



Interim Guidance for Safe Sleeping Villages to Reduce the Risk of COVID-19

May 19, 2020

The following guidance was developed by the San Francisco Department of Public Health (SFPDH) for local use, and will be posted at <http://www.sfdcp.org/covid19>. This interim guidance may change as knowledge, community transmission, and availability of testing changes.

AUDIENCE: Homeless service providers setting up and operating Safe Sleeping Villages

BACKGROUND: Persons experiencing homelessness may have an elevated risk for COVID-19 transmission and be especially vulnerable to outbreaks of COVID-19. The risks associated with sleeping outdoors or in an encampment setting are different than from staying indoors in a congregate setting. Sleeping outdoors often does not provide protection from the environment, adequate access to hygiene, food, and sanitation facilities, or connection to services and healthcare. Neighborhoods with high concentrations of unsheltered individuals may also be more vulnerable due to unsafe conditions in public places. Safe Sleeping Villages are designated outdoor spaces for people who are unsheltered, providing an organized area to stay and access to services.

Operations of Safe Sleeping Villages

Site features:

- Marked off space around each tent/other sleeping quarter of at least 144 square feet (12' x 12')
- 12-foot-wide rows between tents/other sleeping quarters
- Area for regular screening and temporary isolation for residents awaiting transfer off-site for suspected or confirmed COVID-19.
- Toilets: 1 toilet per 10 persons
- Handwashing station: 1 station per 15 persons
- Hand sanitizer station at entrance and throughout site
- Facial tissue
- Harm Reduction Supply Kiosk and Syringe disposal area
- Garbage disposal: One dumpster/waste area per 20 people
- Access to shower and laundry services (not necessarily on site);
 - Showers: 1 shower per 20 people
- Smoking area
- Area for a small number of people to sit six feet apart
- Safe area for staff to meet and do their work at least six feet apart
- Fencing, if needed
- If possible, site will also have:
 - Trailer for staff/security and storage for basic supplies
 - Client storage
 - Bike storage
 - Area for pets
 - Phone charging station
 - Wi-Fi
 - 1-2 Chairs, spaced 6 feet apart for each tent

Design Recommendations

- Encampment Spacing for Sleeping:



- Tents and other sleeping quarters should have at least 12 feet x 12 feet of space per tent or tent-like structure.
- Tents should ideally be occupied by one individual. If people are sharing a tent, they are encouraged to use a face covering inside the tent, and must express understanding that their tent is considered one unit, with risk of exposure to all individuals in the tent.
- Toilets: 1 toilet per 10 persons. Portable outdoor toilets can be touching with no room to walk between. Mark spaces 6 feet apart for people to stand while waiting to use the toilet.
- Handwashing station: 1 station per 15 persons. Mark spaces 6 feet apart for people to stand while waiting to use the handwashing station.
- Space between people or tents:
 - Leave 6 feet of space from the entrance of a tent structure, and at least 3 feet on either side of the tent, with enough room to safely walk around the tent.
 - Remove any belongings or obstacles to maintain clear paths where people can stay 6 feet apart while walking.

Operational Recommendations

- Nonprofit organization to manage site
- Coordination with Harm Reduction Programming
- 24/7 staff or security (number of staff depends on site)
- Janitorial (clean garbage, restrooms, hand washing)
- Supplies (facemasks or cloth face coverings for staff and residents, PPE for staff, tents, sleeping bags, water, hygiene kits)
- Drinking water, minimum of 2 liters per person per day
- Three meals a day delivered to site
- Garbage pick-up
- Intake process and signed participation agreement
- Clear house rules, behavioral expectations
- Process for signing in and out and doing a COVID-19 symptom screening at ingress
- Process for accessing DPH or SFPD support as needed
- Exit plan (individual and for when site closes)

Moving People to Safe Sleeping Villages:

Who is transported or moved to a Safe Sleeping Village is based on city needs and neighborhood safety.

Per CDC Guidance, if individual housing options are not available, allow people who are living unsheltered or in encampments to remain where they are. Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious disease spread. See *CDC Interim Guidance on Unsheltered Homelessness and COVID-19 for Homeless Service Providers and Local Officials* at <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>.



- If possible, work with the residents of a known encampment area to create conditions that will benefit the entire city and community by limiting the spread of COVID-19, and not infringe on the safety or health of the neighborhood. Additional guidance can be found in SFDPH's *Interim Guidance: Recommendations for Safe Sleeping for Unsheltered Persons Experiencing Homelessness to Reduce the Risk of COVID-19* posted at <http://www.sfdcp.org/covid19> under People Experiencing Homelessness.
- If there is no overcrowding, sanitation, fire safety or environmental health issues, the recommendation is to not ask people to leave the area where they have been staying in one encampment and move to another encampment, unless:
 - An individual wants to move and agree to stay in the new setting, and not return to the old setting.
 - A group of people from one location moves together
 - People from the area around the safe sleeping village come into the safe sleeping village.

Prevention Measures

Communication Strategies

- Provide straightforward communication to people in the appropriate language.
- Identify people who are influential within the Safe Sleeping Village community who can help communicate recommendations for COVID-19 prevention and harm reduction measures.
- Post signs in strategic locations with information on harm reduction, safety and behavioral expectations in Safe Sleeping Villages, COVID-19 prevention, hand and respiratory hygiene, and what to do if someone has symptoms.
- Request up-to-date contact information for each person when indicated, including phone, email and emergency contact.

General Prevention Measures

- **Educate residents and staff on the importance of staying 6 feet apart and wearing face masks/cloth face coverings**, as well as basic measures to prevent spread of infection, including hand hygiene, respiratory hygiene, cough etiquette, and wiping down and sanitizing sinks after use.
- **Encourage residents and staff to wash their hands often** with soap and water for at least 20 seconds or with hand sanitizer, especially before eating, after going to the bathroom, or after blowing their nose, coughing, or sneezing.
- **Clean and disinfect commonly touched surfaces** once a shift (handwashing stations, toilets, gate entrance).
- **Provide supplies needed for handwashing and hygiene.**
 - Maintain adequate cleaning supplies of hygiene materials for all residents
 - Ensure all hand cleaning stations are well-stocked with soap and drying materials.
 - Make alcohol-based hand sanitizer (with at least 60% alcohol) and tissue widely available throughout the village
 - Ensure that there are enough plastic-lined wastebaskets to dispose of used tissues and disposable wipes, as well as uneaten food or discarded belongings. Empty wastebaskets frequently, so that they do not overflow.



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Resident Prevention Measures

- **Advise residents to stay 6 feet apart from other people when outside a tent.**
- **Encourage residents to wear a face mask or cloth face covering outside their tents:**
 - Residents should wear a facemask or covering when they are within 6 feet of others, and ideally whenever they are outside their tents. Facemasks or coverings should cover both the nose and mouth. Cloth face coverings may be made from bandanas, scarves, t-shirts, sweatshirts, towels, or other materials.
 - If anyone in a shared tent is at higher risk for severe COVID-19 illness, all residents in that tent should also wear a face mask or cloth face covering inside their tent. For a list of people at higher risk for severe COVID-19 illness, see *FAQ for Health Care Providers* at sfdcpc/covid19hcp.
 - Exceptions are individuals who have been told by a medical provider not to wear a face covering; who have trouble breathing; who cannot take off a face covering without help; or who have a physical, intellectual, or developmental disability that affects their ability to safely wear and remove a face covering.
 - Residents should always wash their hands or use hand sanitizer before and after touching their face or face coverings. Cloth face coverings should be washed frequently.
- **If people visit with each other socially, they should NOT do so in a tent.** Socializing should be done outside, staying 6 feet apart and while wearing face coverings.
- Encourage residents to **socialize with as few people as possible**, and to limit social interactions to the same small group of people each day. This will decrease the opportunity for COVID-19 to be introduced into their immediate social circle by others.
- Encourage residents to:
 - Not share things outside of their small social circle
 - Avoid people who are sick

Staff Prevention Measures

- **Wear facemasks or cloth face coverings at all times** while at work, per CDC guidelines and San Francisco Health Order No. C19-12.
- **Stay at least 6 feet apart from clients and other staff.** CDC suggests that outreach workers
 - Greet residents from a distance of 6 feet and explain that they are taking additional precautions to protect themselves and the client from COVID-19.
 - If the resident is not wearing a facemask or cloth face covering, give one to the resident.
 - Continue conversations and provision of information while maintaining 6 feet of distance.
 - If at any point the staff feels unable to protect themselves or the resident from the spread of COVID-19, they should discontinue the interaction and notify their supervisor. Examples include if the resident declines to wear a face covering or if the staff is unable to maintain a distance of 6 feet.



- CDC provides recommendations for Personal Protective Equipment (PPE) for homeless service providers in their *Interim Guidance on Unsheltered Homelessness and COVID-19 for Homeless Service Providers and Local Officials*, at <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>. Sites should refer to the CDC webpage above for the most up-to-date guidance. As of 5/12/2020, CDC recommendations for homeless service providers included the following:
- Avoid handling client belongings if possible. If staff must handle client belongings, they should use disposable gloves.

- Train staff using gloves to ensure proper use and ensure they perform hand hygiene before and after use.
- If gloves are unavailable, staff should perform [hand hygiene](#) immediately after handling client belongings.

A sign on hand hygiene and gloves is at <https://www.cdc.gov/handhygiene/campaign/provider-infographic-6.html>



- When staff must be within 6 feet of a resident without a physical barrier, for example, when checking temperatures, CDC recommends the following PPE:
 - Facemask (surgical or procedure mask),
 - Eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and
 - Disposable gloves.

Per CDC,

- A physical barrier; such as a glass window or plexiglass barrier to protect the staff's face from respiratory droplets produced when the client sneezes, coughs or talks; is more effective than PPE alone.
- Staff must be trained on PPE use.
- Cloth facemasks and face coverings are not PPE and should not be used when a surgical mask or procedure mask is indicated as PPE.
- Staff should launder work uniforms or clothes after use using the warmest appropriate water setting for the items and dry items completely.
- Sites should consult with Health & Safety, Infection Control, and Risk Management regarding the current availability, alternatives, and safe use of PPE.

Screening and Isolation

- Screen residents at least daily for possible COVID-19 symptoms. Ideally residents will be screened at intake into the program, at least once daily, and upon re-entry to the village if someone has been away for over 24 hours.



- Designate a space where residents with symptoms of COVID-19 may be isolated from other residents, including other residents with COVID-19, while awaiting further evaluation. Ideally this space will be a room with a door or another tent.
- Designate a limited number of staff members to conduct screening to minimize the number of staff members who interact with residents with respiratory symptoms at a distance of less than 6 feet.

Screening Procedure

For detailed instructions, see SFDPH guidance, *Asking COVID-19 Screening Questions and Measuring Temperatures when Screening for COVID-19* at sfcdp.org/covid19 under “Businesses and Employers.”

- For staff taking temperatures, CDC recommendations for PPE are summarized in the “Staff Prevention Measures” section above.
- Residents should wear a facemask or cloth face covering when being screened.
- Ask the person being screened if they have any of the following symptoms, not explained by an existing medical condition in the past 24 hours:
 - Fever, including subjective or intermitten-t fever
 - Chills or repeated shaking or shivering
 - Cough
 - Sore throat
 - Shortness of breath or difficulty breathing
 - Feeling unusually weak or fatigued
 - Loss of taste or smell
 - Muscle pain
 - Headache
 - Runny or congested nose
 - Diarrhea
- If the person being screened has not had any symptoms, take their temperature with a non-touch (infrared) thermometer:
 - For the purpose of screening, SFDPH defines a fever as a temperature $\geq 100^{\circ}\text{F}$ (37.8°C)
 - Be aware that non-touch thermometers can give low readings when used outdoors, especially if there is wind. If the temperature is less than 96°F (35.6°C), re-take it.
 - If the individual says they felt like they had a fever, consider this a symptom even if the measured temperature was normal.
- If an individual reports any symptoms or has a temperature $\geq 100^{\circ}\text{F}$ (37.8°C), follow the steps for isolation below.
- In addition to daily screening, encourage residents who develop symptoms to inform designated staff member(s) as soon as possible.

Isolation Procedure

Immediately isolate individuals with suspected or confirmed COVID-19:

- If an individual is identified with fever or any of the symptoms above, or has confirmed COVID-19 infection, they should be masked immediately and be isolated from other individuals, including other individuals with possible symptoms of COVID-19, while awaiting evaluation or transport.



- If the individual was previously able to walk and cannot now (for any reason), is visibly gasping for breath, or is complaining of chest pain – call 911.
- For all other clients:
 - Contact Homeless Medical Response at 415-369-7969 (7 days a week, 7:30 AM to 7:30 PM) for evaluation for testing. A medical response team may be sent to do an assessment.
 - From 7:30 PM to 7:30 AM, call the SFPD COVID-19 Clinician Consultation Line at (415) 554-2830 (available 24/7) for an assessment and evaluation for testing if indicated.
 - If the person does not have a health care provider for consultation or a referral, the options below are available:
 - Tom Waddell Urgent Care, 50 Ivy Street: (415) 713-1963
 - ZSFGH Urgent Care: (628) 206-8000
- If a client has a positive test result or has symptoms of COVID-19 and has not been tested or is awaiting test results, and is unable to self-isolate, social service and health care providers may seek consultation and/or request a hotel room to isolate by
 - Completing a web-based isolation and quarantine referral at <https://covid19isorequest.getcare.com/referral> or
 - Calling the Containment Line (628)-652-2810Please note: Clients cannot request an isolation room for themselves.
- If a COVID-positive individual leaves the Safe Sleeping Village before their period of self-isolation has ended,
 - Call the AMA Recovery Line at (415) 608-1515 or
 - Email covid19amarecovery@sfdph.org

Additional Information for Staff

- Support staff are considered first responders in San Francisco and will have access to first responder support and privileges.
- Communicate clearly to staff that they should not report to work if they have a fever, have cold or flu-like symptoms, or have any of the COVID-19 symptoms listed above that are not explained by an existing medical condition.
- Instruct staff that if they become ill at work to immediately stop work, alert their supervisor, and leave the facility. They should self-isolate at home while awaiting testing, or if this is not safely possible, they will be offered housing at an Isolation and Quarantine site for self-isolation.
- Staff may schedule a test for COVID-19 through:
 - Their primary care provider (PCP) or medical home. This is preferred, since the PCP can assess the staff's risk for severe COVID-19 illness and provide appropriate follow-up care.
 - SFPD New Patient Appointment Call Center for COVID-19 at 415-682-1740 to make an appointment.
 - CityTestSF at <https://sf.gov/get-tested-covid-19-citytestsf>



- SFDPH Communicable Disease Control and Prevention for a test at one of DPH's alternate testing sites and for expedited testing.

Additional Resources

San Francisco Department of Public Health (SFDPH)

- Interim Guidance: Preventing and Managing COVID-19 Transmission among People Experiencing Homelessness
<https://www.sfdcp.org/covid19>, under "Persons Experiencing Homelessness"
- Order of the Health Officer of the City and County of San Francisco Generally Requiring Members of the Public and Workers to Wear Face Coverings (Health Order C19-12)
<https://www.sfdph.org/dph/alerts/files/OrderNoC19-12-RequiringFaceCovering-04172020.pdf>

Centers for Disease Control and Prevention (CDC)

- Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 (COVID-19) for Homeless Service Providers and Local Officials
<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>
- Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)
<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>
- Resources to Support People Experiencing Homelessness
<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/>

California Department of Public Health

- COVID-19 Guidance
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx>
- Recommended Strategic Approaches for COVID-19 Response for Individuals Experiencing Homelessness (PDF)
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Protocols-Homeless-Pop.pdf>
- Flow Chart: COVID-19 Recommended Protocol for People Experiencing Homelessness (PDF)
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/flowchart-COVID19-homelessness.pdf>