website for information on planning and response to COVID-19
  - Be involved with the local Continuum of Care (CoC) to understand their work with persons experiencing homelessness during a public health emergency
  - Understand the local VA Medical Center's plan as well as other health organizations that Veterans may access
  - Ensure you are coordinating as plans are community-level decisions; communities are working through what the plan is for people who are experiencing symptoms and need to quarantine but have no home
  - Identify what resources these agencies have available (education, materials, approach, hotline, etc.)
  - CDC multi-lingual handouts and posters: [CDC Handouts and Posters for COVID-19](#)
- **Step 2: Identify your agency's internal plan and program plan**

The second step is to review and enhance internal planning for your agency and the programs that you operate.

- If you do not have a plan, this would be an opportune time to prioritize its development while also implementing practical measures described below.
- If you do have a plan, you may want to review and add any additional information.
- For community planning examples, visit [U.S. Interagency Council on Homelessness \(USICH\) COVID-19 Resources under Resources from Local Jurisdictions](#)

- **Step 3: Review your plan**
  - Review the plan for your agency with your staff and team
  - Review your plan for your program with stakeholders (staff, CoC, VAMC, and Veterans)
- **Step 4: Implement plan**
  - In some cases, depending on the outbreak, you may need to act while planning.
  - This is okay. Just remember to communicate and coordinate as much as possible.
- **Step 5: Tweak plan as needed and as information evolves**
  - Everyone involved in the plan should have the ability to weigh in on adaptations that may need to be made based on their vantage point (shelter staff, food service workers, Veterans, home-based case managers, leadership, etc.)
- **Step 6: Reflect on the plan and debrief for future public health emergencies**

## Overview of Planning Topics to Consider

- **Overall Goals**
  - What are your overall goals? What are the priorities?
    - Example: Slow the spread of the illness while maintaining care and capacity
- **Lay of the Land**
  - What do we know about the communities that we serve?
  - What guidance is being provided by the state and local health departments/officials and the CDC?
  - What plans are in place at the CoC level?
  - Where are we at with our own agency and programmatic planning?
  - Does this align with the guidance provided by our community health partners and the CoC?
- **Coordination**
  - Who do we need to coordinate with? (VAMC, health department, CoC, etc.)
  - Who are our points of contact and back up points (at our agency and also for our partners)?
- **Staffing Plans**
  - *Coverage and Continuity of Care*
    - Staffing plans to keep services available/facility open
    - Stepped up response and perhaps enhanced coverage in some cases
    - Workflow and processes possibly being adapted as staff availability may be decreased but need may increase during this time
  - *Prevention*
    - Do staff have the tools and resources needed to provide education and support prevention?
    - Are alternatives available such as telework or virtual home visits?
    - For staff that are in direct contact with Veterans, what precautions are in place?
    - Do staff understand policies and procedures and the plan?
  - *Staff Who Become Ill*
    - Staying home and who to report to
    - Know how and when to seek evaluation
    - Home quarantines and plan after exposure
  - *Communication*
    - Updates to reduce anxiety and concerns about exposure
  - *Safety of Staff*
    - At facility
    - Home visits (perhaps switching to virtual via phone or video conference)
    - Sanitation
    - Self-Care

- **Education**

- *What information and tools are available? (Designed by CDC, Health Department, etc.)*
- *How and what information will be provided and to whom?*
- *What prevention tools and information can be shared with Veterans? How will we do this?*
- *Examples:*
  - Phone calls or links sent to Veterans who are receiving case management and are residing in the community in their own apartments and ensuring Veterans have supplies like soap and bleach
  - Posters, review of handwashing and other practices with Veterans living together at a site, making supplies available to implement practices
- What is the overall plan for prevention?
- Populations like elderly/immuno-compromised?
- Sanitation and hygiene?
- Resources for Veterans and Veteran-Serving Organizations? [VA Public Health and COVID-19](#) and [Tips for Veterans Related to COVID-19](#)
- What if we work with families with children? See [CDC's Helping Children Cope with Emergencies](#)
- Are there any upcoming national or local webinars or calls that we may want to join as an organization?
- Check out the [National Health Care for the Homeless Council Status Updates, Available Guidance, Local Preparations, and Outstanding Issues](#) webinar taking place on March 20<sup>th</sup> at 12:30pm Eastern.

- **Adapting Standard Operating Procedures**

- What are your strengths with emergency preparedness? What skill sets do your staff have?
- How can you sustain your core operations? What policies or procedures might need to be adapted?
- What meetings are needed? Would huddles help depending on the topic?
- Closing operations or stopping admissions could be challenging due to the vulnerability of the homeless population. Maintaining services as safely as possible is key. Identify when it is critical to re-evaluate with your public health department.
- What does the layout look like in terms of communal spaces?
  - Do you have the ability (space and capacity) for isolation and/or quarantine?
  - Do you have the ability to increase capacity if people are on the street and need access?
- What would the process be if a Veteran or staff is displaying symptoms? What health care resources are available/how can they be accessed? What about ongoing needs like behavioral care, addiction services, and other disability services?
- What are your supply needs/process for distribution? What does access look like to sanitation and handwashing?
- How will you continue to stay up to date with information and communicate new information?
- What do we need to communicate internally (our agency, program, and with our Veterans) and what needs to be communicated externally (VAMC, CoC, health partners)?

## Specific Planning Considerations by Type of Grantee

### Scenario 1: Contract Bed or Transitional Housing is Provided in a Congregate Setting

Definition: Sleeping arrangements are dormitory style or shared living with shared space

- *Hygiene and Sanitation*

- Have Veterans and staff been trained on handwashing and hygiene?
- Is handwashing accessible and available?
- Is there a separate location available for handwashing (possibly showering) for those who may have COVID-19? Is there a separate location for those who are quarantined?
- Is hand sanitizer available if Veterans or staff who must be off site during the day? If not, has there been discussion about how/where/when they can wash their hands while off site?
- Have Veterans and staff been trained on cleaning and disinfecting surfaces?

- Has social distancing been reviewed?
- Have configurations of rooms or space been modified to meet needs?
- Is there an isolation area? If so, how does it work? How is someone identified?
- Do Veterans understand the isolation process? How will food and other items be provided during isolation or quarantine?
- Are signs and reminders available and in the languages that Veterans speak?
- What is the process for washing laundry?
- *Staffing (See staffing plan questions above)*
  - Are there plans to address staff shortages or limited staffing?
  - If volunteers are typically used for different roles, what might this look like?
  - Have core functions and contingency plans been identified?
  - Do Veterans understand these plans?
- *Services*
  - What core services must be maintained and how? What modifications or adaptations might be needed?
  - Is there a process in place for daily wellness checks?
- *Food*
  - How will food be provided?
  - What is the back up plan if the traditional food preparation and/or supplies are not available?
  - Will gloves or masks be needed when prepping food? Are these items available?
  - What does dishwashing and clean up look like?
- *Supplies*
  - Is there enough food, toilet paper, towels, sheets, medications in that Veteran has filled their most recent prescription(s) etc. available?

## **Scenario 2: Contract Bed, Transitional Housing, or Permanent Housing in an Apartment-Style Setting**

Definition: Individuals have their own living and sleeping space

- *Communication and Emergency Contacts*
  - If a Veteran lives alone, do they have plans for connecting with family/friends via phone, social media, or video calling?
  - Is their emergency contact on file?
  - If there is an emergency, do they have a plan in place?
- *Hygiene and Sanitation*
  - Does the Veteran have appropriate cleaning supplies?
  - Have Veterans and their families, where applicable, been trained on handwashing and hygiene?
  - If other family members live with the Veteran, is there a separate location available for handwashing/showering for those who are quarantined or who may have COVID-19?
  - Is hand sanitizer available if Veterans must be off site during the day?
  - If a Veteran or family member who works becomes ill, do they know how to contact their employer and what the process looks like?
  - Have Veterans and family, where applicable, been trained on cleaning and disinfecting surfaces?
  - Has social distancing been reviewed?
  - What is the process for washing laundry? If a Veteran or their family lives in an apartment complex, are there any precautions or rules related to the communal laundry room?
- *Staffing (See staffing plan questions above)*
  - Are there plans to address staff shortages or limited staffing?
  - Have core functions and contingency plans been identified?
  - Do Veterans understand these plans?
- *Services*
  - What core services must be maintained and how?
  - What modifications or adaptations might be needed?

- *Provides daily wellness checks via phone or video conferencing (checking on physical health, mental health, ensuring has meds, bills, housing needs, food, cleaning, hygiene, etc.)*
- *Helps Veteran make an emergency preparedness plan*
  - *Go through these sections on CDC website with Veteran to help with planning*  
<https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html>
    - 1. Plan Ahead and Be Ready
    - 2. Checklist to Get Your Household Ready
    - 3. FAQs for Individuals and Families
    - 4. Cleaning and Disinfectant
    - 5. What to Do When You are Sick
- *Food*
  - How will food be provided?
  - What is the back-up plan if the traditional food preparation and/or supplies are not available?
  - Will gloves or masks be needed when prepping food? Are these items available?
  - What does dishwashing and clean up look like?
  - Delivery, Food from Instacart, etc.
  - How to budget if limited options (uses food pantry, maybe SNAPs benefits)
- *Supplies*
  - Is there enough food, toilet paper, towels, sheets, meds, etc. available?