LEXINGTON
Homelessness Prevention & Intervention

Infectious Disease
Homeless System Response Plan

This version is current as of 3/13/2020 @ 12:00pm. This will be a changing document based on circumstances and latest guidance from public health officials. To confirm you have the current version, please visit
https://www.lexingtonky.gov/coronavirus-response

Introduction

The Homelessness Prevention and Intervention Board designated as the Continuum of Care (CoC) Board is responsible for ensuring that homeless service providers are prepared to respond rapidly and effectively to all emergencies and infectious disease outbreaks that may adversely impact people experiencing homelessness. The Office of Homelessness, as the primary coordinating and planning entity for the CoC, will leverage the expertise of public health agencies, federally qualified health centers, and other healthcare partners to strengthen the CoC's preparedness and ability to respond to infectious disease spread.

Individuals experiencing homelessness have an increased likelihood of chronic medical conditions (such as diabetes, asthma, and hypertension) as well as coinciding mental health diagnoses or histories of substance use. During crisis situations, health conditions can be exacerbated if health care regimens are not maintained, or if histories of trauma trigger high-risk behaviors. These factors may increase individuals' risks of infection and must be accounted for in response planning.

Limiting the risk of infection to households in congregate and scattered-site projects is a priority Fayette County and the Continuum of Care.

The purpose of this document is to familiarize Lexington-Fayette County homeless service providers, human service organizations, stakeholders, elected officials, and the general public on the overarching strategies, standards, policies, and procedures Lexington implements to both prepare for, mitigate and respond to a public health emergency using trauma-informed methods that minimize the impact on people experiencing homelessness.

Agencies that provide services to those experiencing homelessness or at-risk of homelessness are very diverse. Congregate shelters, apartment style shelters, voucher programs, and low-income housing programs all have very different ways of providing clients with a place to stay. Programs that offer those experiencing homelessness other services include: employment agencies, drop-in centers, mental health programs and meal programs. They all provide services to a wide variety of clients, and operate under different organizational and funding structures. This planning guide is intended to support the internal planning process all homeless service agencies need to undertake to address the challenges that a pandemic will present. Each agency will need to adapt and think about these issues based on their clients, staffing, and site(s). Each individual agency will have their own internal pandemic policies and procedures that are guided by this document.

This guide will change and be updated over time. This planning guide is an evolving document. As planning continues at the federal, state and local levels, it will be updated to add, change, and delete information. There is a lot we don't know about the COVID-19 pandemic, and we will learn as it unfolds. Consequently, guidance may need to be revised and new recommendations issued.

What is COVID-19?
Why should homeless service providers be concerned?
Role of Lexington-Fayette County Health Department.

What is COVID-19?

On February 11, 2020, the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan, China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV". There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused be a novel (or new) coronavirus that has not previously been seen in humans. Because people have not been infected with a similar virus in the past, most or all people will not have any natural immunity (protection) to a new pandemic virus.

Current symptoms reported for patients with COVID-19 have included:

- mild to severe respiratory illness with fever,
- cough,
- difficulty breathing.

Early information out of China, where COVID-19 first started, shows that some people are at higher risk of getting very sick from this illness. This includes:

- Older adults
- People who have serious chronic medical conditions like:
    - Heart disease
    - Diabetes
    - Lung disease

Why should homeless service providers be concerned?

- Important community services may need to be curtailed, consolidated, or suspended because of widespread absenteeism in the workplace. This will impact all residents of Fayette County, but may have a greater impact on those experiencing homelessness as they may not be able to have daily needs met.

- Working individuals may not have sick leave and vacation benefits; the financial impact on the working homeless and working poor could be extreme.

- Public transportation may be limited or unavailable. Those experiencing homelessness who rely on public transportation may be affected.

- Those experiencing homelessness or extreme poverty who rely on food banks, feeding programs, churches and libraries may have to make major adjustments to their routines or go without.

- Those experiencing homelessness who do not tend to access services may be forced by sickness and scarcity of supplies to seek help at your agencies. This increased demand will impact service providers' stockpile.

- Those experiencing homelessness have limited access to information from the mainstream media (or may not trust or understand what they hear), and may be relying on trusted agency staff and case managers for information.

- Those experiencing homelessness with mental health illnesses may lose continuity of care for an undetermined period of time. They may run out of medications. They may miss the comfort of regular contact with case managers, counselors and friends or family members who may be sick.

- Those experiencing homelessness will also deeply feel the loss of any friends or caregivers who may die.

- Staff will be under much additional stress. They will be worried about their clients, about decisions they must make for and about clients, and about the efficacy of the system and their role in it. They will be concerned about their own health, the health and safety of their families, and their finances.

- Some people may stay home due to concerns or fears about potential exposure to COVID-19 in the community and in the workplace. The resulting high rates of employee absenteeism will affect every sector and probably every homeless service agency.

Role of Lexington-Fayette County Health Department (LFCHD)

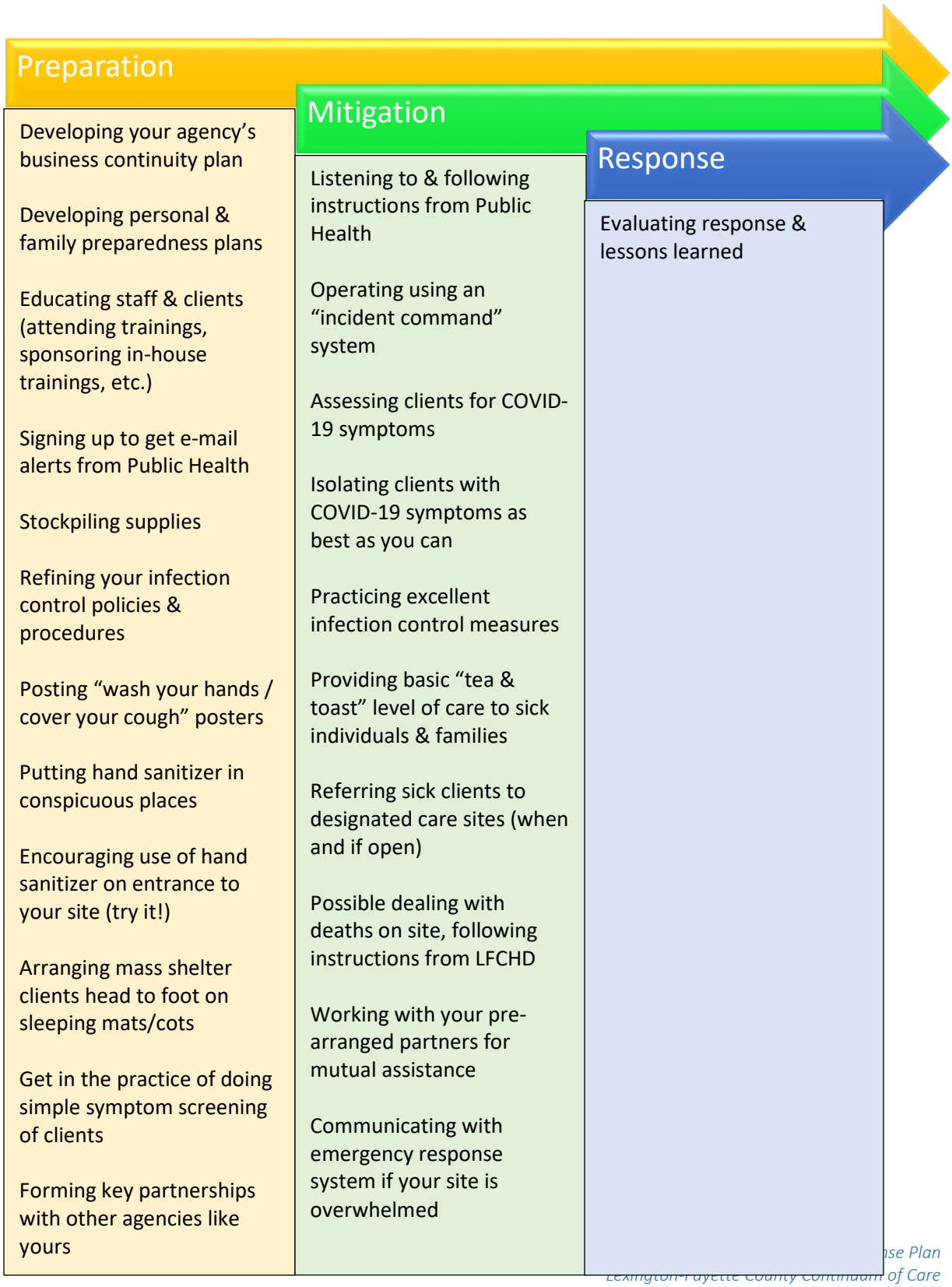
LFCHD takes the lead in developing local infectious disease plans for Fayette County in partnerships with LFUCG Emergency Management and other stakeholders. However, many decisions made at the federal or state levels must be followed locally, such as establishing who has priority in receiving vaccination once a pandemic vaccine becomes available. The specific LFCHD roles during response to the novel COVID-19 virus and any pandemic emergency response in the future will include:

- ✓ Disease surveillance and reporting
- ✓ Case investigation and management
- ✓ Identification and follow-up of close contacts
- ✓ Health risk assessment and communications
- ✓ Liaison with hospitals and other health care system sectors
- ✓ Community-based disease control strategies
- ✓ Vaccine and antiviral medication distribution

Homelessness Prevention and Intervention Board
Continuum of Care Board
Office of Homelessness Prevention and Intervention

	Preparation	Mitigation	Response
Planning	CoC creates infectious disease response plan, defines roles of partners and stakeholders in the plan, and assesses weak spots and vulnerabilities.	Plans move from CoC preparation plans to LFCHD response plans. Strategies may include developing isolation procedures, developing screening protocols, and incorporating heightened sanitation measures.	LFCHD response and communication plans are put into action as directed by public health officials.
Communication	Develop communication plan to ensure all stakeholders receive timely and appropriate information to prevent and respond to an outbreak. Use critical incident report template.	LFCHD officials communicate directly with providers about mitigation efforts such as vaccination, sanitation, and reporting. CoCs reinforce key LFCHD messaging among providers.	LFCHD leads outbreak response communication and directs CoC on how and what to communicate to its providers. CoC communicates with providers to ensure they implement LFCHD directions appropriately.
CoC Support	Assist homeless service providers to assess gaps in ability to respond and ensure they receive the resources and supplies needed.	CoC leadership provides support to LFCHD officials by facilitating communication of providers' needs to public health officials.	CoC relays needs of providers to LFCHD and assists, as directed by LFCHD, in connecting providers with needed resources.
Training & Education	LFCHD will provide training to CoC providers on roles and responsibilities to prevent and respond to infectious disease outbreak.	CoC leadership ensures that mitigation practices recommended by LFCHD partners are effectively implemented across the CoC. LFCHD officials will be more directly involved with the dissemination of information and resources.	Geared towards direct and immediate implementation. Adjustments put into place to reflect disease-specific protocol.

Homeless and Housing Service Providers
Providers that interact with those experiencing homeless.



Community Preparation

GOAL: Prevent infection from entering the system, but when it does, catch it early, contain transmission, and continue to minimize spread.

General Guidance for Community Partners serving those at-risk of homelessness and those experiencing homelessness.

1. Train all staff and volunteers on infectious diseases. Conduct specialized training for COVID-19.
2. Sanitation is everyone's responsibility.
    a. Wash hands with soap and water for at least 20 seconds. Signs to this effect should be posted frequently around the facility and multiple time in restrooms and eating areas.
3. Due to individuals experiencing homelessness not having access to running water, hot water, or hand soap, all facilities to stockpile and make readily available at multiple locations, alcohol-based hand sanitizer.
4. Educate residents and clients on COVID-19 – how it spreads and how they can keep themselves healthy.
5. Clean and disinfect all surfaces multiple times a day.
6. Do not share utensils, cups, food, toys, towels, washcloths, clothes, and other items.
7. Place all mats or bunks at least 3 feet apart as able.
8. Design sleeping arrangements to be head to toe.
9. Review infectious disease business continuity plans and staffing models. CDC recommends that all non-essential staff telecommute.
10. Review and adapt intake procedures to limit touching, close contact, and introduce screening protocols (cough, respiratory issues) and temperature monitoring.
11. Designate a point of contact for communication plan and core response team.
12. Utilize established call center for any questions or concerns staff or clients may have concerning COVID-19. COVID-19 Hotline (800) 722-5725.

Community Mitigation

GOAL: Homelessness does not stop. The service system cannot either. We must always maintain operations because we are the only hope for those experiencing homelessness.

General Guidance

1. It is recommended shelters have areas designated to those ill and separate bathrooms if possible. Residents quarantined as a person of interest should try to remain in the shelter, and not participate in work, school or childcare until released from LFCHD observation. It is recommended that shelters and or day centers do not allow someone who is sick back into the facility unless the facility can minimize risk.
2. **If individuals are suspected:**
    a. **Be given a surgical mask,**
    b. **Referred to in-house medical clinic if open, or**
    c. **After hours or no in-house medical clinic: Call the LFCHD at (859)252-2371 or (859)899-2222 or the state hotline at (800) 722-5725.**
3. All facilities should have written policies on transporting clients suspected.
4. Those awaiting test results as meet criteria for outpatient care, they will be quarantine.
5. If the test is positive, the individual will remain in isolation until medically released.
6. If the test is negative, the individual can return to the shelter. The shelter will work to minimize spread of any infections.
7. The LFCHD will follow-up directly with individual facilities if an individual tests positive. LFCHD protocols will be activated.
8. Any resident with COVID-19 or suspected COVID-19 who is at high risk for complications (e.g., persons with chronic medical problems, immune suppression, advanced age) should be referred for medical evaluation early in the course of illness, ideally within 48 hours of symptom onset.

Community Response

GOAL: Work closely with LFCHD, LFUCG Department of Emergency Management, LPD, LFP, and all community partners in order to follow instructions.

Unsheltered Provider Check List

The prevalence of transmissible disease is greatest among people experiencing homelessness in unsheltered settings, such as living outside in encampments, abandoned buildings, or other places not intended for human habitation. Encampments are not a viable or effective housing solution. While these preventive measures within encampments are important, the best preventive measure is to assist people in moving out of encampments and into housing. Street outreach teams also play a vital role in engaging people experiencing homelessness and connecting them with housing and other essential services they need.

As of March 9, 2020, Community Action Council operates the only full-time street outreach team within Fayette County. Catholic Action Center operates an "as needed" emergency winter weather outreach van. They are included because we are not certain we are out of the cold temperature overnight. The team is already engaged in the tracking and data collection for those experiencing homelessness in places not meant for human habitation.

	Community Action Council	Catholic Action Center
Training	✓	✓
Service Delivery	✓	✓
Staff Safety Standards	✓	✓
Outreach Kits		
Communication Plan (internal)	✓	✓
Stockpile of Supplies		
Temperature Checks		
Report illness process	✓	✓
Medical Referral Process	✓	✓

Emergency Overnight Shelter Check List

An important basic planning assumption for homeless service agencies: *At this time, Lexington-Fayette County Health Department does not anticipate that it would order the closing of homeless shelters during a pandemic. This is because there is no other place for those individuals to go.*

	Community Action Council	Arbor Youth Services	Catholic Action Center	GreenHouse17	Hope Center	The Salvation Army	VA Emergency Contract Beds
Training for staff and residents	✓	✓	✓	✓	✓	✓	✓
On-Site Evaluation for Weaknesses	n/a		✓				n/a
Business Continuity Plan	✓	✓	✓	✓	✓	✓	✓
Service Delivery	✓	✓	✓	✓	✓	✓	✓
Staff and Facility Safety and Hygiene Standards	✓	✓	✓	✓	✓	✓	✓
Communication Plan (internal)	✓	✓	✓	✓	✓	✓	✓
Stockpile of Supplies			✓				
Relocation or segregation of 60+ year old in congregate shelters	n/a	n/a	In process		In process	In process	n/a
Sleeping Arrangement Modification	n/a	✓	✓	✓	✓	✓	n/a
Meal Modification	✓	✓	✓	✓	✓	✓	✓
Temperature Checks			✓				
Report of Illness Process	✓	✓	✓	✓	✓	✓	✓

Medical Referral Process	✓	✓	✓	✓	✓	✓	✓
Quarantine	✓	✓	Utilize plan	Utilize plan	Utilize plan	Utilize plan	✓
Isolation	✓	✓	Utilize plan	Utilize plan	Utilize plan	Utilize plan	✓
Protocols for Refusal of Entity and Referral	Response Phase with guidance from public health	Response Phase with guidance from public health	Response Phase with guidance from public health	Response Phase with guidance from public health	Response Phase with guidance from public health	Response Phase with guidance from public health	Response Phase with guidance from public health

Day Center Check List

	New Life Day Center	Natalie's Sisters	Lexington Rescue Mission	Catholic Action Center
Training for staff and residents	✓	✓	✓	✓
Business Continuity Plan	✓	✓	✓	✓
On-Site Evaluation for Weaknesses				
Service Delivery	✓	✓	✓	✓
Staff and Facility Safety and Hygiene Standards	✓	✓	✓	✓
Communication Plan (internal)	✓	✓	✓	✓
Stockpile of Supplies				
Meal Modification	✓	✓	✓	✓
Temperature Check				
Report of Illness Process	✓	✓	✓	✓
Medical Referral Process	✓	✓	✓	✓
Protocols for Refusal of Entity and Referral	Response Phase with guidance from public health	Response Phase with guidance from public health	Response Phase with guidance from public health	Response Phase with guidance from public health