

Santa Cruz County

Emergency Shelter Guidance

COVID-19 Practice Recommendations and Information

Santa Cruz County Homeless Services Coordination Office
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Santa Cruz Emergency Shelter Guidance

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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.

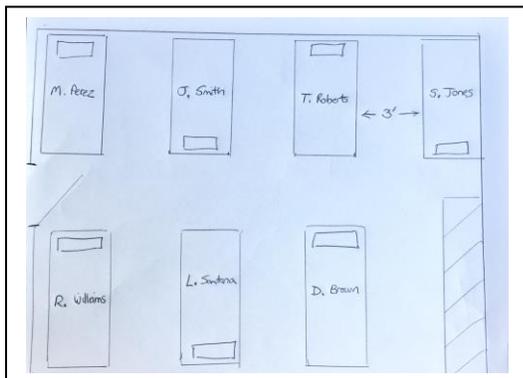
For questions regarding this guidance, or suggestions for additions/modifications for upcoming versions, please email HSCO@santacruzcounty.us.

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: Sleeping areas (for those who are not experiencing respiratory symptoms) must ensure that beds/mats are *at least* three feet apart, and request that all guests sleep head-to-toe to allow for six feet of distance between guests' heads. If using bunk beds, only one of the beds should be occupied. If bunk beds cannot be placed at least three feet apart, staggering top and bottom is recommended to gain six feet of distance between sleepers. Indoor tents should be placed to ensure appropriate distancing.



Shelters that have beds or cots 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. *This 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. Tape on the floor may help with this.

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. Servers should wear gloves and masks. Guests should eat in spaces that preserve distancing.

Make use of outdoor spaces. When the weather is temperate, 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, please submit a request for resources via the supply request process in the Google doc located here: https://docs.google.com/spreadsheets/d/1dVE0fy1dqq9bpUmGBftIJePaJo_GNMsEbZdySD3MNkc/edit?usp=sharing.

B. Posted Signs

Shelters should post signs regarding appropriate practices for physical distancing and handwashing 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 drying materials for handwashing. Guests and staff should be trained in 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 through the supply request process in the Google doc located here: https://docs.google.com/spreadsheets/d/1dVE0fy1dqq9bpUmGBftIJePaJo_GNMsEbZdySD3MNkc/edit?usp=sharing.

D. Use of Face Coverings

Staff that interact with guests should wear face coverings and everyone should cover their face if they cannot maintain a distance of at least six feet. Cloth or surgical facemasks are acceptable. Cloth is being used to preserve supplies of surgical masks. Face coverings are supplemental to washing hands with soap and water, refraining from touching your face, covering coughs and sneezes and maintaining physical distance.

Anyone going out into public to perform essential activities should wear a disposable or a cloth face mask, which may include a bandana or mask made from a t-shirt or other materials. The shelter should provide masks to any guest who does not have one. Reusable masks should be laundered after use.

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

https://docs.google.com/spreadsheets/d/1dVE0fy1dqq9bpUmGBftIJePaJo_GNMsEbZdySD3MNkc/edit?usp=sharing

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 unsoiled 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 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 E](#).

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 or to the guests, including changes in health status for anyone and any new intakes or discharges.

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

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.

Symptoms that are checked for are:

- Fever (greater than 38° C or 100.4° F)
- New or worsening cough
- New or worsening shortness of breath (different from normal breathing)

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

Intake should occur in a separate location – outside (if possible and weather permitting) or in a distinct/separate area where others do not gather.

During intake, have all staff and potential guests 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.

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 Motel

Shelters that identify a guest or a potential guest exhibiting symptoms should:

1. Isolate the guest immediately (see “Isolation Space” below).
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. If a medical provider recommends referral to isolation/quarantine, complete and submit the COVID-19 Referral Form ([Attachment F](#)).

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.

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, confine guests to 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 3 feet apart ***and use 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 and watching for symptoms

While all persons staying in shelter may be at risk for infection, people over 60 and 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 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 Step 2 of the intake guidance in Attachment B.***

The shelter should check daily with guests for any emerging symptoms, using the same type of screening questions asked at intake.

If you are concerned that a guest may have COVID-19, isolate them immediately and contact the guest's clinic or 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.**

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.

The Santa Cruz County Order defines exceptions to the requirement to stay in place for leaving the residence as:

- Shopping for essential items
- Working in a business that is considered essential
- Partaking in exercise (while observing physical distancing)
- Attending necessary medical appointments, including behavioral health care appointments, if necessary
- Caring for a friend or family member who needs assistance to care for themselves

Guests should be encouraged to plan ahead and consolidate errands as much as possible.

Log entry and exit: Without being unnecessarily intrusive into guests' lives, shelters should check guests in and out when they leave to undertake essential activities, including requesting an estimated time for their return. This should be logged, especially so that if there is a change of shift, the new shift is aware of who is out and when they are expected to return.

A sample log can be found in [Attachment D](#).

F. 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 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.

G. No visitors

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

Any visitor should be screened using the COVID-19 Shelter Screening before permitting entry. Anyone showing or reporting symptoms should be referred to a medical facility and may be refused entrance.

H. Temperature taking

At this time, there is no requirement to take guest temperatures other than at intake and if someone appears or reports being symptomatic. However, some shelters may feel more comfortable and guests may feel more comfortable if temperatures are taken daily. If the shelter has the ability to take temperatures safely and consistently, shelters may institute a daily temperature check. However, refusal to have a temperature taken should not be a reason to discharge someone from shelter.

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.

Food and drink: In addition to providing for regular meals, shelters should make snacks and drinks available to guests. Access to liquids are particularly important as hydration is very vital.

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 guest 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.

First warnings can be given verbally but should be logged. Second warnings should be in writing. 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 to ensure that they are able to go to another destination where they can shelter-in-place, even if that place is outside. If someone is discharged, or notifies of their intent to leave, they should be provided with a tent and sleeping bag, if at all possible, and information about where they are likely to be found should be obtained or confirmed.

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. ATTACHMENTS

Attachment A: COVID-19 Shelter Screening (Adapted from CDC Guidance)

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

Name: _____

HMIS ID (if any): _____

Step 1. Determine if the potential guest has a fever, by:

- Taking their temperature (a temperature is a reading over 38°C or 100.4°F degrees), or
- Asking “Have you felt like you had a fever in the past day?”
 - Guest has a fever, record fever: _____
 - Guest reports feeling feverish (unable to take temperature)
 - Guest does not have and/or does not report a fever

Step 2. Ask the potential guest “Do you have a new or worsening cough today?”

- Guest has new cough
- Guest reports a worsening cough
- Guest does not report a cough

Step 3. Ask the potential guest “Do you have new or worsening shortness of breath (different from your normal breathing) today?”

- Guest has new or worsening shortness of breath
- Guest does not report shortness of breath

Step 4. If the client has a fever, a new or worsening cough or increased shortness of breath:

- a. Provide a facemask for the guest to wear over their nose and mouth, if facemasks are available and if the guest can tolerate it.
 - i. If facemasks are not available, advise the guest on cough etiquette and provide tissues.
- b. Complete the referral form (attachment E) and send immediately.

Step 5. Direct the guest to an isolation room, if available, or an available space in the area designated for symptomatic persons.

- a. 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.

Step 6. 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.

Use standard shelter protocols for any medical emergencies.

Attachment B: General Health Screening and Intake

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

Name: _____

HMIS ID (if any): _____

If the potential guest does not report a fever, cough, or shortness of breath, continue with intake process. In addition to any other information typically gathered be sure to obtain:

1. Signed Release of Information

- *Ensure that the potential guest signs a standard Release of Information*

2. Age and Risk factors*

Date of Birth: _____

Age: _____

<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Cardiovascular disease	<input type="checkbox"/>	Liver disease	<input type="checkbox"/>	Hypertension
<input type="checkbox"/>	Asthma/lung disease	<input type="checkbox"/>	Thyroid disease	<input type="checkbox"/>	Renal disease	<input type="checkbox"/>	Cancer

Other or additional information (Note):

****If the guest is over 65 and/or has one or more chronic health conditions that place them at risk you may refer them to the motel program.*** However, they do not need to be isolated and the intake process should proceed.

3. Health Care Provider

Determine whether the potential guest has a primary care physician or source of medical care and note this information:

4. Contact information

If the guest has an emergency contact, ask that they provide all information to reach that person. 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.

a. Emergency Contact:

b. Usual location/likely to be found or frequent:

c. A friend likely to see them:

Be sure to keep all information in a secure location.

Attachment E: 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 and drapes**:

- **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 70% alcohol**. Dry surface thoroughly.

Laundry

For clothing, towels, linens 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).



COVID-19 Referral Form

Motel Isolation for Persons Experiencing Homelessness

For questions please e-mail: COVID-19HomelessResponse@santacruzcounty.us.
We will respond to referral requests in one business day

Date and Time of Referral: _____

Referred by: _____
Name Organization/Shelter Phone Number

Client Name: _____ DOB/Age: _____

Spoken Language: _____ Date of Symptom Onset (if applicable): _____

Client's Priority Level (Please note, priority 4 persons are accepted *only* as space/need allows):

PRIORITY 1 - Persons experiencing homelessness that are **confirmed COVID-19 positive**

PRIORITY 2 - Persons experiencing homelessness that are **presumed COVID-19 positive**
(Client has COVID-19 symptoms **and** has been in known contact with COVID-19 positive individuals)

PRIORITY 3 - Persons who public health would advise to self-quarantine because either of the following (check only one):

Client has COVID-19 symptoms

Client has had significant contact with COVID-19 positive individuals

PRIORITY 4 - Persons experiencing homelessness that are **elderly (65+ years old) and/or medically vulnerable**. Explain client's medical vulnerability:

Client Location - Where can client be found so that they can be transported to a Shelter in Place location?
Please be as descriptive as possible, use back of form if additional space needed:

Client Phone: _____ Client Email: _____

Someone that can relay message to client: _____
Name Phone

For priority 4 clients, please list any people who the client could share a hotel room. Use back of form if additional space needed.

Name: _____ Age: _____ Relationship: _____ Have/will have referral

Name: _____ Age: _____ Relationship: _____ Have/will have referral



COVID-19 Referral Form

Motel Isolation for Persons Experiencing Homelessness

For questions please e-mail: COVID-19HomelessResponse@santacruzcounty.us.
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Medical Condition/Needs

Summary of medical condition and issues:

Physical Disabilities: _____ Chronic Health Issues: _____

Communication Issues (hearing, vision): _____ TBI or Cognitive Issues: _____

Does Client require ADA unit? Yes No Does Client smoke? Yes No

Known allergies (medication, food, other): _____

Assistive Devices: Yes: _____ No Requires Insulin: Yes No

Self Care: Yes No Incontinent? Yes No Special Med. Requirements: _____

Mental Health Diagnosis/Concerns: Yes: _____ No

Known Substance Abuse Issues: Yes: _____ No

Person Under Investigation? Yes No

Care Team/Support

Primary Care Physician: _____ Phone Number: _____

Social Worker: _____ Phone Number: _____

Case Manager: _____ Phone Number: _____

Therapist/Psychiatrist: _____ Phone Number: _____

Treatment Program: _____ Phone Number: _____

Additional Information – Use this space to write anything else pertinent to know for this referral:
