

COVID-19 Preparedness

Considerations for homelessness providers

DRAFT Checklist for Coalition input



Use this checklist to help plan for and prevent communicable diseases. These are in addition to actions at www.tpchd.org/coronavirus.

Supplies and Equipment	
✓ or NA	Standard – in place now
	Liquid hand soap and single-use paper towels stocked at all handwashing sinks/stations.
	Disinfectant labeled for control of hepatitis A.
	Hand sanitizer provided at entrance(s) and common areas.
	Hot running water (100-120°F) is always available at sinks.
	First aid kit(s) provided. Size and amount of supplies appropriate for number of clients served. Kit(s) should include thermometers.
	Appropriate personal protective equipment (PPE) provided for staff, volunteers, and residents responsible for cleaning and maintenance of facility (e.g. gloves, dust mask, protective clothing, eye protection, etc.)
	Not implemented, but ready to go!
	Supplies for people with cold-like symptoms. Plenty of tissues, toilet paper, re-sealable zip top plastic bags, extra linens, towels, blankets.
	Sheets/plastic shower curtains, twine, nails to put up makeshift barriers for isolation of people with cold-like symptoms.
	6-8-week supply of non-perishable food in case deliveries are disrupted. Ask partners to store food for you if you don't have space.

Protocols and Procedures	
✓ or NA	Standard – in place now
	Sanitation and hygiene training provided during onboarding process for new staff and volunteers (e.g., require staff and volunteers review sanitation and hygiene document from Public Health Seattle & King County).
	Master cleaning schedule developed. Cleaning/sanitizing instructions posted or provided for kitchen, restrooms, showers and common areas. Include instructions for how to mix and use disinfectant and sanitizer solutions.
	Post signage to encourage good hygiene and sanitation in restrooms and communal areas.
	Protocols developed specifically to handle and dispose infectious waste (e.g., diapers, wound dressing, soiled bedding, sharps, animal waste, etc.)
	Bedding laundered at minimum once a week, per client. Dryer in laundry facility capable of reaching 165°F.
	Appropriate social distancing: Arrange clients head to toe in beds. Separate beds by 6 feet when possible - otherwise use maximal distancing.
	Develop and implement entry protocol. Use one entrance and require handwashing or hand sanitizer upon entry.

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	Not implemented, but ready to go!
	Written plan for isolating ill clients within your facility (people with mild respiratory symptoms who do not need hospitalization). <ol style="list-style-type: none">1. Screen for symptoms upon entry.2. Put all sick clients in separate room when you can.3. When separate rooms not available, isolate in a shared room or accommodate sick clients together in a common area—such as one end of a room. Use make-shift curtains when possible.
	Plan for directing highly sick individuals to hospitals. Call in advance.
	Continuity of operations plan for how you will stay open when staff call out sick. Consider expanding volunteer pools, and cross-training staff and volunteers. Update manuals and protocols that volunteers and staff can use to understand their roles.
	Plan to reduce client mobility if needed. Limit transfers between shelters, postponing group activities, limit visitors, etc.

Checklist adapted from Public Health Seattle& King County guidance.

DRAFT