



Guidance for Hospitals Serving Homeless Patients: COVID-19 Pandemic & Beyond

During this COVID-19 pandemic, it is imperative that hospitals and health clinics ascertain housing status of any individual being tested for COVID-19. Specifically, determining if someone experiencing homelessness is residing in a shelter or outside will ensure 1) appropriate care that supports their needs during their time at the hospital/clinic, 2) appropriate support at discharge, and 3) prevention of possible exposure of COVID-19 to shelter staff and residents by appropriately discharging this individual to a safe quarantine site instead of a congregate shelter setting.

What is a Congregate Emergency Shelter?

A congregate emergency shelter is a facility where a number of people reside in close proximity to one another. Multiple people sleep in the same room (often in bunk beds), bathroom facilities are shared, and meals are provided cafeteria-style.

Adherence to the protocol in this guidance is critical not only for the client, but also for hospitals and healthcare providers. Clients that do not receive appropriate supports will likely see their conditions worsen, increasing the likelihood that they return to the hospital, have longer stays at the hospital, and expose a greater number of people to communicable medical conditions.

This document includes the following guidance:

- Section I: Identifying Individuals Experiencing Homelessness
- Section II: Discharge Protocol for Homeless Individuals Presenting with COVID-19 Symptoms
- Section III: Discharge Protocol for Homeless Individuals: General Guidance (Forthcoming)

I. Identifying Individuals Experiencing Homelessness

In most healthcare settings (hospitals, clinics, etc.), registration/intake staff ask new patients to complete a registration form that includes their mailing address, while returning patients will typically be asked if their contact information has changed. Both are inadequate ways to identify someone experiencing homelessness.

An individual experiencing homelessness may provide a street address of the shelter facility at which they reside, the address of a friend or family member where they receive mail (while staying at a shelter), or a PO Box. In all these scenarios, the hospital will have a difficult time consistently identifying clients that they may be discharging to the street or a congregate setting.



Recommended Approach for Identifying Housing Status

Registration staff at Emergency Departments and other healthcare facilities should modify paperwork and intake protocol to ask the following question:

1. What is your housing situation today?
 - a. I rent or own my apartment/house (housed) *[proceed to question 2]*
 - b. I stay at a shelter or on the street (homeless) *[proceed to question 3 & 4]*
 - c. I am staying with people am not sure how long I can stay (unstably housed) *[proceed to question 4]*
2. What is your home address?

Street: _____
City, State, Zip: _____
3. What is the name of the shelter where you are currently staying?
[Asked to support coordination with the homeless services system.]
4. Is there a place you receive your mail? (y/n) If so, what is the address?
[Asked to support hospital billing and future client contact.]

Actions Hospital Staff Should Take Based On Housing Status

If someone answers anything other than "I rent or own my apartment/housing," it should trigger a social services consult to assist with appropriate discharge.

Additionally, for any client identified as homeless, hospital staff should make sure the appropriate ICD-10 code for homelessness (Z59.0) is recorded. This will help ensure better coordination for the client as he/she moves throughout the hospital/healthcare system. Additionally, it will also enable the District government to conduct data analysis to identify frequent users and target individuals for housing and other needed supports

Tips

- Data on housing status will be more reliable if the client is allowed to self-report via a written form versus verbally asked by hospital intake staff.
- To assist people with low literacy, hospital intake staff should ask clients if they need assistance completing intake paperwork.
- If clients request assistance, it is recommended that hospitals identify a private room to assist clients with completing paperwork (so clients don't need to disclose private or sensitive information in a crowded waiting room).



II. Discharge Protocol for Homeless Individuals Presenting with COVID-19 Symptoms

Note: This protocol refers only to individuals identified as literally homeless (staying at a congregate shelter or on the street). Individuals that are staying with family and friends should return to that setting with an order to isolate.

The Department of Human Services (DHS) has provided its homeless services providers with guidance on a) how to screen shelter clients for symptoms of COVID-19 and b) when to refer clients a healthcare provider for testing. Clients screened as high risk and referred for testing will be transported by FEMS, however clients may also present at a hospital or community clinic on their own. Accordingly, it's critical that hospitals and healthcare providers use the protocol provided in Section I to identify clients experiencing homelessness.

Homeless Individuals Tested for COVID-19

When a healthcare provider determines an individual experiencing homelessness has a high risk status and needs to be tested, the hospital/clinic social worker must contact the DHS COVID-19 Hotline (24 hours) at 202-671-3076 to arrange transport to a DHS quarantine facility until test results return. Healthcare providers should keep the following in mind:

- Hospitals/clinics should keep the client on site until they have received a call-back from DHS and transport has arrived.
- No individual residing in a congregate shelter or on the street can be discharged directly back to shelter following a COVID-19 test, even if that is the individual's preference.
- Healthcare providers should ensure clients receive discharge paperwork that clearly indicates an order to quarantine pending test results.

Homeless Individuals Not Tested for COVID-19

If the healthcare provider determines the homeless individual is not at high risk and therefore does not warrant a COVID-19 test, the hospital/clinic social worker should contact the District's Shelter Hotline at 202-399-7093 to request transport back to shelter. A Shelter Hotline vehicle will pick up the client on the street outside the hospital or clinic's entrance. Individuals must be able to exit the hospital/clinic on their own and board the vehicle without assistance.

If the individual has additional healthcare issues or needs beyond COVID-19 testing, refer to section III (forthcoming) for additional guidance.

Homeless Individuals Presenting for Other Health Conditions or Concerns

If a homeless individual has healthcare issues or needs unrelated to COVID-19, refer to section III (forthcoming) for additional guidance.

III: Discharge Protocol for Homeless Individuals: General Guidance

Forthcoming