

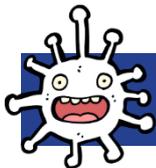
## COVID-19: FREQUENTLY ASKED QUESTIONS (FAQ)

### FOR HOMELESSNESS SERVICES WITH SHARED OR CONGREGATE LIVING SETTINGS

People experiencing homelessness are among the most vulnerable to COVID-19, with a high prevalence of chronic health conditions associated with COVID-19 deaths and hospitalisation in other countries [1](#). Government advice to reduce risk of infection (such as stay home or self-isolate or regular hand washing) is also problematic if have no home.

The COVID-19 pandemic has already resulted in significant changes to the way in which the homelessness sector can provide services and support, and there are many challenges and questions in the wake of this. *There are additional challenges for organisations that provide accommodation to people who were formally street present homeless* (including boarding and lodging houses, refuges, shared supported accommodation and other congregate living settings).

This is the first of a planned series of FAQs that seeks to quickly provide succinct information and guidance on reducing the risk and spread of COVID-19 for those providing or working in accommodation settings. **This FAQ was updated on 13 April 2020 (Version 2 update)**. As Government advice on COVID-19 changes and new supports or advice for the homelessness sector become available, these will be incorporated into future updates.



### HOW INFECTIOUS IS COVID-19



COVID-19 is not a totally new disease, but rather a new form of coronavirus; a large family of viruses that cause respiratory infections. Often coronaviruses only cause mild illness, such as the common cold. However, some coronaviruses have a much more severe health impact, such as Severe Acute Respiratory Syndrome (SARS).

COVID-19 is a new coronavirus that was first identified in Wuhan, China in December 2019. It is a new strain of coronaviruses that hasn't previously been identified in humans. This is the first time that the World Health Organization (WHO) has declared a coronavirus a pandemic. COVID-19 is highly contagious, much more so than the flu or a common cold.

COVID-19 is understood to be spread from person-to-person through:

- direct close contact with a person while they are infectious
- close contact with a person with a confirmed infection who coughs or sneezes, or
- touching objects or surfaces (such as door handles or tables) contaminated from a cough or sneeze from a person with a confirmed infection, and then touching your mouth or face.

While the majority of people who get COVID-19 will only get it in a mild form, those who get it more severely can get very sick, and even die, and people experiencing homelessness are among those most at risk in our community. Visit the [WA Health COVID-19 website](#) for further information about coronavirus and regular updates.



## WHAT ARE THE SYMPTOMS OF COVID-19



Symptoms include shortness of breath or cough, with or without a fever. The symptoms typically start between 2 and 14 days from exposure to the virus.

Common Symptoms	Other Symptoms
<ul style="list-style-type: none"> <li>• Fever (Temperature <math>\geq 38^{\circ}</math>Celsius)</li> <li>• Cough (dry, new)</li> <li>• Shortness of breath</li> <li>• sore throat</li> </ul>	<ul style="list-style-type: none"> <li>• Runny nose</li> <li>• Fatigue</li> <li>• Aches/pains</li> <li>• Diarrhoea</li> <li>• Nausea</li> <li>• Pneumonia (severe cases only)</li> </ul>

As of 9 April 2020, the [WA Department of Health](#) has expanded the testing criteria for COVID-19. To qualify for COVID-19 testing at a COVID clinic, a person will be considered for testing if they:

- present with a fever ( $\geq 38^{\circ}$ C) OR
- a history of a fever (e.g. night sweats, chills) OR
- an acute respiratory infection e.g. shortness of breath, cough, sore throat.

Encourage residents and staff to look out for any signs of worsening symptoms (e.g. coughing more or more short of breath).

## WHY ARE PEOPLE WHO ARE HOMELESS AT GREATER RISK



People experiencing homelessness are at particular risk of COVID-19 due to:

- difficulties they face in implementing COVID-19 precautions such as frequent handwashing, social distancing, and self-isolation
- underlying health conditions that increase risk of medical complications or fatality

While all people homeless are vulnerable, those with **one or more of the following** are at a much higher risk for COVID-19 fatality or hospitalisation.

- **Aged 50+** (with accelerated aging of people homeless, the UK recommendation is to use 50+ as 'older person' equivalent)
- **Hypertension** (high blood pressure)
- **Cardiovascular disease** (i.e. heart failure, stroke, heart attack)
- **Chronic respiratory conditions** (i.e. Asthma, COPD, Emphysema)
- **Diabetes**
- **Suppressed immunity/auto-immune conditions** (i.e. HIV, people on immune suppressant medications, or undergoing chemotherapy or radiation therapy, Parkinson's)

Other factors that impact on immunity or vulnerability to infection and that are common among people who are or have experienced homelessness include **smoking** (affects lungs, more vulnerable to infection), and **malnutrition/poor nutrition** (affects immune system). Additionally, the high prevalence of chronic health conditions and co-morbidities among Aboriginal people puts them at higher risk.



## WHAT CAN WE DO TO PREVENT COVID-19 RISK AND INFECTION IN SHARED ACCOMMODATION

**Handwashing and hygiene** are among the most effective deterrents to COVID-19 spread. The following apply to staff, residents and any visitors:



**Wash hands with soap and water often for 20 seconds.** If soap and water is not available use **hand sanitiser gel** (needs to be minimum 60% pure alcohol to be effective)



**Do not touch your eyes, nose or mouth** with unclean hands



**Cover coughs or sneezes with a tissue or your sleeve** (not hands)



**Avoid sharing of anything that has had contact with someone else's mouth** – cigarettes, cups, asthma inhalers etc



**Frequently clean surfaces, particularly in shared areas** (e.g. common areas, stairwells)

**Minimise shared use of bathrooms and toilets, kitchen areas.** Clean frequently

*Visual cues and posters/signs* to remind residents and/or staff of key hygiene practices help to entrench these as routine. The Department of Health handwashing poster can be found [here](#).

All staff and volunteers should complete the Australian Department of Health online training module for [COVID-19 infection control](#). It only takes 30 minutes.

**Physical distancing (or 'social distancing')** is critical, even inside accommodation settings.



**Stay 1.5- 2m apart from other people** – Keep 'physical distance'

**Avoid being near people who have symptoms of COVID-19**



**Social distancing applies to communal areas** – The Australian Government has specified that a shared area must allow for **at least 4m<sup>2</sup> per person** to enable social distancing e.g. a communal area of 40m<sup>2</sup> may have no more than 10 people in it at any given time.

### What about where people sleep?



To reduce infection risk and spread, couples and immediate families can share a sleeping space, but all others should ideally have their own room with an ensuite or non-shared bathroom.



If individuals cannot have their own bathroom, shared toilets and bathrooms must be cleaned thoroughly between each use.



Dormitory style rooms are NOT ideal; if this is the only option, reduce the number of people in the room where possible and ensure that beds are least 2m apart and the area is cleaned daily. Alternating the way beds face (i.e. head to toe) is recommended to keep distance between people breathing.

## WHEN DO WE NEED PPE (PERSONAL PROTECTIVE EQUIPMENT)

The latest Department of Health advice is that PPE is reserved for staff who have direct face-to-face interaction with people with suspected or confirmed COVID-19 (see page 4 for information about when a case of COVID-19 is suspected).

PPE does not replace need for regular handwashing and cleaning of surfaces.

**The shortage of PPE in WA is a recognised urgent issue** – work is being done to procure PPE for homelessness and community sector organisations that have face to face contact with residents or clients. *The Sector will be kept up to date on this.*

### What is meant by PPE?

- Face Mask (droplet precautions)
- Eye protection (goggles or face shield)
- Gown
- Gloves

*Please note: Homemade face masks sewn from fabric DO NOT protect against COVID-19.*

**PPE must be worn correctly to be effective.** Wash hands immediately with soap and water after removing PPE.

*The online Department of Health training for [COVID-19 infection control](#) includes appropriate use of PPE. WA Health also has a [fact sheet](#) on when and how to use a face mask*



## WHAT DO WE DO IF SOMEONE HAS COVID-19 SYMPTOMS

If a resident has a fever, they need to be isolated as soon as possible. If a person complains of a fever or has a temperature > 37.5 degrees, they should be presumed to have a fever, and it needs to be assessed.

Due to the highly infectious nature of COVID-19, **if COVID-19 is suspected:**

- Immediately isolate the person(s) (see page 5) and minimise interaction with other residents, if you have available face masks, ask the person to put one on
- Ensure person in isolation can contact staff and let you know if their condition deteriorates
- Get in contact with their primary care provider and let them know about the COVID-19 symptoms. (if they do not have a GP or regular primary care provider contact Homeless Healthcare on 6260 2092 or WADMS if afterhours for GP home visits or phone advice (Ph 9321 9133)
- Check on person regularly (every 4-6 hours)
- If their condition deteriorates, such as their temperature increases or they have difficulty breathing) or you are in any way concerned, call an ambulance immediately on triple zero (000)

**Mild symptoms** do not usually require medical attention, however the resident's usual healthcare practitioner (GP) should be notified. To help alleviate symptoms residents can be given paracetamol.

**Severe symptoms** to look out for include:

- Extremely difficult breathing (not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Persistent dizziness or light-headedness
- New confusion, or inability to arouse
- New seizure or seizures that won't stop

If a person begins to develop **severe symptoms**, call triple zero (000) and ask for an ambulance. Tell the paramedics on arrival that you have a possible case of COVID-19.



## HOW CAN WE ARRANGE COVID-19 TESTING ?



As of 9 April 2020, the testing criteria in WA for COVID-19 has been expanded- a person presenting to a COVID-19 clinic will be considered eligible for testing if they present with 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.

For **COVID-19 clinic locations and opening hours**, check the COVID clinic page of the WA Health [website](#)

If no form of transport is available to get someone to a COVID clinic and you are concerned about the severity of their symptoms call triple zero (000) and ask for an ambulance. Tell the paramedics on arrival that you have a possible case of COVID-19.

Note: There are currently only limited situations in WA where a GP is permitted to order COVID-19 testing directly. If you believe someone has symptoms and needs testing, but they refuse to attend a COVID clinic, contact their GP or Homeless Healthcare on 6260 2092.

**While awaiting test results, self-isolation needs to be continued.**

## WHEN DOES SOMEONE NEED TO SELF-ISOLATE ?



People need to self-isolate in the following circumstances:

- If someone is suspected as having COVID-19 (see Symptoms section), they must be isolated for 14 days from symptom onset, until symptoms have fully resolved, or they receive a negative COVID-19 test result and have been advised they no longer need to isolate
- If someone has been in close contact<sup>1</sup> with a confirmed case of COVID-19, they must isolate for 14 days after the date of last contact with the confirmed case

*It is recognised that self-isolation presents many challenges for shared living accommodation, and some of the key homelessness and community housing providers are working to identify other options.*

## HOW CAN WE CREATE AN EFFECTIVE SELF-ISOLATION AREA ?



- If possible, a symptomatic resident should be placed in a single room with their own bathroom, separate toilet, separate meal preparation areas
- Deliver meals and any other items requested by resident to door and placed outside door
- It is preferable to allocate specific staff members to support residents in isolation. This includes bringing food or supplies to their room, handling a resident's belongings or laundry etc
- Stringent handwashing, hygiene and cleaning practices are even more important in this situation
- Any staff having contact with the resident will need to self-monitor for signs and symptoms of respiratory illness and self-exclude from work if unwell

<sup>1</sup> Close contact is defined as spending greater than 15 minutes face-to-face contact in any setting with a confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case, or sharing of a closed space with a confirmed case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed case.

- **Cleaning:** reduce cleaning of rooms, bathrooms and kitchen areas being used by residents in isolation to an “as needed” basis to reduce the risk to cleaning staff. The room should be thoroughly cleaned when the ill resident is moved or changes accommodation/location

Note: If a resident is assessed at moderate or high risk of non-compliance with instructions about isolation and personal care and hygiene, consider transfer to another totally separate facility (if available). *We appreciate many organisations do not have the option of another place someone can go – the sector is seeking to secure solutions and advice regarding this.*

## WHAT IF IT'S NOT POSSIBLE TO SET UP FULLY SEPARATE SELF-ISOLATION AREA

If this is the case, the following principles should be used to guide resident placement:

- If separate bathrooms are not available, reserve one bathroom for people in isolation
- If separate kitchen facilities are not available, either reserve one for residents in isolation or if possible, deliver meals to their rooms

When a single totally separate room is not available, at the very least:

- If more than one resident has symptoms, place them together in the same room (cohort) with similar signs and symptoms (away from people with no symptoms)
- residents' beds should be separated by at least 2 metres
- If facilities such as bathrooms and rooms must be shared, they must be cleaned and disinfected between each resident's use

*We are conscious that services may not have the resources or accommodation set-up to effectively self-isolate people, and urgent advice for this scenario is being sought.*

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

**If there is a confirmed case of COVID-19:**

- Continue self-isolation for person(s) tested positive
- Notify the persons' usual healthcare practitioner
- Staff should complete incident form and provide to management

If illness is mild, they do not need to go to hospital, and WA hospitals will not have capacity to admit people with mild COVID-19. We appreciate however that keeping someone who has tested positive for COVID-19 in self-isolation places additional strain on staff and raises concerns about the risk of spread to other residents. Hence, *urgent work is underway in Perth to set up a homeless health COVIDcare facility for people with COVID-19, and to secure separate accommodation options where self-isolation is not possible in existing premises.*

In the instance of confirmed COVID-19, management should consider this an opportunity to:

- review and implement enhanced infection control measures and surveillance for further cases
- Ensure there is a plan in case of an outbreak (the Australian Government Department of Health has just released a [guide](#) for COVID-19 outbreak management in residential facilities)

## WHAT IF WE SUSPECT A STAFF MEMBER HAS COVID-19



Staff who develop symptoms of respiratory illness or a fever should immediately be sent home and remain away whilst a diagnosis is sought. If the symptoms match those specified by the Department of Health for COVID testing eligibility, the staff member should attend a COVID clinic.

If COVID-19 is excluded as a possibility, the staff member may be able to return to work once no longer sick and as guided by medical advice.

If COVID-19 is confirmed, the staff member needs to be away from work for 14 days (minimum) and then test negative to two COVID-19 swab tests at least 24 hours apart to be allowed back to work.

If a staff member tests positive then other staff and residents of the facility need to be advised, and everyone who had contact with that person should self isolate for 14 days.

## WHAT IF COVID-19 IS MAKING PEOPLE ANXIOUS



**It is totally normal for people to be feeling anxious, stressed and worried** as a result of the COVID-19 pandemic, and this will be the case for staff as well as residents and clients.

- Acknowledge that fear and worry is a normal and expected response to this unprecedented pandemic that has dramatically impacted on day to day life
- Let people debrief, talk and make sense of the situation, but encourage them to also find other distractions and to avoid endless 'bad news' updates
- Remind people that they can be in control of effective actions to prevent infection, such as handwashing, hygiene and social distancing
- Be aware that some of the language being used in relation to COVID responses may be triggering for people who have experienced trauma, e.g. references to 'lock down' or enforced isolation if someone has been in a mental health or justice institution

The next FAQ will provide resource links and suggestions relating to managing COVID-19 anxiety, self-care and mental wellbeing.

Other FAQ in this series will be developed as further information becomes available or evidence and guidance for COVID-19 change. For other information about COVID-19:

- range of helpful resources for homeless sector [www.shelterwa.org.au/COVID-19](http://www.shelterwa.org.au/COVID-19)
- COVID-19 Hotline (WA Police): 13COVID (132 68 43) callers are given a range of options directing them to the relevant sources of information for their needs.
- National Coronavirus Helpline 1800 020 080

*\*This FAQ has been developed by the Home2Health team within the School of Population and Global Health at UWA, in collaboration with Homeless Healthcare, Shelter WA and the WA Alliance to End Homelessness. Content has been reviewed by people working in organisations that manage boarding or lodging houses or other types of congregated living. This document has been developed with funding support from WA Health. Some material has been adapted from the New South Wales Department of Communities and Justice March 2020 Guidelines: Homelessness Accommodation and COVID-19, and from COVID response guidances from homelessness organisations in other countries.*