

Santa Cruz County

Emergency Shelter Guidance

COVID-19 Practice Recommendations and Information

Santa Cruz County Homeless Services Coordination Office
Version 5.0
07-31-2020

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Introduction

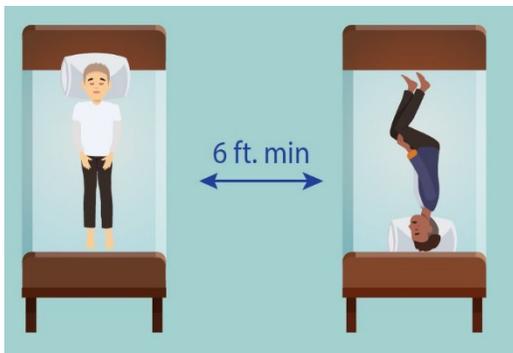
This guide is for emergency shelters in Santa Cruz County during the COVID-19 epidemic. The County recognizes that each shelter is different in terms of physical plant, staffing structure, funding and programming prior to COVID-19 and that implementing changes in response to COVID-19 will present challenges. This guidance is intended to provide both County requirements and practice recommendations and information about how to implement changes. It may be modified or added to as the local response develops and/or more is known about the disease.

For questions regarding this guidance, or suggestions for additions/modifications for upcoming versions, please email HSCO@santacruzcounty.us.

I. Shelter Layout, Hygiene and Distancing Practices

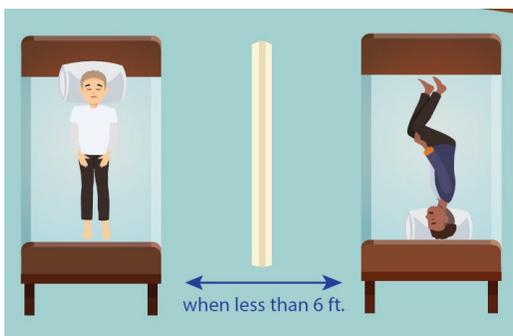
A. Physical Distancing and Layout of Areas

Physical distancing is one of the most important preventive actions that can be taken to reduce spread of the virus. This means reviewing the layout of the shelter in all areas where people congregate, including sleeping, dining, service and social areas.



Sleeping areas: Shelters should attempt to lay out sleeping areas (for those who are not experiencing COVID- related symptoms) with beds/mats ideally six feet apart, but at a minimum of three feet apart and request that all guests sleep head-to-toe so that guest's faces are at least six feet apart. The six feet may be between the long sides of the beds or from end to end, depending on layout.

Guests with mild respiratory symptoms should be prioritized for individual rooms. If individual rooms are not available, beds/mats for guests with any respiratory symptoms must be at least 6 feet apart.



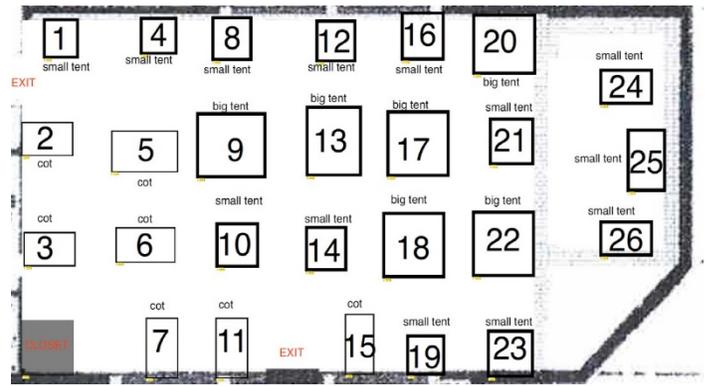
If it is not possible to achieve six feet between beds, then shelters must provide the maximum distance possible, ensure guests sleep head to toe allowing for six feet of space between heads, and if possible should place partitions between beds/ sleeping areas. Partitions may consist of nailing string from wall-to-wall and hanging sheets or blanket, using dressers or cardboard boxes as a barrier (provided these pose no threat of falling or collapsing.) Tent enclosures also act as barriers.

Similar recommendations apply to the placement bunk beds. For more information, see the guidance [Social Distancing and Bed Position for Residential and Congregate Settings](#).

Assigned locations: Shelters that have beds, cots and/or tents should assign beds to guests, while shelters that use mats should assign a designated sleeping area that each guest occupies consistently. Assigned beds, tents or spaces should be copied on to a schematic drawing of the sleeping area layout and kept updated with the name of the person occupying each assigned spot or with a numbering system that corresponds to a log of names.

Maintaining historic bed assignment records is critical because in the event someone from within the shelter is infected, the County will be able to quickly identify who is most likely to have been exposed.

Social and service spaces: Spaces used during the day should be set up to allow people to sit at least six feet apart. If a shelter has a seating or TV area, move chairs apart and keep an eye out to make sure they are not being moved around afterwards to be closer together. Lines or demarcations, such as with painter's tape on the floor help with this. It is recommended someone from each shift be identified who will monitor and remind people to adhere to social distancing.



Food services and dining areas: Guests and staff should maintain distancing in food service and consumption areas. If food is being prepared and served in the shelter, staff/volunteers should serve guests (guests should not serve themselves) and lines should meet physical distancing requirements. If dining areas cannot accommodate all guests with distancing, food should be served in shifts and the area should be cleaned between. Guests should use a new tray if they would like seconds. Shelters serving individual delivered meals should hand these out in ways that comply with physical distancing and minimize handling. Consider staff bringing the meals to guests seated at their tables. When possible, setting up tables and chairs that allow for social distancing. Servers should wear gloves and masks. Guests should eat in spaces that preserve distancing.

Make use of outdoor spaces. When the weather is temperate, shelters are urged to expand use of outdoor spaces for socializing and eating to help meet physical distancing requirements.

If, in order to comply with this, shelters need additional or different furnishings, such as folding chairs or small tables, please submit a request for resources through the supply request process:

Please submit all resource requests to Juliette Burke (Juliette.Burke@santacruzcounty.us)

B. Posted Signs

Shelters should post signs regarding COVID-19 symptoms, appropriate practices for physical distancing, handwashing techniques and proper use of face coverings prominently in places where staff and guests frequent, including sleeping and day use areas, dining areas and bathrooms. Signs from the CDC in both Spanish and English are available at the County's Website: <https://www.santacruzhumanservices.org/Home/COVID-19HomelessServicesInformation>.

C. Personal Hygiene

In addition to distancing, hand washing and hygiene are critical ways to prevent the spread of the virus. Ensure bathrooms and other sinks are consistently stocked with soap and paper towels for handwashing. Guests and staff should be trained in the proper way to remove gloves and handwashing techniques, which include scrubbing all parts of the hand for at least 20 seconds and avoiding touching doorknobs when exiting the bathroom.

If possible, hand sanitizer should be made available throughout the shelter and particularly at passageways from one part of the shelter to another and in areas where people congregate.

If in order to meet these hygiene guidelines shelters need materials such as soap, paper towels or hand sanitizer, please submit a request for resources through the supply request process:

Please submit all resource requests to Juliette Burke (Juliette.Burke@santacruzcounty.us).

D. Required Use of Face Coverings

In the shelter: In order to protect others and slow transmission, all staff and guests are required to wear face coverings while in the shelter with certain exceptions, noted below. "Face Covering" means a covering made of cloth, fabric or permeable materials, without holes, that covers only the nose and mouth and surrounding areas of the lower face.

Examples of face coverings include a scarf or bandana; a neck gaiter; a homemade covering made from a t-shirt, sweatshirt, or towel, held on with rubber bands or otherwise; or a mask (which need not be medical grade). A face covering may be factory-made or may be handmade from ordinary household materials. Masks that incorporate a one-way valve (typically a raised plastic cylinder about the size of a quarter on the front or side of the mask) designed to facilitate easy exhaling do not comply with the County's Order and requirements.¹¹

Face coverings should be comfortable, so that the wearer can breathe comfortably through the nose and does not have to adjust it frequently, so as to avoid touching the face.

Children under two years old should not wear face coverings and children between two and 12 are not required to wear face coverings.

Exceptions to the requirement for those over 12 to wear masks while in the shelter include when a guest is in private space, such as a room or tent, alone or with household members, or when eating, bathing or sleeping. A face covering is also not required if the person can show either: (1) a medical professional has advised that wearing a face covering may pose a risk to the person for health-related reasons; or (2) wearing a face covering would create a risk to the person related to their work as determined by local, state, or federal regulators or workplace safety guidelines. A face covering should also not be used by anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance. If a guest has difficulty complying with the requirement to wear a face covering the shelter should ensure as much as possible that the guest does not interact with those outside their household. If a guest repeatedly refuses to wear a face covering without a medical reason for refusal, and they cannot be safely accommodated, the shelter may initiate the process to move them, but should inform **Public Health 831-454-4114 Communicable Disease Unit (CD)** if the individual appears symptomatic.

Outside the shelter: Anyone going out into public to perform essential activities should wear a disposable or cloth face covering. Wearing a face covering is recommended but not required while engaged in outdoor exercise such as walking, hiking, bicycling, or running. In general, even when not required by County Order, people are strongly encouraged to wear face coverings when in public. It is recommended that each person engaged in such activity carry a face covering in a readily accessible location, such as around the person's neck or in a pocket.

More information about face coverings can be found at:

- Order to Wear Face Coverings in Public [English](#) [Spanish](#)
- Face Covering FAQs [English](#) [Spanish](#)
- Sample Signage [Example 1 \(bilingual\)](#)
- [VIDEO: How to make a homemade face covering](#)

Supply and care of face coverings: The shelter should provide face covering to any guest who does not have one, with distribution tracked to ensure adequate supplies. When supplies allow, fabric face coverings should be issued and designated for single resident use. Extra face coverings should be made available so that a clean mask is ready for use. When shared use is necessary, facial coverings must be washed between any and all transfers from one resident to another. Face coverings that are not disposed of after each use should be cleaned frequently, ideally after each use and have a dedicated laundry bag or bin. Always wash hands, or use sanitizer, before and after touching your face or face coverings. As stated above, the shelter should also post signs regarding the use of face coverings.

If the shelter needs face coverings to provide to staff or guests, please submit a request for resources through the supply request process:

Please submit all resource requests to Juliette Burke (Juliette.Burke@santacruzcounty.us)

¹ Valves of that type permit droplet release from the mask, putting others nearby at risk. A covering that hides or obscures the wearer's eyes or forehead is also not a face covering.

E. Belongings and Storage

The belongings that a person may bring with them may be limited. If a shelter does not already have limits on belongings that a person may bring, they may adopt such limitations. Items should be limited to personal belongings—e.g., clothing, medications, religious items, legal identification, vital papers and other small personal items. Limits should not apply to or include necessary medical equipment, such as walkers, wheelchairs, oxygen tanks, external medical devices or other similar equipment.

If a guest arrives with more than what is permitted, shelter staff should work with them to determine how their belongings should be handled. This may include discarding some items with guest's consent, arranging for off-site storage (with friends/family and/or referring agency) to the degree possible and if storage space permits, bagging, labeling and storing guest belongings onsite. Footbridge Homeless Services provides storage in Santa Cruz for personal items with morning and evening access and can be reached at (831) 246-1234.

Any non-perishable items left after a guest's discharge should be bagged, labeled and stored securely for at least 14 days. If items are not claimed within this time-frame, after attempting to contact the former guest including through other providers that may know them, they may be disposed of or donated after cleaning and are no longer the responsibility of the shelter.

F. Cleaning and Disinfecting

Frequent cleaning of the shelter, particularly in areas of high traffic and frequent touch surfaces (tables, chairs, doorknobs, light switches, countertops, etc.) is critical. Shelters should establish a cleaning schedule and log regular and extraordinary cleaning. CDC guidance on how to clean, including how to clean and disinfect different types of surfaces, is provided in [Attachment C](#).

G. Shift Change Summary

Shelters should review their current shift change policies and practices to ensure that incidents in the shelter that need to be recorded or communicated to a new shift are covered. This should include any matters related to the facility such as items needing repair or replacement, supplies needing to be ordered, or to matters relating to the guests, including changes in health status for anyone and any new intakes or discharges. A procedure of all staff reading and initializing to acknowledge that they have read information from prior shifts is recommended. Supervisors should ensure that staff have time at the beginning of their shifts to do so.

A sample form for this is provided in [Attachment B](#).

II. New Intakes and Oversight of Guests

A. New Intakes

If shelters have achieved physical distancing and have additional capacity, we want you to continue to intake new guests. Potential new guests should be screened for COVID-19 symptoms as well as any underlying health conditions that may increase their risk. A specific form and set of questions to identify potential infection or risk must be followed.

Screening and Intake form and data collection: All shelters are now collecting and reporting data on new intakes in the HMIS system. Most will be doing their own data entry on site but some will be sending the completed form to a central entity at the County for input.

Whether completing directly into HMIS or on paper, ask all of the questions and then follow the written instructions to determine whether to place a potential new guest into isolation and refer for potential isolation and quarantine or how to proceed.

The [COVID-19 Shelter Screening and Intake Tool](#) can be found in Attachment A.

Once the screening has been conducted and recorded, shelters will also enroll guests in the HMIS project using the FEMA enrollment screens or forms.

Location and Process: Due to the sensitive and confidential nature of some of the questions, intake should occur in a separate location from where admitted guests stay – outside if possible and weather permitting, or in a distinct/separate area where others do not gather.

During intake, all staff and potential guests must wear face coverings and enforce physical distancing. In locations where people are waiting in line, tape off sections for standing six feet apart. Communicate to people entering that they will be screened at entry in order to keep them safe and use additional signs to communicate the process. Consider where people will put their belongings during screening and make sure there is a place for belongings to be put down as intake may take longer than usual. Staff and volunteers should avoid handling potential guests' belongings.

When possible, make restrooms available for people waiting to be screened and checked in, but such facilities will need to be regularly cleaned and sanitized.

B. Contacting a Medical Provider and Referring for Non-Congregate Shelter/Motel Space

Shelters that identify a guest or a potential guest exhibiting symptoms should follow the steps in the Attachment D: Skilled Nursing Facility & Congregate Living COVID-19 Response. In this order, you should

1. Isolate the guest immediately (see "Isolation Space" below) and if needed, provide them with a face covering.
2. Contact the guest's medical provider. If the guest does not have a medical provider or the situation is occurring after hours, contact the weekend and evening nursing line: HPHP 24/7 Nurse Line Number (831-345-5417).
3. Additionally, contact the Communicable Disease Unit (CDU) 831-454-4114. The CDU provides timely response during normal business hours (8 to 5 M-F), monitoring as indicated, and case contact tracing for known individuals.
4. If a medical provider recommends referral to isolation/quarantine, complete and submit the Shelter Referral Form (available in English and Spanish at: <https://santacruzhumanservices.org/Home/COVID-19HomelessServicesInformation>)

Once a referral is made, a referral specialist will contact the shelter with the status of the referral. If the referral specialist determines they would like to place the referred individual into a motel, they will let the referring agency know the pick-up time and transportation details. The referring provider will be asked to help with location efforts and discharging the homeless individual when needed. Questions about the referral process can be sent to COVID-19HomelessResponse@santacruzcounty.us. All areas the guest had been in should be cleaned and sanitized after the guest is relocated.

The process for assessment and response to the referral may take 24 hours, in the meantime, continue to isolate the guest. Guests in the referral process should be encouraged to remain in isolation. If a guest chooses to leave during this time, attempt to confirm contact information and immediately inform the Public Health Communicable Disease Unit: 831-454-4114.

C. Isolation Space

The County is currently providing isolation and quarantine rooms for people experiencing homelessness who are COVID-19 positive, presumed positive or exhibiting symptoms of illness even if not from COVID-19. **At this time shelters are not expected to provide ongoing isolation space**; however, they may need to provide temporary isolation if someone begins to show symptoms or has arrived for intake and is in the referral process.

If isolation/quarantine space is needed in shelter:

If it is necessary for someone with symptoms to remain in a shelter, ask guests to remain in individual rooms, if possible, and have them avoid common areas. People staying in isolation areas should not have guests from the shelter in their rooms.

If individual rooms for clients experiencing symptoms are not available, consider using a large, well-ventilated room for people with mild respiratory symptoms. In areas where clients with respiratory illness are staying, keep beds at least 6 feet apart or as far apart as possible and with temporary barriers between beds, such as curtains, and request that all clients sleep head-to-toe.

If possible, designate a separate bathroom for clients with COVID-19 symptoms. Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to ill persons to as-needed cleaning (e.g., of soiled items and surfaces) to avoid unnecessary contact with ill persons.

If serving guests in isolation space, shelters will need to establish methods to ensure guests have what they need including food, liquids and medications. People who are in isolation may need to take smoking breaks, so if possible, have dedicated outdoor space for this purpose. If space is shared, ensure that these breaks occur when others will not be around. Create a clear passage, use masks and clean after someone has been in the area.

D. Identifying people at risk

While all persons staying in shelter may be at risk for infection, people over 65 and/or those with certain underlying health conditions such as blood disorders, kidney, liver, heart or lung disease, diabetes, high blood pressure or any immunosuppressant illnesses are at higher risk for complications and acute illness, if infected. People considered high risk may be referred for hotel space using the shelter referral process described above.

If not already collected at intake, shelters should collect information about all guests' health conditions, needs, primary care physician (if they have one) and emergency contacts. See questions on the shelter screening and intake form.

E. Guests Leaving for Essential Activities

As long as the shelter-in-place order is in effect, guests should treat the shelter as their location to shelter-in-place and should only leave for "essential activities." The term "shelter-in-place" means to stay in your home and not leave unless necessary for one of the exceptions permitted under the Order.

For up-to-date information on shelter-in-place guidelines, please go to the State website: <https://covid19.ca.gov/stay-home-except-for-essential-needs/>

Guests should be encouraged to plan ahead and consolidate errands as much as possible. Any guest that does not have a face covering should be provided with one. Without being unnecessarily intrusive into guests' lives, shelters should check guests in and out when they leave to undertake essential activities.

F. Symptom checking and log

At least once a day, and every time a guest or visitor re-enters the shelter, a check for any new symptoms or potential exposure should be conducted and the results logged.

A sample guest and visitor health screening log can be found at: https://docs.google.com/spreadsheets/d/17T5JqMfOmlh4CgUBI4C0LW3h_2nuDVxAtCXyTW97t0/edit?ts=5ebc9d35#gid=1357703410

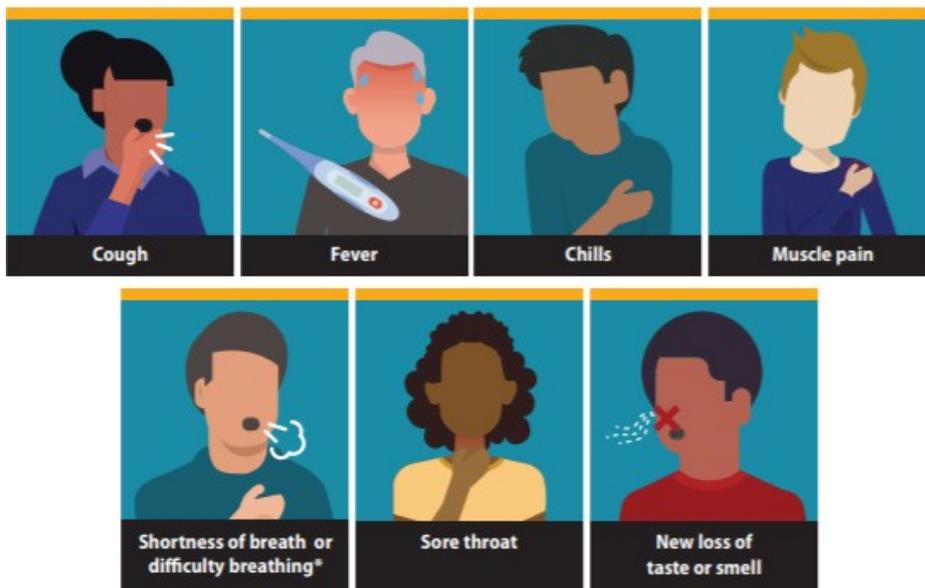
A graphic flyer from the CDC can be posted to show the symptoms that are part of the screening. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>

24-Hour Nursing Line

If you are concerned that a guest may have COVID-19, isolate them immediately and contact the guest's clinic, the Homeless Persons Health Project or the 24-hour nursing line: 831-345-5417.

If an N-95 mask is available, it should be provided and worn by the guest; otherwise use any mask on hand. **Do not send guests to any healthcare setting without calling ahead for permission.**

Know the symptoms of COVID-19, which can include the following:



G. No visitors

Shelters must not permit visitors other than immediate family or case workers. Guests who attempt to bring in other visitors may be warned.

Every visitor should be screened and information should be logged before permitting entry. Anyone showing or reporting symptoms should be referred to a medical facility and may be refused entrance.

H. Curfew

Shelters may establish a curfew by which guests must be in for the evening. Guests who arrive after curfew should be accommodated, if possible, but may be warned. Repeated curfew violations may be a reason to discharge someone, but every effort should be made to determine first whether circumstances apply that would warrant exceptions, and to find solutions that do not lead to discharge.

If someone does not return to the shelter for the night, they should be treated as a new admit if they return the next day or thereafter and all intake procedures (except for completion of the HMIS form) should be followed. However, a person who has been regularly staying in the shelter who misses a night should have priority for a bed or mat area over someone who has not been staying there.

I. Day services

In general, most day services and group activities that violate physical distancing should be suspended.

Phone and device charging: Like staff, guests are likely to rely heavily on their phones. In the past, they have typically charged phones in other settings. Consider how to provide the space and time for guests to charge phones and other devices without crowding or persons handling others' devices, if possible. One option is to provide surge protectors for use in the staff office and place a piece of tape with the resident's name on each phone.

Food and drink: In addition to providing for regular meals, shelters should make "individually packaged snacks and drinks using single service disposable or washable containers available to guests. Access to liquids are particularly important as hydration is very vital. For best practices, have staff with disposable gloves on serve coffee, water from containers.

Medication: Guests who are remaining inside may have medications they need to take regularly and/or may need assistance to ensure they have the medications they need. Shelters should make sure that guests who may need help with medication self-management are reminded to store their medications safely, to take medications regularly and are assisted in refilling prescriptions, if needed.

Drug and alcohol use and treatment: As described above, guests may leave to undertake essential activities and will need to make their own determination about their essential needs. Twelve Step programs are not included in the Santa Cruz County order as reasons to leave shelter-in-place and arrangements for participation in remote meetings for those who would like them should be supported, if possible. If a guest is receiving methadone and requires isolation, shelter staff should coordinate care with Janus of Santa Cruz: www.januscc.org.

Drug addiction and alcohol or drug use that does not result in significant behavioral concerns should not be a basis for being refused shelter. Alcohol and marijuana use are legal in California and guests should not be asked to leave for use or for possession of these items, though they may be asked to store them in ways that others cannot get to.

Harm reduction techniques should be used to reduce the risk to guests of drug use. If guests are interested in Medication Assisted Treatment (MAT), resources are available to support this. The first step is to contact a primary care provider or HPHP. More information about harm reduction approaches during COVID can be found at: <https://homebase.app.box.com/s/5lh4fdrd8kwqgwmmvqo5pw9sgmm0wtx2>.

J. Consequences for guests violating physical distancing, face covering, hygiene or other safety rules

Because of the extreme importance of reducing transmission of COVID-19, shelters *may* discharge guests who repeatedly violate any of the rules in place to reduce transmission, including rules that enforce physical distancing and/or personal or facility hygiene. However, discharge should be avoided if at all possible and guests may need reinforcement of the guidance on requirements and training in order to comply. In order to minimize discharges, shelters should work through issues with guests as much as possible.

A verbal contract for a change in behavior can be made for the first incident and should be documented. If the behavior is repeated, a written behavioral contract can be written and agreement with the guest on how the behavior can be changed. If the behavior is repeated again, a second written behavioral contract should be made with agreement that repeating the behavior may result in the guest having to leave the shelter. After two written warnings a shelter may move to discharge someone but should only do so if provision has been made to transfer the person to another place, or if they are able to go to another destination where they can shelter-in-place, even if that place is outside. If a shelter is discharging a guest, or if a guest wishes to leave and prefers another location, the shelter should prepare the Shelter Referral Form and provide as much information as possible about what the accommodations that the guest needs that the current shelter cannot meet.

Please note, this does not apply to dangerous actions that put the safety and well-being of guests and staff at risk. In those situations, aggressive or violent actions should be addressed per normal shelter protocol.

If someone is discharged, or notifies of their intent to leave, and no other arrangement has been made the guest should be provided with all of their possession, as well as a tent and sleeping bag, if at all possible, and the shelter should attempt to obtain or confirm information about where they are likely to be found.

Other than rules in place for the safety of guests, shelters should suspend other rules, and should only enforce requirements based on the results of behaviors that impact the safety of the guest or others. For example, alcohol consumption that does not cause a guest to become a threat to others and should not result in discharge; however, if the behavior of a guest under the influence poses a threat to the health or safety of that person or other guests it may be a reason for issuing a warning. Again, attempts to work out the issues should be made before moving to a warning or a discharge.

Immediate discharge is permitted if someone engages in intentional endangerment of others, including violence or behavior that deliberately and significantly endangers another person's health.

K. Notification of departure, discharge or disappearance

For all shelters entering data into HMIS, if a guest is asked to leave the shelter, leaves on their own to another location (including housing) or does not return for two nights; they should be exited from the program in HMIS with as much information about their destination as possible. **This should be done within 24 hours of their departure to ensure that data is up to date and can be used to locate someone.** Shelters that do not enter data into HMIS at this time should keep logs of departures including time, date and where the guest was most likely to have gone.

If someone who is symptomatic or suspected of being infected or exposed leaves a shelter clearly intending not to return or does not return for 24 hours the shelter should immediately notify the County Communicable Disease Unit at 831-454-4114.

III. Considerations for Shelter Staff

[Adapted primarily from CDC Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) revision dated 5/10/20] <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>

A. Planning for staff

Shelters should plan for how they will manage, train and communicate to staff and volunteers about how COVID-19 is impacting facility program operations and expectations of staff and volunteers.

Training: Provide training and educational materials related to COVID-19 for staff and volunteers. This should include information about safe practices (including hand washing, physical distancing, use of and removal of gloves and face covering, and the use of face shields) as well as training about what to do if a guest or a staff member feels ill. Resources for training can be found on the Santa Cruz Health Department website:

<https://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome/PublicInformation.aspx>

Minimize potential exposure of staff and volunteers. Shelters should minimize the number of staff members who have face-to-face interactions with clients *with any respiratory symptoms or fever*. Staff and volunteers who are at higher risk for severe illness from COVID-19 should not be designated as caregivers for sick or potentially exposed guests who are staying in the shelter or conduct intake/assessments. Identify flexible job duties for these higher risk staff and volunteers so they can continue working while minimizing direct contact with clients. (see the *Shelter Screening and Intake form* for a list of conditions that place people at higher risk.)

In the incidence of a medical emergency requiring less than 6-foot proximity, staff should wear personal protection to include mask, gloves and gown if available. If the situation requires emergency responder aid, contact and follow 911 supportive guidance. If a staff member or volunteer interacts closely with a guest due to an emergency, follow your agency protocol for reporting and follow up.

Communication: Communicate clearly with staff about expectations, current conditions and any changes.

- Post signs at entrances and in strategic places providing instruction on hand washing and cough etiquette, use of cloth face coverings, and social distancing.
- Provide educational materials about COVID-19 for non-English speakers or hearing impaired, as needed.
- Keep staff up-to-date on changes in facility procedures.
- Ensure communication with guests and key partners about changes in program policies and/or changes in physical location.
- Identify platforms for communications such as a hotline, automated text messaging, or a website to help disseminate information to those inside your organization. This should also include how staff are to report if they are ill.

Crisis communication: Develop a crisis communication plan so that you know how you will reach your staff in an emergency, and how they will reach a supervisor. Learn more about creating a crisis communication plan here:

<https://www.ready.gov/business/implementation/crisis>

Anyone not feeling well should stay home: Staff and volunteers should not come to work sick, and any staff or volunteer who becomes sick at work should be sent home immediately. “Sick” is purposefully defined at a very low threshold: anyone who feels unwell. This could include body/muscle ache, fatigue, congestion/sneezing not caused by allergies, cough, fever/sweats/chills, or gastrointestinal symptoms etc.

Staff who are sick with any of the symptoms associated with COVID 19 - cough, shortness of breath (difficulty breathing) fever, chills, muscle pain, sore throat, new loss of taste or smell, or gastrointestinal symptoms like nausea, vomiting, or

diarrhea should follow the guidance below before returning to work. Be sure to report any staff or volunteer illness on the shift change summary.

Immediate Response Actions: S-A-C COVID-19

When any individual within the facility is showing symptoms of COVID-19, follow: S-A-C COVID-19 for early response (see flyer, Attachment D):

<u>SEE</u>	Recognize COVID-19 Symptoms
<u>ACT</u>	Quarantine the Individual; Provide Face Covering
<u>CONTACT</u>	Primary Care Physician; CDU; HSD Shelter Supervisor; HPHP 831-345-5417

Please place signage for **S-A-C** response in prominent locations for both staff and residents to see.

Testing:

Testing sites can be located by following the link below. Call ahead to ensure that hours of operation and scheduling information are correct.

<http://santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome/SAVELivesSantaCruzCounty/GetTested.aspx>

Staff diagnosed with COVID-19: Minimize potential exposure of staff and volunteers. Shelters should minimize the number of staff members who have face-to-face interactions with clients *with any respiratory symptoms*. Staff and volunteers who are at higher risk for severe illness from COVID-19 should not be designated as caregivers for sick or potentially exposed guests who are staying in the shelter, or for those who are conducting intake/assessments. Identify flexible job duties for these higher risk staff and volunteers so they can continue working while minimizing direct contact with clients. (See the Shelter Screening and Intake form to determine who is at higher risk.)

If staff are diagnosed with COVID-19, they should immediately alert their supervisor and self-isolate at home until 72 hours after fever ends, symptoms are diminishing, and it has been at least 10 days since onset of symptoms. The following list documents the process that will be followed

1. After contacting the County Communicable Disease Unit (831-454-4114) that an employee has tested positive for COVID-19, the Communicable Disease Unit (CDU) will investigate who may have been exposed to the COVID-19 staff person (residents, other staff, family, e.g. contact tracing).
2. CDU will issue an exposure notice and other information to the shelters so that staff receive adequate information to monitor themselves and residents routinely and carefully for symptoms.
3. Staff who experience or observe symptoms perform S-A-C. They will ensure face coverings are in use and isolate themselves or the resident(s) should symptoms develop. Refer staff to the County guidance: <https://www.santacruzhealth.org/Portals/7/pdfs/coronavirus/COVID-19 Patient Instruction Booklet self quarantine and self isolation.pdf>
4. CDU will provide guidance to the shelter regarding bringing in new staff to work based on the number of COVID exposed staff and/or residents. Should new staff be brought in, training on appropriate care and protection will be provided along with appropriate use of personal protective measures.
5. Exposed and/or symptomatic staff will be required to follow the Public Health guidelines of isolation and quarantine (see above). If they are unable to do so safely in their own home, they will be asked to identify an alternative location, i.e. hotel. If they are unable to pay for a hotel, they will be able to access an on-demand hotel room offered as part of the COVID-19 recovery efforts. Staff needing housing assistance for isolation shall communicate these needs to their supervisor who will submit a hotel referral form.

Returning to work: If staff have been diagnosed with COVID-19 or are suspected of having had COVID-19, they may resume normal activity and return to work when **all three** of the following are met:

- They have had no fever for at least 72 hours (that is three full days of no fever *without* the use of medicine that reduces fevers); and,
- Other symptoms have improved (for example, when cough or shortness of breath have improved); and,
- At least 10 days have passed since symptoms first appeared, or if no symptoms then 10 days since date of positive COVID-19 test result. (Date of symptom onset or date of lab specimen collection should be counted as “day zero.”)

For more information, see: [CDC - Symptoms of Coronavirus COVID-19 Guidance](#) and [CDC - What to Do If You Are Sick](#)

Additional Resources:

- Infection Prevention and Control video for staff training: <https://www.youtube.com/watch?v=F56jYHRtBKg>
- CA COVID-19 Recommended Protocol for People Experiencing Homelessness: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/flowchart-COVID19-homelessness.pdf>

B. While working in the shelter

Staff and volunteers must follow all the required protocols within the shelter that are applicable to persons working in essential services.

Screening staff before starting work: All staff must be screened for potential exposure and/or symptoms upon entry for their shift. Temperatures should be taken of all staff and a log kept. Temperatures 100.4 or above are to be considered high and staff should remain home or immediately go home. Temperatures greater than 99.1 and below 100.4 should be taken again two more times 1 hour apart before a decision is made whether to recommend the staff return home. Best practice is no food or exercise 30 minutes prior to taking and oral temperature. Staff should also be asked about any other symptoms: cough, shortness of breath, chills (with or without shaking), muscle pain, headache, sore throat, and/or loss of taste or smell, and those answers should be recorded. A sample staff health screening tool can be found at:

https://docs.google.com/document/d/1JrzOJacY1V-uFA5RuBhZLlwg8Y4_DnP3rBTPzQZ49Ys/edit?ts=5ebc9d46

Face Coverings: All staff must wear a cloth face covering for source control when in the shelter and interacting with guests or other staff. Face coverings should meet the terms of the Public Health Order and should be provided if staff do not have their own.

The Santa Cruz Order on Face Coverings can be found here in English and Spanish

<https://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome/PublicInformation.aspx> and CDC guidance on proper use a face covering can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Distancing: Staff should maintain physical distance (maintaining at least 6-foot perimeter at all times) from all clients as well as other staff while still providing necessary services. It is understood that this may not be achievable at all times.

Use physical barriers when possible to protect staff who will have interactions with clients with unknown infection status (e.g., check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them to at least 6 feet, or request a face shield which can be sanitized between uses.

Guests’ belongings: Staff should avoid handling guests’ belongings. If staff are handling guests’ belongings, they should use disposable gloves, if available. Make sure to train any 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. See the CDC documents <https://www.cdc.gov/handhygiene/providers/index.html> and

<https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf>.

Temperature taking: Staff who are checking guest temperatures should use a system that creates a physical barrier between the client and the screener as described here.

- Screeners should stand behind a physical barrier, such as a glass or plastic window or partition that can protect the staff member's face from respiratory droplets that may be produced if the client sneezes, coughs, or talks.
- If social distancing or barrier/partition controls cannot be put in place during screening, PPE (i.e., facemask, eye protection [goggles or disposable face shield that fully covers the front and sides of the face], and a single pair of disposable gloves) can be used when within six feet of a guest. However, given PPE shortages, training requirements, and because PPE alone is less effective than a barrier, it is preferable to use a barrier if at all possible.

Doing laundry at the shelter: Cloth face coverings used by guests and staff should be laundered frequently, ideally after each use. Staff involved in laundering client face coverings should do the following:

- Face coverings should be collected in a sealable container (such as a clear trash bag clearly labeled with the person's name on it or "Masks").
- Staff should wear disposable gloves and a face mask. Use of a disposable gown is also recommended, if available.
- Gloves should be properly removed and disposed of after laundering face coverings; clean hands immediately after removal of gloves by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available.
- Guidance on how to don and doff face covering and personal protective equipment:
 - <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
 - <https://www.youtube.com/watch?v=cCzwH7d4Ags>
 - <https://www.youtube.com/watch?v=YYTATw9yav4>

Laundering of personal clothing: Staff should launder work uniforms or clothes after use using the warmest appropriate water setting for the items and dry items completely. *Shelters should check with staff to ensure they have the capacity to do this or should make laundry available to them.*

Resources to support staff: The outbreak may be stressful for people. Fear and anxiety can be overwhelming and cause strong emotions. Everyone reacts differently to stressful situations. In addition to their own stress, staff may also experience secondary traumatic stress resulting from exposure to other individual's traumatic experiences.

Provide resources for stress and coping to staff. Information about mental health and coping can be found at: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html

Behavioral Health (BH) Support Shelter Participants & Staff: Intention: Provide non-emergency on-call behavioral health support (triage, assessment, linkage) to participants/staff at shelters in Santa Cruz County.

1. Call (831) 535-8684 Monday -Friday (8:30-5 pm). If BH staff is not available, call will be returned as soon as possible on the same day the call was received or if same day is not possible, call will be returned the next business day.
2. BH staff will:
 - a. Review limits of confidentiality — elder/dependent abuse, child abuse, intent to harm self/others
 - b. Obtain basic information: Name, shelter location
 - c. Support caller — triage need, behavioral health support, de-escalation
 - d. Determine if caller has any linkages to providers in the community:
 - i. Does caller have a PCP, therapist, counselor, case manager, coordinator, or any other supports in the community?
 1. If yes – re-connect to those supports

2. If no – refer appropriate resource/service – obtain verbal consent if needed to speak on behalf of caller

IV. Considerations for COVID-19 Confirmed Cases – Residents

A. Residents diagnosed with COVID-19

Each facility is unique and variable including staffing, resident characteristics, layout, census and capacity. The facilities dedicated to sheltering persons experiencing homeless during COVID-19 in the County have limited isolation and quarantine spaces in the event of COVID-19 confirmed cases. It is prudent to plan for circumstances that exceed known capacity as outbreaks/clusters in congregate living have occurred with dire outcomes in other states. The intent to shelter people experiencing homelessness is to provide as many shelter beds as possible. To that end, it is possible that all the facilities will near capacity and there may not be open beds to move residents from one facility to another due to an outbreak or cluster in one shelter.

1. When any shelter resident is identified as having COVID-19 symptoms, they will be relocated to the designated isolation and quarantine space within the shelter, where they will remain until they have been assisted to have a medical assessment by a medical provider and/or interviewed by a Public Health Nurse. The CDU will also be notified as this is a suspected case involving a vulnerable population. After the assessment, a determination will be made between the involved medical/nursing staff (including the CDU) and the Shelter Manager whether the resident will remain or will be transferred to the Isolation/Quarantine shelter.
2. Any shelter resident who is identified as having tested positive for COVID-19 will similarly be relocated to the designated isolation and quarantine space within the shelter, where they will remain until CDU is notified
3. HSD DOC and HSA DOC shall be notified of all confirmed cases in Shelters and any emergent likelihood of multiple infections e.g., outbreak.
4. Based on the number of potential residents needing isolation and/or quarantine, and in consultation with CDU 831-454-4114, HSD Department Operations Center will determine whether the shelter will transition into an Isolation/Quarantine shelter.
5. In making this assessment it is strongly recommended that the Public Health Nursing Staff at the Homeless Persons Health Project be contacted for relevant contextual information as well as the HSD and HSA DOCs.
6. Outbreaks, e.g. multiple confirmed cases, will stress Shelter capacity and may require rapid deployment of additional housing for isolation and quarantine.
7. Resource requests for support to mitigate disease outbreak must be immediately and clearly communicated to the HSD DOC.
8. For example: cohorting of residents; number of beds needed; gender(s); transportation pre- identified and activated to move the non-COOVID-19 or the COVID-19 confirmed residents; activation of food delivery and additional staffing at the new shelter location.
9. Contingency planning for outbreaks is necessary and should have pre-identified locations; rapid site activation capability with staffing, equipment and supplies cached for deployment.
10. When local resources exceed demand, mutual aid may be requested through the Standardized Emergency Management System (SEMS) by contacting the local Medical Health Operation Area Coordinator (MHOAC) who then requests assistance from Region II (Bay Area Counties) and up to the State level if regional resources are exhausted.

ATTACHMENTS

Attachment A: COVID-19 Shelter Screening and Intake Process

Click [here](#) to return to manual

Step 1. Look the potential guest up in HMIS to see if they have a previous record in the system and an active Release of Information.

Screener Name _____

Date _____

HMIS # _____

This tool can be completed in HMIS or by paper

If administering tool by paper:

Client's Name _____

Client's Birthdate _____

Forward completed paper form and ROI to:

Record Screener name and today's date.

If in HMIS: Record HMIS number.

If no ROI recorded, or if unable to check HMIS, secure a signed Release of Information and record client's name and birthdate.

Step 2. Complete the following questions with the potential guest on this form or directly into HMIS.

Symptoms

1. a. Take and record temperature: _____ (°F) **OR, if not possible, inquire**
b. Ask "Have you felt like you had a fever in the past day?"
 Yes No N/A (if temperature is physically taken)
2. Do you have a new or worsening cough?
 Yes No
3. Do you have new or worsening shortness of breath (different from your normal breathing) today?
 Yes No
4. Do you have any of the following other symptoms:
 Chills
 Repeated shaking with chills
 Muscle pain/body aches
 Headache
 Sore throat
 New loss of taste or smell
 Nausea, vomiting, or diarrhea
 Runny nose

Tests and exposure

5. Have you, to your knowledge, been exposed to someone with COVID-19?

Yes No

If yes, date of exposure: _____/_____/_____
(mm/dd/yyyy)

5a. If yes, do you have documentation from a medical professional saying you have been exposed

to COVID-19?

Yes (attach) No Waiting on results

6. Have you been tested for COVID-19? (Testing is provided at HPHP, call the 24/7 nurse line to schedule an appt: 831-345-5417)

Tested Positive Tested Negative Waiting on results Not Tested

Test Date: _____/_____/_____

(mm/dd/yyyy)

6a. If you have been tested, do you have documentation from a medical professional saying you tested positive or negative for COVID-19?

Yes (attach) No Waiting on results

Risk Factors?

7. How old are you (or determine from birthdate): _____

8. Do you have any of the following health conditions? Please select all that apply.

- Asthma/Lung disease
- Diabetes
- Serious Heart Condition
- Immunocompromised (Including Cancer Treatment)
- Severe Obesity (BMI > 40%)
- Liver disease
- Chronic Kidney Disease undergoing dialysis

If the respondent reports

Yes to #1 **AND** reports any of the symptoms in #4, **OR**

Yes to #2 or #3, **OR**

Yes to two symptoms in #4 **OR**

Yes to #5 or #5a Exposure or #6 Positive for COVID-19

Ensure the guest has a face covering and direct the guest to an isolation room, if available, or an available space in the area designated for symptomatic persons. If your shelter does not have an area for symptomatic people, redirect the person to the location pre-specified by your CoC, public health department and community leadership. **Complete the referral form and send immediately. Do not complete an intake.**

Let the guest know:

- a. If their symptoms worsen, they should notify someone immediately.
- b. Not to leave their room/the symptomatic area except to use the restroom.
- c. If they leave their room/the symptomatic area, they must wear a mask

If the potential guest is not in any of the categories above (positive, exposed and symptomatic, or symptomatic) but is over 65 and/or has one or more chronic health conditions that place them at risk (conditions in #7 and #8), **you may refer them to the motel program.** However, they do not need to be isolated and the intake should continue.

If your agency does not do HMIS data entry, send the first two completed pages to the designated person at your agency to route for data entry. Document your actions and key client information on the next page and keep for your records.

ALWAYS KEEP THIS PAGE with client documents

- ACTION: Isolation and Referral*, stopped intake.
 Offered IQ Referral*, accepted, continued intake.
 Offered IQ Referral*, declined, continued intake.

Screenener Name _____
Date _____
HMIS # _____
Client's Name _____
Client's Birthdate _____

*Note on referral form as much as information as possible about the person's condition and risk factors

Intake and Enrollment

1. Note Risk Factors Present (from #7 and #8 above, ESPECIALLY IF HMIS data entry is done offsite)

2. **Complete FEMA enrollment screens in HMIS or FEMA enrollment form.** If completing on paper, send completed form to the designated person at your agency to route for data entry.
3. Determine whether the potential guest has a primary care physician or source of medical care and note this information here:
4. If the guest has an emergency contact, ask that they provide all information to reach that person.
- a. Emergency Contact:
 - b. In addition, inquire where they generally spend time or would likely be found if they leave and the name of a friend who would know how to contact them
 - o Usual location/likely to be found or frequent:
 - o A friend likely to see them:

Attachment B: SAMPLE SHIFT CHANGE SUMMARY

End of Shift: _____ Date/Time _____

Supervisor Completing Summary: _____ Supervisor Receiving: _____

All Keys, Radios, Thermometers, _____ have been accounted for. Initials: _____ / _____

1. Facility Matters and Supply Issues:

- No issues arose during shift with any facility matters, building and systems functioning properly.
- Facility matter(s) and Supply Issues which arose and was/were resolved during shift. Describe:

Facility matter(s) arose and continue to need attention at shift change. Supplies which are completely out or running low. Describe issue and any action taken or scheduled and role of next shift (such as repairs needed, additional cleaning, calling on-call, borrowing or purchasing, etc.).

2. Guest or staff matters/behavioral or health concerns or Any Matters Needing 9-1-1 or other support during shift:

- No issues arose during shift with any guest or staff matters or health or behavioral concerns.
- Guest or staff related matter(s) arose and was/were resolved during shift or 9-1-1 or Behavioral Health or Medical Health Issues during shift (**ATTACH INCIDENT REPORTS**): Describe:

Guest or staff related matter(s) arose and continue to need attention at shift change including follow-up visits for support: Describe issue and any action taken or scheduled and role of next shift.

3. Admissions / Discharges / Any clients that have not been onsite for 24 hours:

Note any new intakes or guests who left or were discharged or are in risk of losing their spot in the shelter:

Attachment C: How to Clean and Disinfect

Return to section in manual [here](#).

Adapted from the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

Wear disposable gloves to clean and disinfect.

Clean

Clean surfaces using soap and water. Practice routine cleaning of frequently touched surfaces.

High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfect

Clean the area or item with soap and water or another detergent if it is dirty. Then, use disinfectant.

Recommend use of [EPA-registered household disinfectant](#).

Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

Diluted household bleach solutions may also be used if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

Leave solution on the surface for **at least 1 minute**.

To make a bleach solution, **mix:**

- 5 tablespoons (1/3rd cup) bleach per gallon of water
OR
- 4 teaspoons bleach per quart of water

Alcohol solutions with at least 70% alcohol may also be used.

Soft surfaces

For soft surfaces such as carpeted floor, rugs, drapes and tents:

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.
- **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
OR
- Disinfect with an EPA-registered household disinfectant.

Electronics

For electronics, such as **tablets, touch screens, keyboards, remote controls and ATM machines**:

- Consider putting a **wipeable cover** on electronics.
- **Follow manufacturer's instruction** for cleaning and disinfecting.
 - If no guidance, **use alcohol-based wipes or sprays containing at least 60% alcohol**. Dry surface thoroughly.

Laundry

For clothing, towels, linens, sleeping bags and other items:

- Launder items according to the manufacturer's instructions. **Use the warmest appropriate water setting** and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick **can be washed with other people's items**.
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- Remove gloves and **wash hands right away**.

Cleaning and disinfecting your building or facility if someone is sick

- **Close off areas** used by the person who is sick.
- **Open outside doors and windows** to increase air circulation in the area. **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls and ATM machines.
- If **more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.

When Cleaning

- Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
 - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often** with soap and water for 20 seconds.
 - Always wash immediately after removing gloves and after contact with a person who is sick.
 - Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Additional key times to wash hands **include**:
 - After blowing one's nose, coughing or sneezing.
 - After using the restroom.
 - Before eating or preparing food.
 - After contact with animals or pets.
 - Before and after providing routine care for another person who needs assistance (e.g., a child).

SEE

ACT

CONTACT

SEE

Recognize COVID-19 Symptoms

ACT

Quarantine Individual

CONTACT

**Contact Primary Care Physician; Contact Communicable Disease Unit: 831-454-4114, hsacd@santacruzcounty.us
HPHP on call 831-345-5417**

S-A-C COVID-19

Attachment F: Important Phone Numbers and Websites

COVID-19 Information & Updates

Santa Cruz County Website: <http://www.santacruzhealth.org/coronavirus> California State Website: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx> Federal Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

COVID 19 Call Center: 454-4242 (8 a.m.-6 p.m., Monday-Friday)

Resources

Local Resources: Call 2-1-1 OR text "COVID19" to 211-211 for Coronavirus Information Medical Resource requests:

HSADOC.Coordinator@santacruzcounty.us

All Other Resource Requests: HSCO@santacruzcounty.us Footbridge Homeless Services (Storage): 831-246-1234

Hotel Referrals: <https://www.santacruzhumanservices.org/Home/COVID-19HomelessServicesInformation>

Healthcare facilities

Please call clinics in advance before visiting.

Homeless Persons Health Project (Hours: M-Th 8am-5pm; Friday 8am-3pm)

Location: 115-A Coral Street, Santa Cruz

831-454-2080

After hours: 831-454-5146

24/7 Nurse Line: 831-345-5417

Email: HPHPreferral@santacruzcounty.us

Emeline Health Center (Hours: M-F 8am-5pm)

Location: 1080 Emeline Ave

831-454-4100

Watsonville Health Center (Hours: M-Th 7:30am-6:30pm; F 7:30-5:00)

Location: 1430 Freedom Blvd, Suite C

831-763-8400

County Clinic After Hours (Hours: after clinic normal business hours) 831-

763-8227

Testing

Testing sites can be located by following the link below. Call ahead to ensure that hours of operation and scheduling information are correct.

<http://santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome/SAVELivesSantaCruzCounty/GetTested.aspx>

Behavioral Health

24-hour Access Line: 1-800-952-2335

Santa Cruz County Non-Emergency Line (Hours: M-F 8:30am-5pm)

(831) 535-8684

Communicable Disease

Call 831-454-4114 to report suspected or confirmed COVID-19 cases