



COVID-19: FREQUENTLY ASKED QUESTIONS (FAQ) FOR THE HOMELESSNESS SECTOR IN WA

This is the second FAQ of our series which provides some updates on the latest WA Health advice about COVID-19 symptoms and testing. It also responds to some other common queries that have been raised by organisations working with people experiencing homelessness and/or people residing in lodging/boarded houses or other congregate living settings. With winter fast approaching, this FAQ also includes information about encouraging people to get the flu vaccination to reduce the risk of the flu and COVID-19 co-occurring.

The information in this FAQ is correct as at 6 May 2020. As Government advice on COVID-19 changes OR new support/advice for the homelessness sector become available, these will be added to future updates.



IS COVID-19 STILL A THREAT?

While there is considerable optimism in Australia about the 'flattening of the curve', people with nowhere to 'stay home' remain highly vulnerable to COVID-19 infection, and as seen recently in homeless populations across a number of US cities, it can only take one case to rapidly spread. This is a population group with a high prevalence of chronic health conditions that put them at much greater risk of illness and fatality from COVID-19.

It is critical that homelessness services remain proactive in strategies to prevent the risks of COVID-19 infection and spread among people experiencing homelessness. Frequent handwashing and social distancing remain important preventive measures.

While the majority of people who get COVID-19 will only get it in a mild form, those who get it more severely can become very sick. Visit the [WA Health COVID-19 website](https://www.health.wa.gov.au/COVID-19) for further information about coronavirus and regular updates.



HAVE THE SYMPTOMS TO LOOK OUT FOR CHANGED?

The most common symptoms to look out for haven't changed but people can now be tested if they have any of the following:

- a fever (a temp $\geq 38^{\circ}\text{C}$)
- **OR** a recent history of a fever (e.g. night sweats, chills)

OR a cough or shortness of breath or sore throat

As it can be hard to tell the difference between flu symptoms and COVID-19, it is important to encourage people to be tested if they have any of these symptoms, and particularly if symptoms get worse.

The symptoms typically start between 2 and 14 days from exposure to the virus.

As some people can have the COVID-19 virus but may not develop symptoms, it is important to adhere to guidance around social distancing, hand washing and hygiene.

ARE PEOPLE EXPERIENCING HOMELESS AT MORE RISK?

There are several health-related factors that put people who are homeless at higher risk of COVID-19.

Existing chronic health conditions

Many people experiencing homelessness in WA have one or more of the chronic health conditions that have been associated with a higher risk of illness or death from COVID-19 including:

- **high blood pressure** (hypertension)
- **heart disease** (eg heart attack, stroke)
- **diabetes**
- **respiratory conditions** (eg asthma, emphysema)
- **suppressed immunity** or an auto-immune condition (eg HIV, taking immune suppressant medications or undergoing chemotherapy)

High rates of smoking among people homeless in WA

Smoking increases the risk of respiratory infections and there is growing evidence that this includes COVID-19. People who smoke may also be more severely affected if they get COVID-19, due to pre-existing damage to the lungs. The sharing of cigarettes and use of disposed cigarette butts can increase the risk of disease transmission. For more information for community services on coronavirus and tobacco use and how to assist people to quit smoking visit the [Make Smoking History website](#).

Drug and alcohol use

Long-term or heavy drug or alcohol use can undermine a person's immunity, this may increase vulnerability to infections such as COVID-19. There are added risks if equipment or drugs are shared or used in close proximity to others. A harm minimisation information sheet about AOD use and COVID-19 has been developed and is available on the Shelter WA [COVID-19 AOD Harm Minimisation](#).



HOW CAN WE ARRANGE COVID-19 TESTING?

The symptom criteria for testing eligibility in WA changed on 9 April and includes any one of:

a fever ($\geq 38^{\circ}\text{C}$) **OR** have recently had a fever (e.g. night sweats, chills) **OR** have an acute respiratory infection e.g. shortness of breath, cough, sore throat.

COVID-19 testing can be undertaken:

1. At a COVID-19 clinic

COVID-19 Clinics are operating at seven hospital sites in Perth, as well as at Emergency Departments in regional and metropolitan WA. For **COVID-19 clinic locations and opening hours**, check the COVID clinic page of the WA Health [website](#).

2. At private pathology providers with a GP referral

As of 17 April 2020, GP's can now refer patients to private pathology providers for COVID-19 testing, including Clinipath, Western Diagnostics and Australian Clinical Labs. A referral can be obtained through a face to face consult with your GP or a GP telehealth consultation.

Note: while awaiting test results, self-isolation needs to occur

WHEN IS SELF-ISOLATION REQUIRED?

Self-isolation is required for anyone who:

- is awaiting a COVID-19 test outcome
- tests positive to COVID-19
- has been identified as a close contact of someone who has tested positive

You need to remain in self-isolation until the Public Health Emergency Operations Centre advises that self-isolation is no longer needed.

WHAT DO WE DO IF SOMEONE TESTS POSITIVE FOR COVID-19?

If you are operating in an accommodation setting

- If illness is mild, they do not need to go to hospital, but self-isolation is critical, not only for the person who has tested positive, but for any other residents or staff who have had close contact.
- It is recognised that it may be difficult to set up a separate self-isolation area in accommodation settings where either bathrooms, or living spaces or bedrooms are shared. If you have a resident who needs to be self-isolated, and it is not possible to do this at your facility, contact the COVID information line and explain the situation. They will arrange alternate suitable accommodation and transport.
- If it is not possible to get someone into alternate accommodation immediately, the following FAQ provides information on how to isolate people as much as possible if they are in [Shared or Congregate Living Settings](#). (click hyperlink or available on Shelter WA website)

Coronavirus
information
helpline
13 COVID
(13 268 43)

If you are a day centre or other service

- a person who has tested positive for COVID-19 cannot enter the premise or use facilities
- if they are rough sleeping or do not have accommodation suitable for self-isolating, contact the COVID-19 information line, 13 COVID (13 268 43)

WHAT ABOUT PPE?

The latest Department of Health advice is that PPE is reserved for staff (including volunteers) who have direct face-to-face interaction with people with suspected or confirmed COVID-19. The purpose of wearing PPE is to protect the wearer from contact with infected particles. PPE needs to be worn correctly to be effective (the Department of Health 30 minute infection control training is recommended for all staff see [Infection Control Training](#)).

It is also appropriate to ask a client or resident of your service to wear a face mask if they are coughing or have other COVID-19 symptoms, and/or are awaiting COVID-19 testing.

Information about when PPE is needed and availability for the homelessness sector, was discussed in the Department of Communities [webinar for the community sector](#) on Tuesday 5 May.

SHOULD WE ENCOURAGE FLU VACCINATIONS?

People experiencing homelessness are not only at higher risk for COVID-19, but also tend to have chronic health conditions and living circumstances that make them more vulnerable than the general population to getting the flu in winter. **While the flu vaccination doesn't provide protection against COVID-19, it significantly reduces the likelihood of someone having both COVID-19 and the flu at the same time.**

Organisations and services working with people experiencing homelessness in WA should encourage clients and staff to get the influenza vaccination ahead of Winter 2020.

The influenza vaccination is available at no cost for all people who are Aboriginal and/or Torres Strait Islander, children under 6, people over 65 and anyone with certain chronic health conditions, and this is likely to apply to many people experiencing homelessness. It is available through any GP and many pharmacies. See also [Where-can-I-get-my-vaccination](#)

Homeless Healthcare will be offering the flu vaccination at no cost to homeless patients and there will be additional dedicated flu clinics being held at various locations frequented by people who are homeless during May/June this year. For further information about the days and locations of Homeless Healthcare clinics, see their website [Homeless Healthcare](http://homelesshealthcare.org.au) (homelesshealthcare.org.au)

OTHER RESOURCES DEVELOPED FOR THE WA CONTEXT:

The following fact sheets have been developed by the Home2Health team at UWA and Homeless Healthcare in collaboration with Shelter WA and the WAAEH, with the content informed and reviewed by people in the sector, and people with lived experience. These are updated each time Government guidance about COVID-19 changes.

For people experiencing homelessness

Coronavirus (COVID-19) - information for people experiencing homelessness here: [Coronavirus fact sheet for people experiencing homelessness V3](#)

COVID-19 Harm Minimisation info sheet relating to Alcohol and Drug Use here: [COVID-19 AOD Harm Minimisation](#)

For the homelessness and community housing sector

COVID-19: FREQUENTLY ASKED QUESTIONS (FAQ) For Homelessness Services with Shared or Congregate Living Settings here: [COVID-19 FAQ Issue 1 \(Version 3\)](#)

These fact sheets can all be found on the Shelter WA website. The Shelter website can be accessed here: [Shelter WA COVID-19](http://shelterwa.org.au) (shelterwa.org.au)

**This FAQ has been developed by the Home2Health team within the School of Population and Global Health at UWA in collaboration with Homeless Healthcare*