

COVID19 Response for Unsheltered Homeless Persons

Considerations for practice

*Iain De Jong
President & CEO
OrgCode Consulting, Inc.
@orgcode*



Welcome!



About OrgCode

OrgCode Consulting, Inc. are North American leaders in homeless system transformations, leadership development in homeless services, and technical assistance. OrgCode are merry misfits that disrupt the status quo to be catalysts for better outcomes. Thought leaders in ending homelessness, we advance ideas, create and share resources, and offer training that doesn't suck.

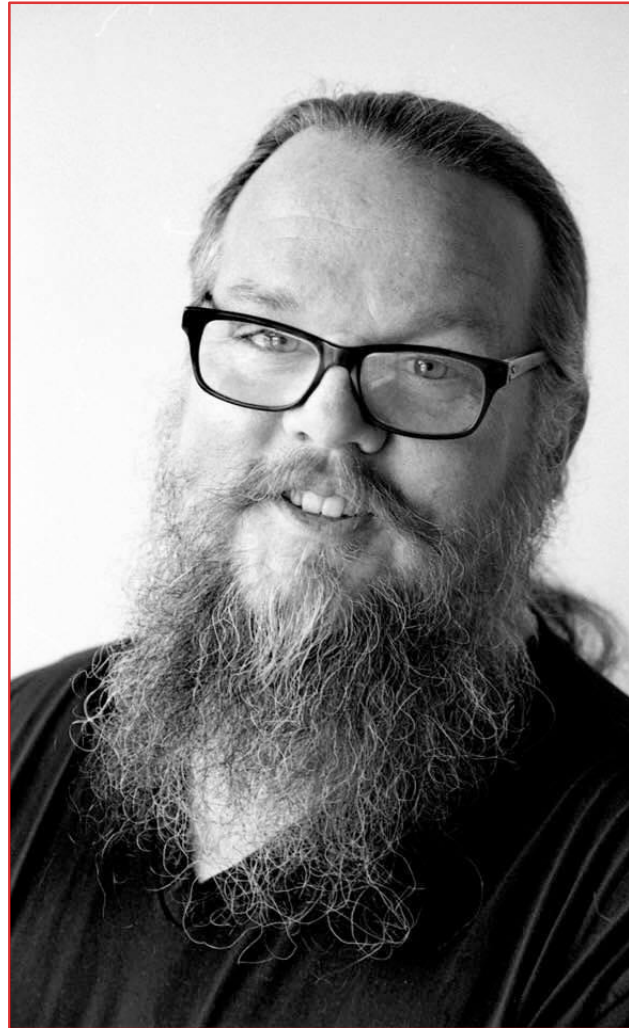
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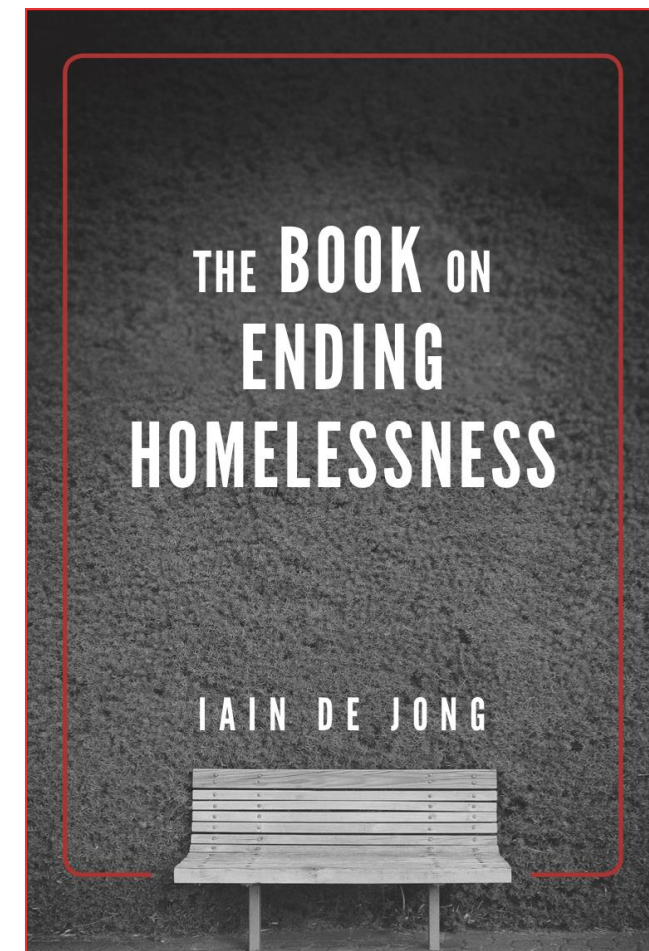
About Me



Iain De Jong (he/him) is the President & CEO of OrgCode and the author of *The Book on Ending Homelessness*.

A fair to middling leader, Iain is known for his thought provoking insights, ideas and data related to his unwavering commitment to end homelessness, and his work on leadership development in the sector.

He is a frequent keynote and conference speaker and a media commentator and contributor on matters related to homelessness.



Preamble



The materials presented are a combination of guidance provided by reputable health agencies and seasoned practitioners. This session does not constitute health advice. Please follow the directions of your local public health officials as appropriate. Use the information from this webinar at your own discretion.



Why street outreach needs to continue



Researchers at University of Pennsylvania, UCLA and Boston University believe the homeless population generally is 2x as likely to be hospitalized, 2-4x more likely to need critical care, and 2-3x more likely to die.



Analysis of thousands of VI-SPDAT records show that 50% of the unsheltered population is tri-morbid.



Many - and in some communities all - day services are closed. This restricts access to staff who could screen and check-in with people, access to food, and access to places to take showers or do laundry or use a toilet.



Information flow to people who do not have access to television or news through the web or radio, is limited. Unsheltered people need to know about new developments that may impact their lives.



We need early detection of virus transmission and identifying those who have symptoms or are already ill.



Some people have left shelters, and others might,
as a personal response to COVID19 and
perceptions of what is safer at this time.



We need to keep focusing on housing and permanent solutions to homelessness.



Create a workflow



Work Flow for Patient Triage from Screening to Assisted Self-Isolation (For Individuals with No Fixed Address)

Patient Presentation Entry Point

F2F Screening & Triage

- Sign on door directing clients to hand washing/hand sanitizer.
- **OR** Greeter meets client at entry to direct patient to hand washing/hand sanitizer.
- Client directed to assessment & triage area where s/he is asked the questions below.
- Staff ensure PPE is available & utilized. PPE includes: gloves, medical masks, goggles or a face shield, gowns, aprons, emergency kit & physical barrier that helps start the 6' distance in case the client says yes to the questions below.
- Ensure entry way is cleaned after client arrival.

Hours

Phone Intake:
8:30 am - 10:30 pm
Shelter Screening Onsite
7:00 am – 9:00 am (TBD)
8:00 pm – 10:00 pm

Entry Point Screening Questions & Triage

COVID-19 Assessment

Q1. Do you have any of the following symptoms?

- Fever, or new dry cough (early symptoms)
- Shortness of breath &/or extreme exhaustion & body aches (later symptoms)
- Anyone who has symptoms **MUST** go immediately to the assisted self-isolation site for 10-14 days & monitor for symptoms.
- Place mask on client & practice social distancing.

COVID-19 Assessment

Q2. Have you had close contact with a confirmed or probable case of COVID-19? OR have you been told by public health that you have?

- Anyone who has been exposed to someone known to be COVID-19 positive **MUST** go immediately to the assisted self-isolation site for 10-14 days & monitor for symptoms.
- Place mask on client & practice social distancing.

On-site Intake

- Initiate patient documentation, test & assess for fever ≥ 37.6 degrees outdoors, 38 degrees indoors, fever noted in history, sore throat, joint pain, muscle aches, severe exhaustion/weakness. Conduct brief history regarding shortness of breath & vitals.
- Record basic patient demographics, name, DOB, PHN, address, phone number (if available), where the client is coming from (e.g., shelter, hospital or community agency).
- Continue with any relevant additional assessments & triage to hospital OR the assisted self-isolation site.
- Track & report number of clients came to site, number of clients with clinical symptoms, number of clients referred to hospital or the assisted self-isolation site.

If Positive Screen Call the Intake Line to Initiate Telephone Screening & Triage

At point of call, introduce yourself & continue with the questions to the left.
Call AHS Nurse: 1-825-221-2038

Phone Intake Only

- Initiate patient documentation & assessment.
- Record basic patient demographics, name, DOB, PHN, address, phone number (if available), where the client is coming from (e.g., shelter, hospital or community agency).
- Continue with the assessment & triage process to hospital OR the assisted self-isolation site.
- Track & report number of clients, number of clients with clinical symptoms, number of clients referred to hospital or the assisted self-isolation site.

Clinical Assessment

COVID – 19 AMH, Detox, Physical & Social Health

NO for Q1 & Q2

Negative Screen: Encourage hand hygiene & continue with usual practice at site, no further assessment at this time. **Admitted to Premise.**

YES to Q1 & Q2

Positive Screen: If onsite, immediately mask client, keep 6 feet (2 arms lengths) distance from other clients/staff. **Continue on with further assessment &/or triage to the hospital or the assisted self-isolation site.**

Patient Intake & Triage:

- Complete intake/triage forms. Conduct COVID-19 assessment & additional assessments (AMH needs, behavioral concerns, risk of flight, suicidal ideation, detox needs, physical & social health needs, history of aggression/violence, weapons on them or illicit drugs or alcohol on them). Get a consent form signed (e.g., consent WIN has so that all pertinent agencies can be included).
- Arrange transport to the assisted self-isolation site. Document results of assessments & transfer file/information about their level of support needs & how the staff can support the client at the assisted self-isolation site. This will help staff know the client "triggers" & best way to manage their needs.

Patient Transfer to Hospital or the Assisted Self-isolation Site

Patient Release from the Assisted Self-isolation Site

SICK Patients - Severe Symptoms

Unstable vitals, appear unwell, significant comorbidities, & requires high support.

Initiate Transfer to Hospital

Well Patients – Mild to Moderate Severity of Symptoms

Stable vitals, look well, & minimal comorbidities.

Initiate Transfer to the Assisted Self-isolation Site

At the Assisted Self-isolation Site

- Site Manager informed of patient arrival with relevant information from previous shelter/residence.
- Assess & triage client to appropriate site for ongoing care.
- Register client at site, confirm patient demographics & review prior assessments. Determine any additional supports that are required & initiate/manage casework for clients (e.g., COVID-19, behavioral concerns, risk of flight, AMH, suicidal ideation, detox, physical & social health needs).
- Stock meds that can be accessed based on physician order.
- If COVID-19 symptom severity increases, arrange transport & triage to next level of care (e.g., home care or hospital site).
- At a minimum, track, record & report number of clients that came to the site, number of clients with clinical symptoms, number of clients referred to the assisted self-isolation site.

Release from Site

- 12-24 hours before discharge contact shelter to discuss expected discharge date & notify staff of any changes to clients health (e.g., clinical, cognitive, behavioral, MH, etc. during the time at the assisted self-isolation site).
- For symptomatic or COVID-19 positive 10 days post symptom onset.
- For asymptomatic COVID-19 positive or post-potential COVID-19 exposure (close contact) 14 days.
- Clients will be transferred to shelter without specific PPE requirements for people involved in the transfer.
- Track, record & report number of clients released from isolation site.
- Complete patient discharge documentation in patient health record.

Engagement precautions



Sanitize hands before each encounter.

Hand sanitizer must be 60%+ alcohol.



Engage from a 6 foot distance.

Ensure people you are serving know why you are taking this precaution.



Screen for symptoms at the start of every encounter.

Example Screening Questions (from Atlanta, GA)

Do you have a fever? ___ Yes ___ No

Do you have a cough? ___ Yes ___ No

Are you experiencing shortness of breath? ___ Yes ___ No

If client answers yes to Questions 1-3, they should be masked and isolated.

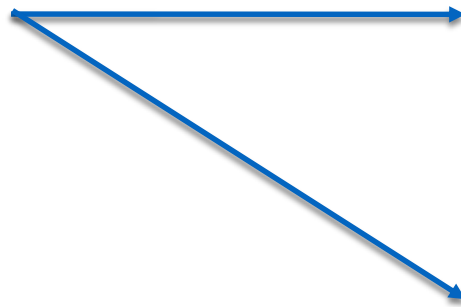
What is your age? _____

If client answers yes to Question 1-3 and are over 55, they should be transported to the hospital for testing.

Do you have diabetes, heart disease, high blood pressure, lung disease or any immunosuppressant illnesses? Please specify. _____

If client answers yes to 1-3 and has any illness listed for 5, they should be transported to the hospital for testing.

Do not transport yourself unless you are equipped to do so safely.



If you must touch belongings, wear gloves.

Sanitize hands before and after.



Verbal consent may be preferred.

Take precautions with pens and paper if documents need to be signed.



Encampments



No sweeps of encampments should be happening
at this time.



Map all known encampment locations and
occupants.



Encourage encampment occupants to maintain physical distance between tents.

Recommended 12x12 feet per tent.



If public restrooms are closed and the encampments are large scale:

- provide hand washing station or hand sanitizer
- provide portable toilets



Encourage routine cleaning:

- removal of trash
- safe clean up and disposal of needles



Encourage encampment occupants not to share items.



Prioritizing who to see



Analyze your data.



Consider geography.



When will you engage with those that
previously refused services?



When will you search for and engage with people you have never worked with before?



What if people in your community are leaving shelters to be outside at this time?



How will you follow up with people that were symptomatic but refused to access health services at the time of the last encounter?



Information to prepare
and provide



Posters, pamphlets and one-pagers.



HOW TO USE SAFELY DURING COVID 19



- 1 Prep Your Shop**
 - Wash your hands.
 - Prep surface with alcohol based wipes.
 - If you can't prep your own shop, make sure the person who is here washed their hands.
- 2 Use Equipment Every Day**
 - Start clean (gloves, gown, respirator)
 - Wipe down equipment before using.
 - Discard used tools in the sharps bin.
- 3 Minimize Contact**
 - COVID 19 can be transmitted through coughing, sneezing, or direct contact with hands, fluids.
- 4 Plan and Prepare For Emergencies**
 - Emergency services may be slow to respond due to lockdown.
 - Stock up on medicines, bandages, banding, oxygen and equipment.

Things To Do:

- 1 Stock up on PPE: ask your doctor about getting a month's supply of masks if possible.
- 2 Ask the pharmacy about their plan for methicillin, antibiotics, fluids or safe supply.
- 3 Prepare for a COVID 2020/2021: your doctor might get sick! Try to get needs to help if you go into withdrawal like anti-nausea, fluids & analgesics.
- 4 Stock up on soap while being safe from public usage of SS.

WHAT TO DO IF YOU THINK YOU HAVE COVID 19



Symptoms of Covid 19 include:

- FEVER
- COUGH (NEW/WORSE)
- BREATHING (SHORTNESS OR TROUBLE)





If you have these symptoms, talk to staff immediately.

STOP THE SPREAD OF GERMS COVID 19



- 1 Avoid close contact with people who are sick.**
- 2 Cover your cough or sneeze with a tissue. Don't throw that tissue in the trash.**
- 3 Avoid touching your eyes, nose, and mouth.**
- 4 Wash your hands. A LOT (20 seconds).**






Harm reduction considerations



Housing is good harm reduction.



Occasional labour, day labour, employment and working under the table is often drying up

Panhandling and bottle/can collecting has slowed or stopped

Participation in sex work is likely less

Dumpster diving may not have the same resources



VCH Public Health Response to Withdrawal Management During a Pandemic Guidelines

Notification to all prescribers in the Vancouver Coastal Health (VCH) region

GOAL

People in the Downtown Eastside (DTES) are doing their part to reduce the transmission of COVID-19 by self-isolating; we need to do our part in supporting them. VCH has new guidelines in place to help prescribers supporting people who use drugs (PWUD) who may experience withdrawal symptoms while in self-isolation due to COVID-19.

*The following guidelines are currently NOT intended for treatment of substance use disorders.
This is for withdrawal management during self-isolation.*

VCH, in partnership with BCCSU and MoH, has developed Pandemic Public Health Withdrawal Management Guidelines for health care providers working with people who use drugs (PWUD) who need to self-isolate due to COVID-19. These prescribing guidelines have received provisional endorsement by the B.C. Ministry of Health and the Office of the Provincial Health Officer.

As a prescriber, you can follow these guidelines legally. By doing so, you will help support a vulnerable community, help them prevent the spread of COVID-19, and save lives.

VCH has outlined the following **eligibility criteria for enrolment**:

- › Confirmed COVID-19 positive on self-isolation, or
- › Suspect case awaiting diagnosis for COVID-19, or
- › At risk of COVID-19 infection, or
- › Has upper respiratory symptoms and is self-isolating as per public health guidelines

Public Health resources may be redeployed to COVID19 response rather than things like safe needle exchange or safer consumption sites



What people use and how they use it may be changing, if they are a substance user.



Considerations for safer use at this time.



Administration of naloxone comes with careful consideration and additional precautions.



Lack of food security



It may make sense to do mobile food distribution one by one, or create a place where people can come (with social distancing) to get food.



Protocols for ill or deceased unsheltered homeless persons



911

Debrief

Remember the dead



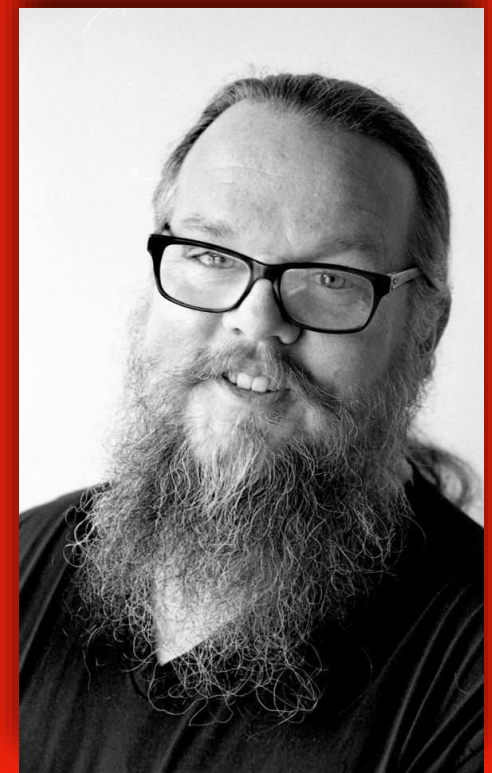
Preparing for stigma



People who are homeless, including and perhaps especially those who are unsheltered, are likely to be responded to differently by the general public if the virus spreads within the homeless population.



Closing thoughts



Public Health Agency of Canada resources on working in the homelessness sector during COVID-19:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/homelessness.html>

Canadian Network for the Health and Housing of People Experiencing Homelessness:

<http://cnh3.ca/resources/>



From the National Alliance to End Homelessness:

<https://endhomelessness.org/coronavirus-and-homelessness/>

OrgCode blogs on preparing and responding:

https://www.orgcode.com/pandemic_planning_and_services_that_support_people_who_are_homeless
and <https://www.orgcode.com/resactwellpan>



CDC guidance regarding shelters, unsheltered persons and cleaning and disinfecting:

<https://www.cdc.gov/coronavirus/2019-nCoV/community/homeless-shelters/index.html>

Recorded webinar on infectious disease preparedness for homeless service providers and their partners:

https://www.youtube.com/watch?v=1_IFSvcOe_E&feature=youtu.be

Other HUD guidance:

<https://www.hud.gov/coronavirus>



EMAIL:	<u>idejong@orgcode.com</u>
TWITTER:	<i>@orgcode</i>
WEBSITE:	<i>www.orgcode.com</i>
FACEBOOK:	<i>www.fb.com/orgcode</i>
PHONE:	<i>416-432-0410</i>



