

Interim Guidance about People Experiencing Unsheltered Homelessness and Encampment Settings

Background

The recommendations in this document have been developed to support local authorities working with people experiencing unsheltered homelessness (those sleeping outside, in cars, or in other places not meant for human habitation). This interim guidance is based on what is currently known about the transmission and severity of Coronavirus Disease 2019 (COVID-19). This guidance will be updated as needed and as additional information is available. Please regularly check the [Community Settings: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/communities.html\)](http://www.health.state.mn.us/diseases/coronavirus/communities.html) for updated interim guidance.

COVID-19 mainly spreads from person to person between people who are in close contact with each other (within about 6 feet). Spread is from respiratory droplets produced when an infected person coughs, sneezes, speaks or breathes. The virus could also spread if a person touches a surface or object that has the virus on it and then touches their own mouth, nose, or eyes, but this is not the main way it spreads.

Housing instability and frequent mobility increase the risk of exposure to infectious diseases. The prevalence of transmissible diseases is greatest among people experiencing homelessness in unsheltered settings. In the context of COVID-19, the risks associated with sleeping outdoors in an encampment setting are different than with staying indoors in a congregate setting such as an emergency shelter or other congregate living facility. Outdoor settings may allow people to increase distance between themselves and others. However, sleeping outdoors often does not provide protection from the environment, quick access to hygiene and sanitation facilities, or connection to health care. The balance of risks should be considered for each person experiencing unsheltered homelessness.

Main points on encampments

- Unless individual housing units or alternate sites are available, encampments should not be cleared during community spread of COVID-19 unless the encampment has reached a size or status that is a documented threat to the health, safety, or security of residents, in which case state or local governments may restrict, limit, or close encampment spaces.

- People staying in encampments should have the space to set up their tents/sleeping quarters with at least 12 feet of space per individual/household.
- Ensure toileting and handwashing facilities/stations are available that have functional water taps, are stocked with hand hygiene materials (e.g., soap, drying materials, hand sanitizer) and toilet paper, and remain open 24 hours a day to people experiencing homelessness. Portable toilets with handwashing should be available for encampments of more than 10 people, with at least one toilet per 20 people.
- Efforts should be made to contain growth and limit the size of encampments in order to ensure ability to maintain social distance and adequate handwashing and toileting capacity.

Partnerships

Reaching and serving people experiencing unsheltered homelessness during the COVID-19 outbreak requires coordination across sectors. To prevent negative outcomes from lack of services, activities that serve people experiencing homelessness should continue, such as homeless services, health care, behavioral health services, food pantries, and linkages to permanent housing. But volunteers and service providers in encampments do represent additional exposure to those living in encampments. If individuals must visit encampments in person, they should maintain social distancing, wear source control (face coverings), practice good hand hygiene, and limit their time and exposure on-site. Preparedness planning and setting guidelines need to be clearly communicated to all stakeholders. The following stakeholders should be included:

- **People experiencing homelessness** help navigate their communities and keep their friends and family members safe. Local authorities should consider including representation from people experiencing homelessness to ensure plans are implementable in the community.
- **Tribal partners** are critical in this work. They include Tribal Liaisons, Urban Indian organizations, and community clinics and organizations that serve tribal populations.
- **Homeless outreach teams and public health outreach workers** provide health education information and direct clients to needed care and resources. They serve as sources of best-practice information for interacting with unsheltered individuals.
- **State and local health departments, homelessness service systems, housing authorities, and emergency planners** identify how unsheltered individuals will be transported and where they can be isolated and receive care if they are suspected or confirmed to have COVID-19. They also conduct mobile community testing and care for individuals self-isolating in camp settings.
- **Hospitals and health care facilities** assist in logistical planning for safely discharging COVID-19 patients to a designated location if they do not require hospitalization but lack housing.
- **Property owners of encampment locations** develop reasonable timelines for a camp to remain to ensure individuals exit to improved targeted outcomes (permanent supportive housing, transitional housing, substance use treatment, etc.).
- **Law enforcement** should be apprised of plans related to protecting people experiencing unsheltered homelessness from COVID-19 in order to best work in coordination with homelessness service systems and state and local health departments.

Communication

Local authorities should provide clear communication to people sleeping outside. Identifying people who are influential in the community may help with appropriate messaging and buy-in. Signs should be posted in strategic locations to provide information on hand hygiene, face coverings, social distancing, and cough etiquette. Updated contact information should be collected if possible.

Information that needs to be shared includes:

- The most recent information about COVID-19 spread in the area
- How to be tested for COVID-19
- Advice to avoid crowded areas if COVID-19 is circulating in the community
- Social distancing recommendations
- Hand hygiene instructions, cough etiquette instructions, and advice not to share personal items
- How to recognize the symptoms of COVID-19 and what to do if sick
- What to do if friends, family, or community members are sick
- How to isolate when experiencing COVID-19 symptoms
- Updated information on where to find food, water, hygiene facilities, regular health care, and behavioral health resources if there have been local closures or changes
- Current options for alternative sites to staying in places unfit for human habitation

Guidance for outreach workers

Staff considerations before arriving at a site

Do not assign outreach staff who are at higher risk for severe illness to visit encampments ([CDC: People Who Are at Increased Risk for Severe Illness \(www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html\)](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html)). Outreach efforts should be limited to essential personnel for each visit. Deploying volunteers or learners is not recommended unless vital to maintaining operations.

All staff and volunteers should screen themselves at the beginning of every shift for fever (take their temperature) and COVID-compatible symptoms. Staff with a temp >100.0°F and/or other COVID symptoms should be sent home immediately. They should seek care from a health care provider as needed. Outreach staff (street medicine and health care workers) should review and follow recommendations for health care workers: [CDC: Information for Healthcare Professionals about Coronavirus \(COVID-19\) \(www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html\)](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

Basic field safety

While outreach staff conduct their duties, they should follow these guidelines to protect themselves and their clients:

- Greet clients from a distance of 6 feet and explain that you are taking additional precautions to protect yourself and the client from COVID-19. If possible, have client interactions outside and maintain 6 feet distance between yourself and clients, whether they have symptoms or not.
- Wear a mask for all interactions with clients.
- Provide all clients with hygiene products and face coverings, when available, particularly to clients who have a cough:
 - [Interim Guidance on Alternative Facemasks \(www.health.state.mn.us/diseases/coronavirus/hcp/masksalt.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/masksalt.pdf)
 - [Interim Guidance on Facemasks as a Source Control Measure \(www.health.state.mn.us/diseases/coronavirus/hcp/maskssource.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/maskssource.pdf)
 - [CDC: When and How to Wash Your Hands \(www.cdc.gov/handwashing/when-how-handwashing.html\)](http://www.cdc.gov/handwashing/when-how-handwashing.html)
- Avoid touching coworkers or clients (no handshaking, don't handle client belongings). If you need to have physical contact with the client or the client's belongings, wear gloves and then dispose of gloves appropriately. Wash hands immediately afterward.
- Do not transport clients in your own vehicles. This should only be done by staff specially trained in use of personal protective equipment (PPE).
- Sanitize equipment and supplies frequently (e.g., pens, cell phone, clip boards). Avoid sharing equipment and supplies unless you can properly disinfect after sharing.
- Maintain good hand hygiene by washing your hands with soap and water for at least 20 seconds or using hand sanitizer with at least 60% alcohol on a regular basis.

If at any point staff do not feel that they are able to protect themselves or their clients from the spread of COVID-19, they should stop the interaction and notify their supervisor. Examples include situations where the client cannot maintain a distance of 6 feet and staff do not have the needed PPE or face covering.

Staff interacting with symptomatic or known COVID-infected clients

If close contact with clients experiencing respiratory symptoms is necessary, outreach staff should designate one staff member (or as few as possible) who is not high risk for illness for all close contact. Close contact includes being within 6 feet of a sick person with COVID-19 for 15 minutes or being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on). If a staff member is interacting with clients who are symptomatic or known to have COVID-19, surgical masks, eye protection, gowns, and gloves should be worn.

- **Surgical masks** should be worn by staff when interacting with a client (within 6 feet). If staff touch or adjust their face mask, they must immediately perform hand hygiene. In the event of a shortage, it is acceptable for staff to use one mask with multiple clients, but the facemask should be discarded if soiled, damaged, or hard

INTERIM GUIDANCE ABOUT PEOPLE EXPERIENCING UNSHELTERED HOMELESSNESS AND ENCAMPMENT SETTINGS

to breathe through. Clients with symptoms can wear a surgical mask or alternative mask to decrease transmission risk.

- **Gloves** should be worn when touching items from the facility or handling client belongings. Staff should change gloves between each client, after touching client belongings, and whenever you would normally sanitize your hands. Wash hands immediately after taking off gloves. Gloves should not be reused.
- **Eye protection** should be worn when having close contact with a client (within 6 feet). If unavailable, consider using safety glasses, goggles, or face shields that have extensions to cover the side of the eyes. If possible, reuse eye protection, cleaning and disinfecting between users and upon entering or exiting a space. Implement extended use of eye protection and remove it when soiled or difficult to see through; discard if damaged. Eye protection should not be touched, and hand hygiene should be performed immediately if eye protection is touched.
- **Gowns** should be worn when having close contact with a client (within 6 feet) if available, but they are less essential than masks, gloves, and eye protection. Gowns help protect staff clothing from being contaminated. If gowns are unavailable, consider using gown alternatives – [King County: Guidance for PPE conservation and alternatives when PPE is unavailable \(kingcounty.gov/depts/health/covid-19/providers/PPE-shortage.aspx\)](https://kingcounty.gov/depts/health/covid-19/providers/PPE-shortage.aspx). None of these options can be considered PPE, since their capability to protect staff members is unknown. Preferable features include long sleeves and closures (snaps, buttons) that can be fastened and secured.

Symptom screening for COVID-19

The Minnesota Department of Health (MDH) is a partner in the [Minnesota Heading Home Alliance: Symptom Alert System for Shelters \(SASS\) \(headinghomealliance.com/symptom-alert-system-for-shelters-sass/\)](https://headinghomealliance.com/symptom-alert-system-for-shelters-sass/), which allows outreach staff to report the number of people in an encampment each day with new symptoms. Collecting information about symptoms allows MDH to see where possible cases of COVID-19 are happening without having to wait for testing. If there is a big jump in the number of people with symptoms, MDH will coordinate with local public health to mobilize a public health response.

If you identify a client with severe symptoms of COVID-19, call 911

Severe symptoms include:

- Difficulty breathing, shortness of breath, fast breathing, or skin paler than normal, or bluish in people with lighter skin and gray or whitish in people with darker skin
- Coughing up blood
- Hypoxemia (low level of oxygen in the blood)
- Pain or pressure in the chest or abdomen
- Confusion or does not respond or communicate appropriately
- Convulsions (seizures)
- High fever
- Severe or persistent vomiting

- Sudden dizziness
- Signs of dehydration and inability to take enough fluids
- Worsening symptoms after appearing to improve
- Is an infant younger than 2 months old with fever, poor feeding, urinating less than 3 times per day or other signs of illness

Testing for COVID-19

If unsheltered persons report that they have COVID-compatible symptoms, they should be offered the opportunity to be tested for COVID-19. People experiencing homelessness and homeless service providers are in the priority testing group in Minnesota: [Evaluating and Testing for Coronavirus Disease 2019 \(COVID-19\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/eval.html) (www.health.state.mn.us/diseases/coronavirus/hcp/eval.html).

When unsheltered individuals are tested, an option for isolation must be available.

What to do if an unsheltered person tests positive for COVID-19

Unsheltered persons who are diagnosed with laboratory-confirmed or clinically-diagnosed COVID-19 should be offered isolation housing or a designated space away from others. If multiple people have laboratory-confirmed COVID-19, they can isolate together, but they should always be kept separate from clinically-diagnosed COVID-19 cases.

- Note: All people living in Minnesota with test-confirmed COVID-19, clinically diagnosed COVID-19, or who have symptoms of COVID-19 are expected to isolate (stay away from others) until they meet the criteria for being removed from self-isolation. If a person cannot stay away from others in their current setting, homeless service providers should work with their local public health departments and county governments to find a safe space for the person that is away from others.

Designated staff should bring food, hydration, medicine, or other essential needs to the sick individual to limit any movement outside of their isolated space. Sick persons should be monitored to determine if they need a higher level of care at any point. If possible, staff should wear appropriate personal protective equipment when bringing supplies (tissue, hand sanitizer), providing support (food, drink), assessing symptoms, or handling guests' belongings or laundry, especially sick guests.

If possible, identify close contacts of the sick guest and place them in a designated quarantine space away from others for 14 days past the last date of exposure. Close contacts should also be offered testing.

Isolation housing

Local partners should plan for where individuals and families with suspected or confirmed COVID-19 who are experiencing unsheltered homelessness can safely stay. These should include places where people who are confirmed to be positive and those awaiting test results can be isolated. Additionally, if a person needs to be hospitalized, a plan should be in place for how and where they can safely recover after discharge. Ideally, these individuals will be housed for the duration necessary, as outlined in the recommendations for discontinuation of

isolation: [CDC: Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings \(www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html).

- Individuals who are symptomatic or test-confirmed with COVID-19 should be isolated until:
 - At least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 10 days have passed since symptoms first appeared.

Isolation housing could be units designated by local authorities or shelters determined to have capacity to sufficiently isolate these individuals. If medical care is not necessary and if no other options are available, advise the individuals on how to isolate themselves while efforts are underway to provide additional support. In each scenario, identify how to safely transport patients to and from health care and housing facilities.

Behavioral health teams should be involved in the planning for these sites to ensure continued access to support for people with substance abuse or mental health disorders. In some situations, for example due to severe untreated mental illness, an individual may not be able to comply with isolation recommendations. In these cases, community leaders should consult local health authorities to determine alternative options.

A local surge in the need for medical care may require jurisdictions to establish isolation sites and alternate care sites (ACS) where patients with COVID-19 can remain for the duration of their isolation period. These are typically established in non-traditional environments, such as converted hotels or mobile field medical units. Isolation sites are intended to be locations for patients who do not require medical care, while ACS are intended be locations for patients who require some degree of medical care. Isolation sites can be used for people with COVID-19 who are currently experiencing homelessness and cannot be discharged to a congregate setting. For more information, please see the [CDC: Considerations for Alternate Care Sites \(www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html).

When can people with suspected or confirmed COVID-19 be released from isolation?

Both lab-confirmed and clinically diagnosed people should stay in isolation away from others until **all of these are true**:

- Symptoms have improved
- At least 10 days after illness onset have passed
- At least 24 hours have passed after fever is gone (without fever-reducing medicine)

COVID-19 and outdoor communities

Encampment services help prevent the spread of infectious disease

The National Healthcare for the Homeless Council identified key components to address the health and hygiene needs of people staying in encampments:

- Access to safe storage for possessions and property
- Biohazard/hazardous waste removal
- Care for pets and/or companion animals
- Case management and other support services
- Clean restrooms
- Drinkable water and washing facilities
- Encampment health standards
- Fire safety services and supplies
- Food storage and preparation safety
- Harm reduction and overdose prevention services
- Medical and behavioral health care services
- Personal security and safety
- Rules for camp governance
- Trash removal and pest control

When encampments are supplied with these key services, public works provisions, and access to health care, the risk of infectious disease spread is reduced:

[National Health Care for the Homeless Council: Homeless Encampments \(nhchc.org/wp-content/uploads/2019/08/encampment-statement-finalized.pdf\)](https://www.nhchc.org/wp-content/uploads/2019/08/encampment-statement-finalized.pdf)

Biohazard/hazardous waste removal

Biohazard/hazardous waste includes sharps, pharmaceuticals, animal waste, human fluid, and blood. It is important that unsheltered individuals have appropriate ways to dispose of these wastes because they can spread infections or cause injuries to people and pets.

- Encampments should have access to containers to safely dispose of sharps:
 - Monitor and secure a central location for sharps storage.
 - If at all possible, have a certified medical waste collection company pick up the containers for proper disposal.
 - Have procedures in place and personnel trained to pick up any needles that are disposed of outside the sharps container (proper PPE, a grabber tool, etc.).
 - Dispose of sharps containers when they are $\frac{3}{4}$ full or every 90 days, whichever occurs first.
 - Plan for emergency medical care and treatment for all sharp injuries, immediate transport to nearby hospital, and hospital on stand-by during cleanup activities.
 - Partner with a syringe exchange program to prevent sharing and reuse of sharps.

Care for pets and/or companion animals

Only dogs and cats should be allowed as pets in an encampment—no pet rodents, ferrets, reptiles, amphibians, birds, domesticated wild animals, etc., as these animals have unique housing needs that cannot be met in an encampment environment and often pose a higher disease risk.

- Pet cats and dogs should be vaccinated (rabies, DHPP/FVRCP at a minimum) and spayed/neutered. They should be on regular internal parasite treatment, and flea and tick prevention.
- Pets must have access to water at all times. Pet food should be properly stored in lidded, secure containers or canned, no storage in sleeping structures. Pet food and water bowls should be cleaned regularly.
- Provide disposal supplies for animal feces: litter boxes, scoops, gloves, plastic bags, etc. Double-bag pet waste and place in garbage. Litter boxes need to be scooped daily (at least every 24 hours) and cleaned/disinfected at least once weekly. Dog and cat waste cannot be composted.
- Provide collars and leashes for pets who do not have them. Dogs should be on leashes at all times when not contained in sleeping structures. Cats should be on leashes or under the direct supervision of the owner at all times when not contained in sleeping structures or carriers, and should not be allowed to have contact with stray or feral cats.
- Pets must be provided shelter from heat and cold.
- Plan for a pet relief area.
- Have emergency numbers posted for animal bites and seek medical attention after bites.
- If a pet's owner becomes ill with COVID-19 and cannot care for it, inform the interim caretaker, shelter, or veterinary clinic so that appropriate precautions can be taken. For current guidance see [CDC: Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response \(www.cdc.gov/coronavirus/2019-ncov/community/veterinarians.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/veterinarians.html).

Keep pets in mind when finding alternative housing or isolation spaces for unsheltered homeless individuals. For additional information, see: [National Alliance to End Homelessness' Improving Outcomes in Homelessness: Keeping People and Pets Together \(endhomelessness.org/wp-content/uploads/2020/03/Keeping-People-and-Pets-Together-031220.pdf\)](https://endhomelessness.org/wp-content/uploads/2020/03/Keeping-People-and-Pets-Together-031220.pdf).

Case management and other support services

During this time of enhanced risk and reduced service delivery, consider an outreach schedule that includes local emergency response officials.

Clean restrooms

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 restrooms may be closed for an extended period of time or may not be accessible to encampment residents. If toilets or handwashing stations are not available

nearby, provide access to portable toilets with handwashing stations for encampments of more than 10 people. Keep these considerations in mind when procuring portable toilets and handwashing stations:

- There should be a **minimum** of 1 portable toilet and handwashing station per 20 persons.
 - Consider toilet and handwashing accommodations for families and individuals with disabilities (ADA).
- Portable toilets and handwashing stations should be cleaned and disinfected at least once daily.
- Handwashing stations should provide warm water.
- Handwashing stations should be protected by a canopy if uncovered.
- Handwashing stations should be placed near restrooms and meal areas.

Drinkable water and washing facilities

A potable water station should be available to encampments of more than 10 people to reduce the likelihood of people drinking non-potable water from handwashing stations. All individuals, regardless of the size of the encampment, should have access to water and in the absence of a potable water station, water should be provided via other means for all. Provide hand sanitizer and other hygiene products to encampment residents on a regular basis.

Encampment health standards

- Select sites that have access to utilities (electricity, sewer, water).
- Ensure good drainage to prevent mud and standing water. Ground cover should be concrete or compacted gravel. Avoid straw, dirt, and woodchips. Consider pallets with plywood toppings for water drainage.
- Designate smoking areas that are large enough to accommodate residents while maintaining social distancing. If receptacles for smoking waste (e.g., cigarette butts) are available, place them on opposite ends of the space to reduce crowding.
- Plan for access for emergency vehicles and transportation for medical needs.
- Ensure sleeping structures are well-ventilated.
- Implement 4-foot aisles to ensure accessibility and to allow for emergency service access.
- 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.)

Fire safety services and supplies

Overcrowding and trash build-up increase the risk of uncontrolled fires. To prevent fires, keep the following in mind:

- Implement weekly waste pick-up (or more as needed).

INTERIM GUIDANCE ABOUT PEOPLE EXPERIENCING UNSHELTERED HOMELESSNESS AND ENCAMPMENT SETTINGS

- Ensure areas used for storing flammables (fuel canisters, propane tanks) are covered and kept away from active fires.
 - “No smoking” signs should be posted near flammable storage.
 - Create designated smoking areas, away from flammable storage.
- Supply fire extinguishers to sites. Consult local fire departments about the number of extinguishers needed and where they should be stored.
- If heating sources (electric/gas heaters, fire pits, etc.) are supplied/present during cold weather, distribute widely to reduce crowding.

Food storage and preparation safety

Food dispensing and consumption areas should be maintained. Food handling surfaces should be sanitized regularly. Supplies for ensuring cleanliness should be made available and sufficient for specific encampment settings. Once staff are aware that encampment residents have lost reliable sources of food and water, local outreach staff should immediately alert local or state offices of emergency management to ensure residents have restored access to these vital resources.

Meal deliveries should be scheduled daily.

Harm reduction and overdose protection services

Several factors may heighten overdose risk during the COVID-19 pandemic, including but not limited to stocking up on drugs, disruptions in drug supply, respiratory infection, extended take-home doses of methadone, and an influx of counterfeit pills containing fentanyl.

- Encourage good hygiene—don’t share sharps, wash hands before preparing drugs, don’t prepare drugs for others, etc.
- Stock naloxone (Narcan) kits on site and train staff, drug users, and other individuals living at the encampment on how to administer.
- Work with harm reduction outreach groups to ensure consistent supply of clean syringes and safe injection supplies.
- Provide condoms onsite.

For more information, refer to [Public Health – Seattle & King County: Overdose Prevention and Harm Reduction Guidelines during COVID-19 Pandemic \(kingcounty.gov/depts/health/locations/homeless-health/healthcare-for-the-homeless/~/_media/depts/health/homeless-health/healthcare-for-the-homeless/documents/covid/overdose-prevention-harm-reduction-covid-19.ashx\)](https://kingcounty.gov/depts/health/locations/homeless-health/healthcare-for-the-homeless/~/_media/depts/health/homeless-health/healthcare-for-the-homeless/documents/covid/overdose-prevention-harm-reduction-covid-19.ashx).

Medical and behavioral health care services

In coordination with local health care providers and public health, establish a set protocol for reporting symptoms and coordinating medical care when concerned about an encampment resident’s health.

- Provide first aid kits and eye wash bottles.
- Provide MNsure navigation to uninsured individuals when possible and referral materials when direct navigation is not possible.

Rules for camp governance

These should be created by or in partnership with those living at the encampment and should include tangible means of conflict resolution and de-escalation in a mental health emergency.

Trash removal and pest control

Trash can become home and a food source for animals and insects that transmit disease, cause unpleasant odor, be fuel for fires, and pose a potential risk of bodily injury.

- Provide methods for safe and legal disposal of all waste generated onsite:
 - Garbage and recycling (weekly and more frequent if overflowing)
 - Containers should have tight fitting lids to keep rodents and other pests out.
 - Flammable and hazardous waste (batteries, light bulbs, fuels, motor oil, etc.)
 - Graywater and portable toilets
 - Sharps
- Animal wastes should be picked up immediately.
- Provide a schedule for waste pick-up for each site that includes phone number of the company, and dates and frequency of the service. Portable toilets and gray water tanks should be serviced regularly (minimum weekly) to prevent overflow. Empty dumpsters when full to prevent overflow.
- Utilize residents of an encampment to help manage the collection of solid waste from their encampment. Encampments often have residents who are willing to be leaders, and some jurisdictions provide stipends to these leaders who oversee the solid waste management in an encampment.

General considerations for encampment health and safety

Some encampments may pose immediate danger for people experiencing homelessness, community members, or other entities.

- Should an encampment be determined to be unsafe, local governments should work with their partners to determine what acceptable alternatives exist or can be created.
- When offering encampment residents alternatives, special consideration should be given to unique needs, such as those of unaccompanied youth, people age 65+, and those with medical or behavioral health needs that may require additional services and supports.

Other guidance

- [CDC: Coronavirus \(COVID-19\) \(www.cdc.gov/coronavirus/2019-nCoV/index.html\)](http://www.cdc.gov/coronavirus/2019-nCoV/index.html)
- [CDC: Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 \(COVID-19\) for Homeless Service Providers and Local Offices \(www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html\)](http://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html)
- [CDC: Community and Faith-Based Organizations \(www.cdc.gov/coronavirus/2019-ncov/community/organizations/index.html\)](http://www.cdc.gov/coronavirus/2019-ncov/community/organizations/index.html)
- [HUD: Infectious Disease Toolkit for Continuums of Care: Preventing & Managing the Spread of Infectious Disease within Encampments \(files.hudexchange.info/resources/documents/Infectious-Disease-Toolkit-for-CoCs-Preventing-and-Managing-the-Spread-of-Infectious-Disease-within-Encampments.pdf\)](http://files.hudexchange.info/resources/documents/Infectious-Disease-Toolkit-for-CoCs-Preventing-and-Managing-the-Spread-of-Infectious-Disease-within-Encampments.pdf)

Additional resources

- [Minnesota Heading Home Alliance: COVID-19 Questions and Answers \(headinghomealliance.com/covid-19-questions-and-answers/\)](http://headinghomealliance.com/covid-19-questions-and-answers/)
Frequently asked questions and answers from homeless service providers.



Minnesota Department of Health | health.mn.gov | 651-201-5000
625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975

Contact health.communications@state.mn.us to request an alternate format.

08/07/2020

13 of 13