

Protecting Health and Well-being of People in Encampments During an Infectious Disease Outbreak

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Providing Safer Options and Meaningful Choices to People Who are Unsheltered

People who are unsheltered, including those living in encampments during public health emergencies, such as the COVID-19 outbreak, need targeted support to avoid becoming sick and to continue receiving life-sustaining supplies like food and water. Adequately providing safe environments and reducing risks of infections may not be fully achievable in many outdoor settings. Therefore, Continuums of Care (CoCs) should work in close consultation with their local/state public health agencies and their local/state emergency management offices to develop the strongest possible approaches to protect the health and well-being of people who are currently unsheltered. Such strategies are vitally important both to better protect the people who are unsheltered themselves, many of whom have underlying health conditions and are therefore at higher risk of becoming very sick or of dying, but also to reduce community spread of infections, to help “flatten the curve” of infections, and to support the capacity of local health care systems to meet local needs.

This information should in no way be read as indicating that communities should be “sweeping” people who are unsheltered into indoor spaces, facilities, or institutions.

Do not clear encampments during community spread of COVID-19 unless you have real-time access to individual rooms or units for ALL households in the encampment and a clear plan to safely transport those households. Clearing encampments without these measures in place causes people to disperse throughout the community and break connections with service providers, increasing the potential for infectious disease spread.

Protecting the Health of People Who Remain Unsheltered

The following guidance focuses on steps that should be taken to better protect the health and well-being of people who will remain unsheltered during the COVID-19 outbreak, either because their community is not able to provide an adequate supply of alternative safe living arrangements or because the individual has determined that remaining unsheltered is their safer alternative.

Continuums of Care (CoCs) should confirm the status and contingency plans for outreach services that will be necessary to support the strategies and activities described below. Outreach services must also be adequately equipped and trained to protect their own health as well as the people that are enduring unsheltered homelessness.

Sanitation and Safety: Sanitation and social isolation practices are important to limit the spread of infection among people living in encampments and other spaces not meant for human habitation.

- Encourage people staying in encampments to set up their tents/sleeping quarters with at least 12 feet x 12 feet of space per individual. (Note: It will be especially important to offer alternative living arrangement options for people in encampments in which such spacing protocols cannot be achieved.)

During community spread of COVID-19, encampments may be the most immediate reasonable alternative to congregate shelters.

- Coordinate with public health and emergency management officials to ensure that an [encampment cleaning schedule](#) is implemented. Appropriate cleaning and disinfecting measures to support the health of encampment residents may assist in reducing the risk for infection.
- Ensure nearby restroom facilities have functional water taps, are stocked with hand hygiene materials (soap, drying materials) and bath tissue, and remain open to people experiencing homelessness 24 hours per day – and these facilities must be regularly cleaned and sanitized.
- Public facilities may be closed for an extended period of time or may not be accessible to encampment residents. If toilets or handwashing facilities are not available nearby, provide access to portable latrines with handwashing facilities for encampments of more than 10 people. Pursue options for mobile hand washing stations and portable latrines through public health or local offices of emergency management. All of these facilities must be cleaned and sanitized at least once daily.
- Provide hand sanitizer and other hygiene products to encampment residents on a regular basis.
- Communicate about practices that help people stay safer like washing hands, covering coughs, maintaining distance.
- In coordination with local healthcare providers and public health, establish a set protocol for reporting symptoms and coordinating medical care when concerned about an encampment resident's health.
- Engage encampment residents from 6 feet away and explain the reason for the precaution.
- Street Outreach staff should wash hands thoroughly before, during, and after visiting an encampment. Review the Centers for Disease Control and Prevention's protocols for homeless services outreach staff outlined here: [Interim Guidance for Responding to Coronavirus Disease 2019 \(COVID-19\) among People Experiencing Unsheltered Homelessness](#)

Access to food and water: CoCs should ensure that an organization is identified to deliver these life-sustaining commodities. Local non-profits and voluntary organizations may be limiting volunteer options during this time of increased risk. Once aware that encampment residents have lost reliable sources of food and water, CoCs should immediately alert local or state offices of emergency management to ensure residents have restored access to these vital resources.

Service Coordination: During this time of enhanced risk and reduced service delivery, consider documenting an outreach schedule that includes local emergency response officials. Clear articulation of which entity is delivering what commodity at what location is important to ensure no gaps emerge.

- Reach out to partners for support: Engage street medicine teams, Healthcare for the Homeless agencies, public health agencies, law enforcement partners.
- Consider offering opportunities for unsheltered individuals to be tested for COVID-19 when field tests become available. A symptom screening tool may assist in making that decision. An example of a symptom screening tool is posted on the HUD Exchange here:
 - [COVID-19 Client Triage Tool: Atlanta, GA CoC Example](#)

Related Resources

[Preventing and Managing the Spread of Infectious Disease within Encampments](#) (Department of Housing and Urban Development)

[Interim Guidance for Responding to Coronavirus Disease 2019 \(COVID-19\) among People Experiencing Unsheltered Homelessness](#) (Centers for Disease Control and Prevention)

Ask A Question

Submit questions to the [Ask A Question \(AAQ\) portal](#). In Step 2 of the question submission process, select “CoC: Continuum of Care Program” from the “My question is related to” drop down list and write “Health Preparedness and Response” in the subject line.

This resource is prepared by TA providers and intended to help recipients and subrecipients understand the ESG Program Interim Rule. Always refer to the program regulations to ensure compliance with program requirements. The contents of this document, except when based on statutory or regulatory authority or law, do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

For most up-to-date guidelines on COVID-19, please visit <http://schsa.org/publichealth/pages/corona-virus/>
For local information, please call (209) 558-7535