



# **ALAMEDA COUNTY EMERGENCY SHELTER STANDARDS FOR YEAR-ROUND SHELTERS**

**April 2022 Update**



Alameda County  
Health Care Services Agency



Alameda County  
Social Services  
Agency



## **PREFACE**

These Emergency Shelter Standards, adopted by the Board of Supervisors on February 27, 2017, were developed based on the guiding principles of inclusion, dignity, accessibility, self-determination, and mutual accountability. They are intended to ensure a consistent quality of care across all County-funded emergency shelters and to operationalize the County's commitment to providing low barrier, housing first, and emergency shelter services to those without homes in our community. County funded emergency shelters are expected to meet these operating standards as a requirement of county funding. The standards were developed through a community process that included surveying the practices of existing county funded shelters, reviewing standards from other communities and other public funding standards, such as those required by the federal Emergency Solutions Grants (ESG) program and the Federal Emergency Management Agency (FEMA). Meetings were held with shelter operators and city funders, and the standards were posted online for public comment in March of 2016. Twenty-eight shelter programs and dozens of stakeholders, including people with homelessness expertise, provided feedback that informed the final version.

Most county funded shelters already meet many of these standards, and it is understood that compliance will increase over time. Technical assistance (TA) and training will help shelters to meet the standards over the course of the next several years.

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## GUIDING PRINCIPLES

The Alameda County Emergency Shelter Standards are grounded in the following principles and values that promote a philosophy for service provision. These principles and values are not shelter standards but are intended to help guide the delivery of shelter services.

1. The health and safety of residents, volunteers and staff should be safeguarded within each shelter.
2. All homeless people have the right to shelter service regardless of religious affiliation, race, color, national origin, ancestry, political or religious beliefs, language, disability, family composition, gender identity and/or sexual orientation. Staff must respect and be sensitive to the diversity of residents. Residents' rights must be protected against all forms of discrimination.
3. The shelter will provide an atmosphere of dignity and respect for all shelter residents and provide services in a non-judgmental manner.
4. Residents can move toward increasing levels of self-reliance and self-determination. Shelter staff will work with residents to assist them in achieving their goals.
5. Shelter staff often have access to detailed and highly sensitive personal information about residents. Protecting the privacy and confidentiality of shelter residents and their personal information is of the utmost importance.
6. People who are homeless have few resources, and the shelter system is often their final option to receive the basic necessities of life: food and shelter. Issuing service restrictions in the shelter system must be done in accordance with these standards and only as a last resort and in the most serious cases.
7. People who are homeless, like other members of our community, may use substances to varying degrees. Everyone is entitled to shelter services whether they use substances or not. As a result, these standards require that admission, discharge, and service restriction policies must not be based on substance use alone, unless otherwise specifically provided for in these standards.
8. Shelter residents must be offered opportunities to be involved in service provision, program planning, development and evaluation, and policy development in order to provide effective shelter programs and services.
9. In shelters where support services are provided, staff should actively attempt to engage all residents in services designed to support shelter exit to stable housing with consideration given to each resident's barriers to engagement. Residents shall not be discharged for lack of participation in services unless a resident has refused to work towards a housing plan and/or has refused multiple housing opportunities and only after diligent efforts have been made to engage the resident.
10. All shelter residents are entitled to just and standardized procedures for determining eligibility, admissions, sanctions, dismissals, and grievance resolution.
11. All program residents are entitled to enjoy the maximum amount of privacy within the constrictions of the shelter environment.
12. Shelters are part of a larger network of homeless services and agencies. Collaboration within this network is important to ensure effective and coordinated services.

These standards are subject to annual review and revision and shelter providers are encouraged to provide feedback on these standards and suggest future modifications.

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## COVID-19 SAFETY GUIDELINES

This section of the Shelter Standards is in effect until further notice, as of January 2022.

### **CV1. Stay informed of key COVID-19 guidance and resources**

1. Shelters shall coordinate closely with the Alameda County Health Care for the Homeless (ACHCH) program and have a system to share information and health and safety updates to staff and residents. **Shelters shall regularly review and utilize the most updated guidance from these resources. Due to continuous updates to public health guidance as the COVID-19 pandemic evolves, shelters shall verify the latest guidance with ACHCH via their [website](#), weekly shelter provider calls, and direct technical assistance. Any updated guidance related to COVID-19 from ACHCH or the Alameda County Public Health Officer supersedes any conflicting guidance in this document:**
  - a. ACHCH Homeless Providers Community Calls. Contact ACHCH to receive information to participate in these conference calls that provide resources and technical assistance for COVID-19 response to homeless service providers.
  - b. [ACHCH Shelter Health Guidance webpage](#)
  - c. [ACHCH COVID-19 guidance and resource](#)
  - d. [ACHCH Shelter Providers COVID-19 response checklist](#)
  - e. [Alameda County Public Health Department COVID-19 updates and guidance](#)
  - f. [Centers for Disease Control and Prevention \(CDC\) COVID-19 Guidance and Resources](#)
  - g. [CDC Interim Guidance for Homeless Shelters](#)
  - h. [Housing & Urban Development Department \(HUD\) Infectious Disease Toolkit for Shelters](#)
  - i. [Seattle King County Sanitation and Hygiene Guide](#)
2. Maintain a designated staff person as the point of contact (POC) with the ACHCH program. Consult with ACHCH for additional guidance needed that is not included in ACHCH's online resources or the Alameda County Emergency Shelter Standards.
3. Any updated guidance or mandates released by the Alameda County Public Health Officer, California State Public Health Officer, or Centers for Disease Control and Prevention (CDC) that differs from current guidance will replace the current guidance. If a shelter is subject to COVID-19 safety requirements by both a City and County, the more restrictive of the requirements shall apply to the shelter.

### **CV2. Vaccines and vaccine tracking for residents and staff**

**\* Vaccines are the best way to protect staff and residents and stop the community spread of COVID-19.**

1. Shelters shall make every available effort to ensure that staff are vaccinated. **In compliance with [the California State Public Health Officer Order of July 26, 2021](#), all homeless shelters in Alameda County must require all staff to be vaccinated or submit a negative COVID-19 test to managers weekly.**

- a. Shelters shall distribute a written COVID-19 Vaccination Policy to all employees and volunteers. All employees must review and sign the policy to confirm agreement to comply with the policy. The signed forms shall be kept in employee files.
  - b. Employees must provide documentation supporting medical and religious exemptions, and shelters must review documentation to evaluate legitimate application of exemptions claimed.
  - c. Vaccination information must be kept confidential in the workplace, except for reporting to management and Human Resources. Shelters shall utilize mechanisms to keep information private, such as private online portals for reporting.
  - d. Shelters may not exercise or allow harassment of or discrimination against employees who request or receive legal exemptions from vaccination requirements.
  - e. Shelters must allow employees paid time off to get vaccinated for COVID-19. The policy for paid time off must be outlined in the shelter's COVID-19 Vaccination Policy.
2. Shelters shall develop and implement a plan to vaccinate all residents and staff who are willing to be vaccinated. Shelters will utilize resources on the [ACHCH Vaccine Webpage](#) to identify local vaccination resources for residents and staff, and/or set up an ACHCH-provided vaccine clinic at the shelter by contacting ACHCH. Shelters will partner with ACHCH to continue to increase and maximize their vaccination rate of residents and staff. Shelters will provide a copy of their vaccination plan to County partners upon request.
3. Shelters shall provide information and resources to shelter residents and staff about COVID-19 vaccination to help them make informed decisions about getting vaccinated. Shelters shall utilize the [ACHCH Vaccine Webpage](#) for resources to share with residents, and refer residents to their primary care physician for medical advice about getting vaccinated.
  - a. Shelter staff may not advise residents not to get vaccinated, as this does not comply with shelter policies, as well as federal and state guidelines to encourage COVID-19 vaccination. This behavior is appropriate grounds for disciplinary action.
  - b. Shelters are encouraged to arrange workshops with medical professionals to discuss COVID-19 vaccination with shelter residents and staff. The ACHCH can provide assistance as needed.
4. **Shelters shall ensure that staff review and utilize information on [ACHCH Vaccine Webpage](#), including:**
  - a. List of Alameda County vaccine sites
  - b. ACHCH Community Care vaccine schedule
  - c. Moderna, Pfizer and Janssen information packets
  - d. COVID-19 Vaccination Resources
  - e. Vaccine posters for shelters
5. **Shelters shall track vaccination status of residents**, including how many residents are vaccinated. The tracking log should include:
  - a. Names of residents
  - b. Age
  - c. Gender

- d. Known illnesses and health conditions
- 6. Shelters shall apply the same vaccination policies and protocols that are applied to staff to **on-site volunteers**.
- 7. Shelters may not require a negative COVID-19 test or COVID-19 vaccination as a condition to enter the shelter, but they shall request, but not require, proof of COVID-19 vaccination status and complete the COVID-19 health screening at intake, carry out at least daily symptoms screening (Section CV5), and refer clients to Isolation Housing at Operation Comfort or a designated isolation room at the shelter if the client confirms COVID-19 symptoms or exposure to a confirmed COVID-19-positive individual. See **Sections CV6 and CV8** for further details on Isolation Housing referrals and isolation spaces at shelters.
  - a. If space allows, shelters are encouraged to establish one or more isolation rooms that can be occupied by new residents after intake for their first 10-14 days in the shelter before being assigned to a regular room or dorm.
- 8. **Proof of COVID-19 vaccination status** shall be requested from all staff, as well as requested from all residents at intake and when appropriate during health screenings. Shelters may not accept self-attestation/self-reporting as verification of COVID-19 vaccination status, due to the high-risk nature of the shelter environment for transmission. Acceptable forms of verification are:
  - a. Vaccination card (includes name of person vaccinated, type of vaccine provided, and date last dose administered); or
  - b. A photo of a vaccination card as a separate document; or
  - c. A photo of, or QR code linking to, a vaccine card stored on a phone or electronic device; or
  - d. Documentation of vaccination from a health care provider; or
  - e. Documentation of vaccination from the [California Immunization Registry \(CAIR\)](#)

Any staff or resident unable or unwilling to provide one of these forms of verification shall be documented as unvaccinated for COVID-19. Staff or residents who provide acceptable forms of verification of vaccination are only considered fully vaccinated 14 days after the recorded date of vaccination.

### **CV3. Safety Protocols for Shelter Staff, Volunteers and Visitors**

- 1. Shelters shall effectively screen all staff, volunteers and visitors for symptoms or potential exposure before or when they arrive at the shelter every day, regardless of COVID-19 vaccination status. See the latest **“ACHCH Shelter Health Guidance for Shelter Providers” document** on the [ACHCH Shelter Health Guidance webpage](#) for examples of screening questions.
- 2. Shelters shall not allow shelter staff, volunteers, or visitors to come to work or stay at the shelter if they are sick, do not pass the COVID-19 health screening, are under COVID-19 quarantine, have reason to believe they have been exposed to a COVID-19-positive individual, or are not in compliance with the vaccination requirements outlined in **Section CV2.1**.

3. Shelters are encouraged to redirect unvaccinated, partially vaccinated, and immunocompromised staff and volunteers who are at higher risk for COVID-19 infection, to duties that require no contact or less contact with residents, to the extent possible.
4. Shelters shall ensure staff, volunteers, and visitors avoid all close contact with and maintain 6 feet of distance from residents to the greatest extent possible, including symptomatic and asymptomatic persons.
5. Shelters shall implement [Cal/OSHA COVID-19 Emergency Temporary Standards](#) for workplace safety for employees.
6. Shelters shall ensure that staff and volunteers model for residents the consistent practice of all COVID-19 safety protocols and procedures as outlined throughout **Sections CV1-CV12** of the Alameda County Emergency Shelter Standards and the most current “**ACHCH Shelter Health Guidance for Shelter Providers**” document on the [ACHCH Shelter Health Guidance webpage](#).
  - a. Newly hired staff and volunteers shall receive COVID-19 safety training before beginning any work at the shelter.
  - b. Shelters shall establish a disciplinary procedure for staff who do not comply with COVID-19 safety protocols and procedures. Shelters should utilize a system of reminders and warnings, appropriate one-on-one refresher trainings or other types of supervisor/peer support as needed, and opportunities to correct behavior and receive supervisor feedback on sufficient correction—before disciplinary action is taken. Shelters shall apply this procedure consistently to all staff, and take appropriate disciplinary action to address non-compliance.
  - c. Shelters shall suspend or terminate any staff who repeatedly demonstrate behavior that endangers the health and safety of shelter residents and staff due to non-compliance with COVID-19 safety measures.
7. Limiting unnecessary travel in and out of the shelter:
  - a. Shelters shall establish a “No Visitors” policy or establish appropriate restrictions on the existing visitors’ policy to maintain COVID-19 safety. Residents are encouraged to utilize e-visits whenever possible, and shelters shall assist residents with the technology for this, as appropriate.
8. Shelters shall plan ahead for staff absences and turnover to ensure adequate supervision of shelter activities at all times, to the extent possible.

#### **CV4. Provide hygiene and prevention materials to staff and residents**

1. All residents who are new intakes to the shelter must receive a complete orientation to the shelter’s COVID-19 rules and requirements before being assigned to a bed or room.

2. Shelters shall have the following hygiene supplies available and accessible for residents and staff at multiple locations throughout the shelter:
  - a. Easy access to soap, water, and hand-drying resources to ensure frequent handwashing
  - b. Hand sanitizer
  - c. Tissues
  - d. Wastebaskets, emptied regularly
3. Shelters shall ensure that all staff, volunteers, and residents wear a mask unless eating, drinking, or sleeping, or if in their assigned room with only asymptomatic/non-infected members of their own household. **See the latest “ACHCH Shelter Health Guidance for Shelter Providers” document on the [ACHCH Shelter Health Guidance webpage](#) for more detailed guidance about masks.**
  - a. Masks must be changed and disposed of immediately if they get saturated.
  - b. Hands must be washed before and after changing a mask to prevent the spread of germs. **See Section CV10.3** for further guidance on how to appropriately use a mask.
  - c. See the ACHCH [webpage](#) for guidance on appropriate masks.
4. Shelters shall maintain adequate Personal Protective Equipment (PPE) supplies, and train staff, volunteers, and residents on proper use of PPE. **See Section CV10** for further guidance on proper PPE use and PPE inventory management.
5. Shelters shall ensure that flyers and posters have educational information clearly visible and available to staff, volunteers, and residents, including: [Symptoms](#), [Wear a Mask](#), [Cover Your Cough](#), [Wash Your Hands](#), [Physical Distancing Meals](#), [Physical Distancing Sleeping](#)
6. Shelters shall communicate COVID-19 information to residents using methods that overcome language, cultural and disability barriers, including the use of multilingual staff or language interpretation services described in Section A13 of the Alameda County Emergency Shelter Standards.

#### **CV5. Screen residents for symptoms, risk, and health care provider status**

1. Shelters shall follow this guidance to **screen residents for symptoms and risk of infection**:
  - a. Follow guidelines in the [Shelter Providers COVID+ Resident Checklist](#).
  - b. Provide symptom management checks 2 times daily, regardless of COVID-19 vaccination status, and record on this [Shelter Residents Symptoms Screening Log](#).
    - i. Only taking temperatures is not a comprehensive way to screen for symptoms. However, taking temperatures is crucial, and shelters shall refer any clients with temperatures over 100.4 degrees Fahrenheit, and their accompanying household members, to the isolation process described in Standards CV5.2, CV6 and CV8.
    - ii. Ask open-ended questions (i.e. Are you feeling ok? Any new or unexplained symptoms? Have you had recent contact with anyone known to have COVID-19?). See **sample screening questions** in Section 2 of the [ACHCH Shelter Health Guidance for COVID-19 and Influenza](#) document.

- iii. Limit contact between individuals by using phones or written questionnaires to perform health screening as feasible, especially when conducting triage about symptoms and exposures to communicable diseases.
- 2. Shelters shall take the following actions to **address residents who are experiencing COVID-19 symptoms, under quarantine, or have reason to believe they have been exposed to a COVID-19-positive individual**:
  - a. Place them in isolation, separated from other residents in the shelter. **See Section C8** below for further instructions on isolation procedures.
  - b. Refer symptomatic residents or residents who have confirmed recent contact with COVID-19-positive individuals to COVID-19 Isolation Housing as soon as possible. **See Section C6** below.
  - c. **Call 911** if a person has severe symptoms (shaking, high fevers, difficulty breathing, difficulty walking, inability to stay hydrated, unable to care for self in shelter/tent).
  - j. Contact ACHCH's COVID-19 Outbreak Response Lead at the phone number or email listed in the most **current "ACHCH Shelter Health Guidance for Shelter Providers" document** on the [ACHCH Shelter Health Guidance webpage](#) ASAP.
- 3. Shelters shall make referrals for **COVID-19 testing** frequently:
  - a. Refer to <https://covid-19.acgov.org/testing.page?#Community> for free community testing locations nearby.
  - b. Consider requesting regular on-site testing by ACHCH.
- 4. Shelters shall coordinate **access to Health Care**:
  - a. Ensure that shelter residents have access to a [primary care provider](#). People with chronic health conditions continue to need ongoing health care during the pandemic.

**CV6. Refer Symptomatic and Exposed Residents to COVID-19 Isolation Housing**

Refer to the [ACHCH Shelter Health Guidance webpage for the latest guidance on referrals to COVID-19 Isolation/Quarantine Housing for symptomatic and COVID-19-exposed shelter residents](#).

**CV7. Practice safe physical distancing in the shelter setting, including adequate ventilation**

- 1. Shelters shall ensure that all residents and staff follow current orders from the Alameda County Public Health Officer for safe physical distancing. As of the publication of this Shelter Standards update, the current order being utilized is [Alameda County Public Health Officer's Order No. 20-14c](#).
- 2. Shelters shall continue filling beds and rooms at reduced capacity at levels confirmed with ACHCH and their Alameda County funding agency, until advised otherwise. For family shelters

- with rooms, a maximum of one family or 2 singles per room is advised for optimum safety. Shelters will consult with ACHCH if there is a need to explore safely exceeding this guideline.
- a. Shelters may consider extending the available physical space of their shelters through the use of supplemental shelter options such as hotel rooms (outside of Project Roomkey), trailers, etc.
  - b. Installing physical barriers such as plastic or cloth sheets in between beds is encouraged to enable higher capacity in the shelter.
3. Shelters shall ensure that all staff and residents shall keep at least 6 feet of “social distancing” with other people outside of their household, avoid handshakes, hugs, etc.
  4. Shelters shall separate high-risk residents in sleeping quarters, dining spaces, and shelter activities, as appropriate. Residents identified as higher risk for contracting COVID-19 infection are elderly, immunocompromised, and/or experiencing chronic illness.
  5. Shelters shall provide appropriate, safe outdoor space for resident and staff activities to the extent possible, to provide outdoor options for activities formerly conducted indoors, such as dining, meetings, workshops, etc.
  6. Shelters shall maintain adequate ventilation by keeping windows and doors ajar to create airflow as much as possible, using filters in HVAC systems and portable air filters, and maintaining appropriate spacing of people, furniture, and activities.
  7. Shelters shall maintain **safe physical distancing in sleeping arrangements**.
    - a. See CDC guidance for [Physical Distancing Sleeping](#).
    - b. Divide up sleeping spaces into smaller groups, with at least 6’ between each bed.
    - c. Create room dividers to separate beds.
  8. Shelters shall maintain **safe physical distancing in food and dining activities**.
    - a. See CDC guidance for [Physical Distancing Meals](#).
    - b. Provide “grab and go” meals.
    - c. Stagger scheduled meal sessions to enable people to eat at separate times and locations.
    - d. Allow for outdoor dining spaces as appropriate.
    - e. Staff preparing food shall wear masks at all times and follow all applicable food safety guidelines.

#### **CV8. Isolate and provide care for symptomatic persons**

1. Shelters shall **make contingency plans for outbreak situations** in which a shelter may need to convert to a Quarantine In Place environment.
2. Shelters shall provide temporary isolation space when no other isolation options are available or when waiting for referral to Isolation Housing. Symptomatic persons with no other

isolation options, or who are awaiting referral or transport to Isolation Housing, should be enabled to temporarily isolate in a separate, well-ventilated room, kept out of close contact (at least 6') of others, arrange to receive "to go" bag lunches, water, tissue and face masks. They should be provided with medical care information and "home" isolation. Refer to the [Isolation vs. Quarantine FAQ](#) from the Alameda County Public Health Department (ACPHD) for more information.

3. Shelters shall provide appropriate designated isolation spaces at the shelter for symptomatic persons:
  - a. Designate a space for people who may become symptomatic. If possible, designate a nearby separate bathroom just for symptomatic people. Develop a plan for cleaning the room at least daily.
  - b. Require the resident to wear a surgical mask.
  - c. Encourage the resident to lie down and rest.
  - d. Prevent dehydration. Encourage resident to drink plenty of water, clear soup, decaffeinated tea, juice. Bring food to the resident to avoid contact with other persons.
  - e. Provide resident with hand sanitizer, tissues and plastic bag or lined garbage bag to dispose of tissues.
  - f. Encourage resident to cough into their elbow area or cover their mouth with tissues or paper towels when they cough or sneeze.
  - g. Avoid housing the sick person in a room with people who have health conditions that increase their risk of complications from COVID-19, these include but are not limited to HIV, asthma, diabetes and pregnancy.
  - h. Use sheets or curtains to create temporary barriers between beds.
  - i. Check in on resident several times a day and continue symptoms screening.
4. The Shelter COVID-19 Isolation Housing Lead will maintain communication between affected resident/s, the ACPHD COVID-19 Investigators, Alameda County Health Care for the Homeless and Operation Comfort to coordinate and communicate around Isolation and Quarantine orders, resident discharge from Operation Comfort, and completion of Health Officer-ordered isolation or quarantine carried out at a shelter site.

#### **CV9. Sanitation: routine cleaning and disinfecting throughout shelter**

1. Shelters shall review and become familiar with the [Seattle King County Sanitation and Hygiene Guide](#).
2. Shelters shall conduct routine cleaning and disinfecting of shelters.
  - a. High touch areas such as doorknobs, door handles, countertops, appliances, furniture, sinks, toilets, etc. likely to be contaminated should be cleaned and disinfected at least daily.
    - i. More frequent cleaning/disinfecting every two hours or multiple times per day is recommended if possible.
    - ii. Incorporate routine cleaning and disinfecting tasks into shelter staff's daily

- responsibilities and/or increase frequency of contracted janitorial services.
- b. A 10% bleach solution (1/4 cup bleach to 1-gallon water) is adequate. After cleaning, let a bleach solution stand for 3-5 minutes and air dry.
    - i. Review more detailed information in the [“How and When to Disinfect Surfaces: COVID-19”](#) handout from the Seattle and King County Public Health Department.
  - c. Be sure to use a separate procedure for first cleaning a surface, then disinfecting it: Disinfection usually requires the product to remain on the surface for a certain period of time (e.g., letting it stand for 3 to 5 minutes) with an EPA-registered disinfectant, after the surface has been cleaned with soap and water.
  - d. Personnel performing the cleaning and disinfecting should use disposable gloves.
  - e. Use damp cleaning methods. Dry dusting or sweeping can cause airborne virus droplets.
  - f. Change mop heads, rags, and similar items used for cleaning and disinfecting frequently.
  - g. Clean, disinfect, and dry equipment used for cleaning after each use.
  - h. Items such as dishes, linens, or eating utensil do not need to be cleaned separately, but it is important to note these items should not be shared or used by others before they are cleaned.
3. Shelters shall maintain adequate cleaning and disinfecting supplies that are made available to residents to use to routinely clean and disinfect their assigned rooms, spaces, and personal possessions.

#### **CV10. Appropriate use of Personal Protective Equipment (PPE) and infection prevention routines**

1. **Shelters shall use PPE:** Depending on the role in the shelter, staff will have different PPE needs.
  - a. Janitor- gloves and surgical mask.
  - b. Food server- gloves and surgical mask.
  - c. Shelter staff- surgical masks and gloves when touching residents.
2. **How to use PPE**
  - a. Put on before contact with residents, generally when you get to work.
  - b. Use carefully – don’t spread contamination.
  - c. Do not touch your face.
  - d. Avoid touching or adjusting other PPE.
  - e. Remove gloves if they become torn; perform hand hygiene before putting on new gloves.
  - f. Limit surfaces and items touched.
3. **Wearing and Disposing of a Surgical Mask**
  - a. Clean your hands with soap/water or hand sanitizer: 1) before putting on a mask, 2) before removing it, and 3) after disposing of it.
  - b. Make sure mask has no holes or tears.
  - c. Determine the top from the bottom. Top has metal edge to mold to the shape of your nose.
  - d. Determine front from back. The color side is usually the front, white side touches the face.
  - e. Follow the instructions for the mask.

- i. Hold mask by ear loops.
    - ii. Place a loop around each ear.
    - iii. Mold/pinch the metal edge to the shape of your nose.
    - iv. Pull the bottom of the mask over your mouth and chin.
  - f. When disposing of the mask, avoid touching the front of the mask, hold and lift ear loops to remove mask, and dispose in trash.
  - g. Replace daily, at a minimum, or if torn or visibly soiled.
- 4. Optimizing supply of PPE at shelters**
- a. Staff should try to wear the same mask throughout their shift if it is not soiled.
  - b. Shelters shall ensure that shelter managers and operations managers review and utilize PPE supply optimization strategies at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/>.
  - c. Shelters shall maintain adequate supplies of PPE at shelter sites.
  - d. Shelters shall assign designated staff to track PPE inventory and manage procurement of new supplies.
- 5. Recommended safe routine practices for shelter staff to prevent infection of themselves and others:**
- a. **Before leaving home and prior to leaving the shelter to go home:**
    - i. Wash hands, arms to elbows and face.
    - ii. Clean hard surfaces with disinfectant prior to leaving, eg. phones, purses, lunch bags, etc.
    - iii. Put on clean clothes immediately prior to leaving.
    - iv. Avoid scarves and flowy clothing.
    - v. Minimize the number of objects transported between home and work.
  - b. **At work:**
    - i. Maintain social distance as much as possible from staff and residents.
    - ii. Wear surgical mask at all times except when eating or drinking.
    - iii. Wash hands well when arriving at the shelter, prior to eating or preparing food, after using the restroom, after using tissues, and after touching your face, your hair, PPE, food, trash, trash receptacles, and high-touch surfaces.
    - iv. Wash hands frequently for 20 seconds.
    - v. Avoid contact with other people, but wear gloves if you must make contact with a resident.
    - vi. Frequently disinfect phones, keyboards mouse, pens, badges, door handles and high-touch areas.
  - c. **Returning home:**
    - i. Wash hands again when you arrive at home, and before and after handling clothes worn at the shelter.
    - ii. If it was not possible to change clothes before leaving the shelter, change clothing immediately upon returning home.
    - iii. Put work clothing in a bag or in the washer to be cleaned.

**CV11. Keep funding partners up to date on changes at the shelter due to COVID-19**

1. Shelters shall immediately inform the Alameda County contract liaison for the Alameda County funding agency when the provider identifies significant changes to services that must be made due to COVID-19.

**CV12. COVID-19 protocols during a county-wide, statewide, or national disaster (e.g., fire, earthquake, etc.)**

1. Shelters shall maintain all COVID-19 protocols when complying with any instructions from their County or City for responding to disasters. Instructions from their local Emergency Operations Center (EOC) may include changes in shelter operations or temporary evacuation of residents.

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## **A. SHELTER OPERATIONS**

### **A1. Admission**

All shelters must have clearly written and consistently implemented referral standards, admission policies, and hours for new resident admission. All shelters must accept new resident admissions (when shelter is open, and beds are available) Monday through Friday for at least a four-hour period daily. Where feasible, admissions should be accepted on weekends.<sup>1</sup>

Shelters should use the admissions protocols established through Alameda County's Coordinated Entry System (CES). The shelter must adhere to the admission protocols developed for the CES.

### **A2. Denial of admission**

Denial of admission to the facility can only be based on the following reasons and is at the discretion of the shelter<sup>2</sup>:

- Client does not meet the basic eligibility criteria for shelter admission (e.g., gender, age, homeless status, domestic violence victim, etc.). Shelters with beds designated by funding sources as having additional restrictions (e.g., VA beds that require advance approval by the VA) may deny entry to those not meeting funder requirements.
- Client has a criminal record involving sex offenses, arson or violent crime that poses a current risk to the health and safety of staff and/or residents. When considering a resident's criminal record, shelters must include an assessment of the length of time since the crime occurred and efforts made towards rehabilitation in the evaluation of eligibility for entrance. This standard does not require that shelters assess criminal history.
- A restraining order that prohibits admission to the facility.
- Violent or threatening behavior.
- Conduct from prior stay at the shelter that puts the health and safety of staff or residents at risk (e.g., violence, weapons violations, disclosing confidential location of shelter, and egregious damage to property). If a client is denied entrance based on a prior stay the client must be informed of the reason, conditions for lifting the restriction and right to appeal, including who to contact regarding an appeal and information about the appeal process. Additional requirements for communication regarding grievance and appeals procedures at the point of discharge are included in standard A.37.
- Infectious disease that significantly increases the risk of harm to other residents. Note that residents with lice or scabies or exhibiting symptoms of TB should be allowed to stay in shelter and sent to a health care provider for treatment as soon as possible. Precautions should be taken to avoid spread as feasible (see Appendix A for best practices related to preventing the spread of disease). Noncompliance with treatment or containment measures that endangers other residents may be cause for discharge.
- The individual requires care and supervision to manage the activities of daily living (feeding, toileting, selecting proper attire, grooming, maintaining continence, putting on clothes, bathing, walking and transferring) without the appropriate supports available on-site (e.g., an inappropriate request for admission as a discharge location from a hospital).

<sup>1</sup> As a coordinated entry system is developed, the issue of the feasibility of requiring weekend admissions at all shelters will be reevaluated and this may be added to these standards.

<sup>2</sup> Admissions standards will be reevaluated as part of the development of CES and may change as a result of that process.

### **A3. Intake**

Upon admissions, residents must be provided with copies of the following:

- Resident rights (see standard A7)
- Written program rules (see standard A8)
- Visitation policy (see standard A12)
- Storage policy, including storage after exit (see standard A19 and A38)
- Medication storage policy (see standard A20)
- Grievance Procedure (see standard A30)

### **A4. Length of stay**

Shelters may not establish a maximum length of stay for shelter residents unless such a restriction is required by a funding source. Residents have an obligation to be engaged in a housing plan and shelters may discharge a resident who refuses to work towards a housing plan and/or has refused multiple housing opportunities. Before discharge for this reason, evidence must be present that the shelter staff actively attempted to engage the resident in services designed to support shelter exit to stable housing with consideration given to each resident's barriers to engagement.

As a system, we will work towards providing training for program staff on developing housing plans and motivating residents towards successful exits to permanent housing. The intent of this standard is for each person or household's shelter stay to be focused on exiting to permanent housing and to discourage exits to homelessness due to arbitrary time limits. This flexibility also acknowledges that obtaining permanent housing within a set timeframe is not always the reality in our current housing market.

### **A5. Hours**

All shelters must post hours of operation in a visible location. If the facility is open 24/7, residents must be allowed access to their possessions and to the facility's common space at all times. If access to sleeping areas is not available during the day, accommodations should be made to allow access for those working second and third shifts, those who are ill, etc.

Shelters should remain open 24/7 unless prohibited by inadequate funding or space limitations. As feasible, shelters that are not open 24/7 must make reasonable accommodations to normal hours for illness, weather, disabilities, persons working second and third shifts, and other reasonable requests.

Shelters that serve children must permit 24-hour access to an area where children can nap.

### **A6. Sleeping hours**

All shelters must provide facilities available to residents for sleeping for a minimum of eight (8) hours. Warming shelters may be granted a waiver to this provision if site availability does not allow for an 8-hour sleeping period.

### **A7. Resident rights**

Residents' rights must be provided in writing and posted in the facility. All program requirements must be consistent with these standards. These include the right to:

- Be treated with dignity and respect.
- Have a safe shelter environment, including personal safety, a healthy setting and access to health care services.
- Have privacy within the constrictions of the shelter environment.
- Be treated with cultural sensitivity.
- Use self-determination in identifying and setting goals.
- Be provided with services only in the context of a professional relationship based on valid, informed consent.
- Be clearly informed, in understandable language, about the purpose of the services being delivered, including residents who are not literate and/or have limited-English proficiency.
- Have personal information treated with confidentiality and be provided information about when confidential information will be disclosed, to whom and for what purpose, as well as the right to deny disclosure, unless disclosure is required by law.
- Have reasonable access to records concerning their involvement in the program.

#### **A8. Resident responsibilities**

Resident responsibilities must be provided to each resident in writing upon admission and posted in the facility in a visible location. Residents must sign and date a copy of the residents' rights and responsibilities. A copy of this signed document and all written documents outlining shelter rules must be provided to the resident at intake, and a copy of the signed document placed in their case file. This must include:

- A clear description of all program rules and potential consequences for violations of these rules.
- A "good neighbor" policy that outlines expected behavior to not interfere with the rights of other residents including the use of scented products when residents with chemical sensitivities are in residence.
- Any expectations related to chores.
- Expectations regarding working to exit shelter into stable housing as quickly as possible.
- Contributing to the health and safety of those around them through compliance with health and safety protocols.

#### **Enforcement of compliance with resident responsibilities:**

Shelters must include in staff training materials written policies and procedures for the enforcement of compliance with residents' responsibilities that include the following:

- Identification of non-compliance issues that are grounds for discharge.
- Steps that shelter staff will take to address noncompliance with residents.
- A system of warnings, reminders, direct support from staff or peers, opportunities to correct behavior, and opportunities to receive feedback from staff about appropriate correction for residents found in noncompliance, that will be consistently utilized before residents are discharged due to noncompliance.
- A requirement for staff to meet with noncompliant residents within 3 days of identification of noncompliance to discuss the concern and identify ways to correct noncompliance.
- A requirement for residents found in repeated noncompliance to develop a corrective action plan with shelter staff that identifies the responsibilities being violated and impact to the shelter,

strategies, and a timeline for correction, supports provided to assist the resident with achieving compliance, and consequences of noncompliance by an agreed upon target date.

- Documentation in HMIS and case notes of all observations of and communications with residents regarding noncompliance shall be documented. Case notes must be placed in client case files. This includes documentation of meetings, conversations, and corrective action plans.
- A requirement for staff to keep site supervisors informed of all noncompliance observations, communications, and interventions at the shelter.

#### **A9. Confidentiality**

All shelters must have confidentiality policies that, at minimum, are consistent with Homeless Management Information System (HMIS) privacy and security requirements, make certain that files are kept in a secure or locked location, and ensure that verbal communication of confidential information is done in such a way that avoids unintended disclosure.

#### **A10. Transfer between shelters**

Shelters may not transfer residents to other shelters arbitrarily, as a punitive measure, or without the resident's consent. Shelters may however arrange for a resident to move to a different shelter, with the consent of the resident, if a determination is made by both shelters that an alternative setting is likely to better meet the needs of the resident.

#### **A11. Voluntary services**

Support services are voluntary. Residents cannot be discharged for lack of participation in services.

Residents have an obligation to be engaged in a housing plan and shelters may discharge a resident who refuses to engage in a housing plan or who refuses multiple housing opportunities. Before discharge for this reason, evidence must be present that shelter staff actively attempted to engage the residents in services designed to support shelter exit to permanent housing with consideration given to each resident's barriers to engagement.

#### **A12. Visitors**

Shelters must have and post a visitation policy. The visitation policy should also be provided in writing to each resident upon entry into the shelter. Each shelter should determine the visitation policy for their program; however, each shelter's visitation policy must include that service providers from other programs or agencies will be accommodated to meet with a resident.

#### **A13. Language accessibility**

Staff must ensure that residents have access to interpreter services and that written materials are available in Medi-Cal threshold languages (in Alameda County, currently Spanish, Cantonese, Vietnamese, Mandarin, Farsi, and Tagalog).

**Note:** SSA provides access to a free language interpretation phone line and free document translation services for all SSA shelter contractors. Details regarding how to utilize this service are included in Appendix F.

**A14. Curfew**

If a shelter has a curfew policy, the policy must be clearly written and explained to residents at the shelter's entry. The policy must be consistently enforced. Missing a curfew cannot be a reason for denial of entry or discharge unless the curfew violation compromises the health or safety of other residents or staff, if the curfew is violated repeatedly, or if the resident's curfew violation repeatedly interferes with the rights of other residents to peaceful enjoyment of the facility.

Some shelters maintain a curfew policy to ensure the safety of residents. In some cases, shelters may have a policy that includes filing a missing person report if a resident does not return by the curfew time. This should be clearly explained to residents at the time of shelter entry.

**A15. Resident input**

Shelters shall provide residents with ongoing opportunities to voice opinions and make suggestions regarding program operations, services and rules. This can be accomplished in a variety of ways including exit interviews, discharge surveys, one-on-one interviews, resident surveys, resident focus groups, inclusion of homeless or formerly homeless members on the agency board of directors, having homeless or formerly homeless people trained and hired as staff, and/or the creation of a residents' advisory council.

In addition to any other activities, shelters must host resident meetings once per month and provide at least 24 hours advance notice to residents of the meeting time and location.

**A16. Participation in religious activities**

Shelters cannot require participation in religious activities. Religious activities include moments of prayer or the saying of grace before meals. While these activities are not prohibited, participation in such activities may not be required.

**A17. Chores**

Written program rules must specify any chores and/or housekeeping requirements of residents and must be provided to residents upon entry or posted in a location easily visible by residents. Chore policies should allow for accommodations for those who cannot participate in chores due to disability, pregnancy, etc.

Noncompliance with a chore policy cannot be a reason for discharge unless there is a repeated pattern of violation that impacts other residents.

**A18. Handling resident mail**

If a shelter provides mail service, any mail sent or received cannot be interfered with (e.g., staff opening residents' mail, not providing mail to the resident on the day it is received, etc.).

**A19. Storage of resident belongings**

All shelters must have a written policy that is provided upon intake as to what provision is made for securing belongings including what possessions can be held by the program at the resident's request such as money, medications, and vital documents.

If a shelter holds funds or possessions on behalf of residents, this service must be voluntary, the program must maintain a log of items in their possession, and the funds or possessions must be promptly returned upon the resident's request. Each shelter should decide how specific to make their log, with consideration to their liability. It is expected that the log would track only those belongings that residents choose to store with the program and not all possessions brought into the shelter. This does not apply to belongings abandoned by a person who does not return to the shelter; in that situation, please refer to A38. Storage of Belongings After Discharge.

Shelters must provide lockable lockers, storage trunks or make other accommodations that allow residents to securely store their belongings. Reasonable access by the residents to their belongings must be provided.

Waivers of the requirement that storage space be lockable can be requested if the physical layout of the shelter does not allow for lockable space.

#### **A20. Medication**

Shelters may not administer or dispense medication and may not require residents to turn over medication.

Shelters must have a written policy that is provided upon intake as to whether provision is made for securing prescription and non-prescription (over the counter, OTC) medications and residents' responsibility to store and utilize their medication safely. Shelters may encourage residents to lock medications in secure storage areas made available in order to protect medication from theft but may not require residents to turn over medication. The written policy must also include a grace period in which a resident's medications may be kept after their exit from the shelter, and the appropriate disposal methods for medications unclaimed before the end of this grace period. This policy language will also be included in the shelter's written policy regarding storage of residents' belongings after discharge, as outlined in Standard A38. Shelter providers may reference the following resource for guidance for proper disposal of medications: <https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>.

Shelters must make available a lockable storage area for medications and access to refrigeration for medications. This can include a locked box within a refrigerator that also serves other functions.

Residents who hold a legally valid California medical marijuana card cannot be discharged for possession of marijuana that falls within the legal limit. Additionally, those residents may *use* medical marijuana, but it cannot be *smoked or consumed in any form* on the shelter premises.

Information about the California Medical Marijuana Program is available on the California Department of Public Health website at this address: <https://cannabis.ca.gov/consumers/medicinal-cannabis/>

If there is a question about the validity of a medical marijuana ID card, anyone can access the California Department of Public Health verification website here: <http://mmic.cdph.ca.gov/>. This website allows

anyone to look up an ID card (by number only) and confirm whether the card is valid or invalid. The website does not include any personal information.

#### **A21. Resident emergency information**

Shelter staff must collect emergency contact information and information about health needs at admission that may impact an emergency response. Such information should be kept in a place accessible to on-duty staff in the event of an emergency.

#### **A22. Universal precautions**

Staff must comply with universal precautions, proper sharps disposal and have a written policy in place governing protocols related to universal precautions.

#### **A23. First aid supplies**

Basic first aid supplies must be available on-site and accessible to staff whenever residents are on site.

#### **A24. Weapons**

All shelters are committed to maintaining a safe and secure environment. All shelters must have a weapons prohibition policy. This prohibition applies regardless of whether a federal or state license to possess a weapon has been issued to the possessor. Weapons include but are not limited to firearms, explosives, pepper spray, mace, knives, or any item that may be construed as such, on the premises. Shelters should use discretion when determining which types of knives should be prohibited. Shelters may, but are not required to, have a mechanism for checking weapons upon entry.

#### **A25. Pets/Service Animals**

Shelters must have a policy regarding whether pets are allowed in the facility. Per Americans with Disabilities Act (ADA) requirements, shelters must make reasonable accommodation for service animals. Additional information regarding ADA requirements for service animals from the U.S. Department of Justice is included in Appendix G. According to this guidance, emotional support, therapy, comfort, or companion animals are not considered service animals under the ADA. These terms are used to describe animals that provide comfort just by being with a person. Because they have not been trained to perform a specific job or task, they do not qualify as service animals under the ADA.

#### **A26. Smoking**

Shelters shall prohibit smoking indoors and reasonable efforts must be made to prevent smoke from entering buildings. No smoking should be allowed within 20 feet of shelter facilities unless this is infeasible due to layout of grounds. Shelters are required to follow any local ordinances regarding smoking in public areas.

It is recommended that information about tobacco cessation resources be posted.

#### **A27. Accessibility**

All shelters must conform to all pertinent requirements of the Americans with Disabilities Act (ADA).

Beds designated as accessible must comply with federal height and distance standards requiring a minimum of 36 inches between sleeping units and a sleeping surface height between 17-19 inches above the finished floor. Beds designated as accessible must be prioritized for residents with disabilities. Shelters are encouraged to provide as many ADA accessible beds as possible, but it is not required or expected that all beds meet these requirements.

Program documentation must be provided in forms accessible to hearing-impaired and sight-impaired individuals, upon request.

Shelters that provide transportation for residents must also make provisions for residents who need vehicles that are wheelchair accessible.

#### **A28. Non-discrimination/reasonable accommodation**

All shelters must have policies on non-discrimination and reasonable accommodation and make reasonable modifications in programs, activities, and services when necessary to ensure equal access to individuals with disabilities, unless fundamental alteration in the nature of the program would result from the accommodation.

#### **A29. Transgender access**

All shelters must comply with the HUD Rule on Appropriate Placement for Transgender Persons in Single-Sex Emergency Shelters and Other Facilities.<sup>3</sup>

#### **A30. Grievance**

All shelters must have a written grievance and complaint protocol that is provided to each resident upon intake and is publicly posted in a location visible to residents. The protocol must include:

- The opportunity for residents to present their case before a neutral decision-maker (a supervisor or manager who was not directly involved in the incident or situation of the grievance).
- Accommodation of third-party advocates in the grievance process. Reasonable efforts must be made to coordinate with a resident's advocate in order to schedule the appeal.
- A requirement that residents be given a written response to their grievance within a reasonable time frame.

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<sup>3</sup> Requires that providers that place eligible persons in single-sex emergency shelters should place them based on the gender with which the person identifies, taking health and safety concerns into consideration. A client's own views with respect to personal health and safety should be given serious consideration in making the placement. A provider will not make an assignment or re-assignment based on complaints of another person when the sole stated basis of the complaint is a client's or potential client's non-conformance with gender stereotypes. There generally is no legitimate reason for the provider to request documentation of a person's sex in order to determine appropriate placement, nor should the provider have any basis to deny access to a single-sex emergency shelter solely because the provider possesses identity documents indicating a sex different than the gender with which the client identifies. The provider may not ask questions or otherwise seek information or documentation concerning the person's anatomy or medical history. Nor may the provider consider the client ineligible for an emergency shelter or other facility because his or her appearance or behavior does not conform to gender stereotypes.

- A provision that when a resident files a grievance related to his/her ability to stay in the shelter, the action is suspended until the grievance process is completed, unless by allowing the resident continued residence poses a risk to the health and safety of other residents and/or staff.
- An appeals procedure that allows residents to appeal, at a minimum, decisions related to admissions denials for cause, terminations, and disciplinary actions.
- Provisions for providing residents with information about any subsequent appeals process available through any funding agency.
- All written grievances filed by residents, along with responses by shelters and associated case notes, shall be kept in client case files and made available to funding agencies.
- All residents shall be provided with written verification of receipt of their grievance by the shelter, unless the resident was asked to exit due to a violent event, in which case written verification can be provided by the shelter at a later date, as determined by the shelter manager or their designee.

#### **A31. Emergency response**

All shelters must have an emergency response plan in place.

#### **A32. Abuse reporting**

All shelters must have a policy that details any legal duties to report child or elder abuse and a written plan and process for reporting such abuse to the appropriate reporting agency.

#### **A33. Drug and alcohol use/possession**

Shelters must have a policy prohibiting the possession, use or distribution of alcohol or illegal drugs on the premises. If alcohol or drugs are found, residents should be given the opportunity to dispose of the prohibited substance or leave the shelter for that night if they do not wish to dispose of the prohibited substance. A violation of this policy cannot be a reason for discharge unless the violation compromises the health or safety of other residents or staff or repeatedly interferes with the rights of other residents to peaceful enjoyment of the facility.

Shelter policies must not include criteria that deny admission, allow discharge, or restrict services based on substance use or possession alone, unless the program is designated as an abstinence-based program in its funding contract.

Drug testing of residents is prohibited unless the testing is part of an agreed upon treatment plan with the resident. Submission to drug testing cannot be a requirement for residency and refusal to participate in drug testing cannot be the basis for involuntary discharge.

Being under the influence on-site may not be the basis for discharge. Discharge must be based on specific behaviors that meet the standard for discharge as described in standard A36.

#### **A34. Infectious disease**

All shelters must have policies for responding to infectious disease including tuberculosis (TB), lice or scabies along with staff trained in infectious disease response in place. These policies must include protocols for:

- Making referrals to health care providers when a resident shows symptoms of TB, lice or scabies.
- Notifying residents when there is a possibility that they were exposed to a communicable disease that is spread through casual contact.
- Policies on resident confidentiality related to communicable diseases.
- Responding to any identified communicable disease, including consultation with a medical professional when determining if a resident is infected with a contagious communicable disease that might seriously endanger the health of other residents.

A TB test may not be required as a condition of entry.

An infectious disease that significantly increases the risk harm to other residents may be a reason for denial or discharge. Residents with lice or scabies or exhibiting symptoms of TB shall be allowed to stay in the shelter unless the disease or infestation cannot be appropriately contained (e.g., due to close quarters of facility), in which case those residents may be discharged and referred to a health care provider for treatment.

Noncompliance with treatment or containment measures that endangers other residents may be cause for discharge.

Shelters must comply with California Code of Regulations, Title 8, Section 5199, regarding Aerosol Transmissible Diseases (ATD) control and worker and client safety expectations: <http://www.dir.ca.gov/title8/5199.HTML>. For additional guidance on this regulation, please also refer to Appendix A of “Preventing Tuberculosis (TB) in Homeless Shelters” published by the Los Angeles County Department of Public Health: <http://publichealth.lacounty.gov/tb/docs/LATBGuidelinesforShelters.pdf>.

Additional information regarding best practices for control of infectious disease can be found in Appendix A.

### **A35. Search of Resident Possessions**

All shelters must have a policy and procedures in place governing how and when searches of residents’ private possessions may be conducted. Searches may only be conducted when there is “probable cause” to believe that the person has in their possession something which may jeopardize the safety of other residents or staff, including a weapon, or illegal material, including illegal drugs, or something which is interfering with the peaceful enjoyment of the facility of other residents such as food that is attracting vermin. If the person does not consent to the search, and “probable cause” exists to search, the person must be given the choice of being discharged or being searched.

### **A36. Discharge Reasons**

Only the following reasons may be used as a basis for discharge from a shelter facility:

- Possession of a weapon at the facility.
- Possession of illegal drugs on premises (see standard A33 for additional information about drug and alcohol use by residents).
- Assault or other violent behavior.
- Theft.
- Destruction of property.
- Restraining order precludes continued residence.

- Resident behavior endangers health or safety of residents or staff.
- Disclosure of confidential shelter location.
- Repeated interference with the rights of other residents to peaceful enjoyment of the facility.
- Presence of infectious disease that significantly increases the risk of harm to other residents. Note that residents with lice or scabies or exhibiting symptoms of TB should be allowed to stay in shelter and sent to a health care provider for treatment as soon as possible. Precautions should be taken to avoid spread as feasible (see Appendix A for best practices related to preventing the spread of disease). Noncompliance with treatment or containment measures that endangers other residents may be cause for discharge.
- Individual requires care and supervision to manage their activities of daily living (feeding, toileting, selecting proper attire, grooming, maintaining continence, putting on clothes, bathing, walking, and transferring) without appropriate supports available on-site. Individuals discharged due to care and supervision needs cannot be discharged to the streets.

Residents may be discharged for refusing to work towards a housing plan and/or refusing multiple housing opportunities. However, evidence must be present that shelter staff actively attempted to engage the resident in services designed to support shelter exit to stable housing with consideration given to each resident's barriers to engagement.

Shelters are not required to hold beds for longer than 72 hours. If a resident is absent from their bed for 72 hours without appropriate notification of shelter staff regarding absence, the resident may be discharged.

While residents may be encouraged to get a TB test, lack of a test cannot be used as a reason for discharge. If a resident is exhibiting symptoms of TB and does not comply with testing and treatment recommendations, the resident may be discharged to protect the health and safety of other shelter residents and staff. Additional information regarding control of infectious disease and how to evaluate whether a resident exhibits signs of TB is included in Appendix A.

### **A37. Discharge requirements**

All shelters must provide a written copy of the procedure for filing a grievance to the resident when a resident is involuntarily discharged. If it is infeasible to provide the procedure at the time of discharge (e.g., the resident is being removed by law enforcement) this requirement may be waived. However, if the resident subsequently returns to the facility, the grievance procedure must be provided. (Additional requirements related to grievance protocols are included in standard A30).

If a resident may be denied future readmission because of the circumstances of discharge, the resident must be informed of the reason, the conditions for lifting the restriction and right to appeal, including whom to contact regarding an appeal and information about the appeal process.

Unless the resident poses an immediate threat to the health and safety of other residents and/or staff members, shelters should avoid discharging residents at night.

Unless the resident poses an immediate threat to the health and safety of other residents and/or staff members, involuntary discharges must be approved by a supervisor. During hours that there is no supervisor on site, there must be a supervisor available on call to approve discharge decisions. Approval may be given verbally but should be documented in case notes.

**A38. Storage of belongings after discharge**

Shelters must have a written policy for the storage of belongings after a resident exits which must include, at a minimum, storage of belongings for at least five (5) working days after the resident exits. A copy of the policy must be provided to all residents at intake.

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## **B. STAFFING REQUIREMENTS**

### **B1. Staff on duty**

Shelters must have sufficient staff on duty at all times. When only one staff person is scheduled to work a shift, shelters must make provisions to have on-call staff available.

Shelters must have at least one staff on duty and awake during all hours of operation. If the size of the shelter and population served by the shelter do not warrant on-site staff at all times, the shelter may request a waiver of this requirement. Shelters granted a waiver must have staff on-call and available by phone during all times that residents are on-site.

Shelters must have a supervisor/manager available on call to the program at all times for consultation to staff about challenging resident situations and other urgent matters. All shelters should have a consultation policy in place that outlines situations requiring consultation up the chain of command.

### **B2. Living wage**

If the facility is in a city with a living wage ordinance, the shelter must be in compliance with this ordinance.

### **B3. First aid capacity**

There must be at least one staff person on duty at all times trained in emergency first aid and Cardiopulmonary resuscitation (CPR), (unless granted a waiver to the on-site staffing requirement as detailed in item B1). The County will arrange for first aid and CPR training for shelter staff. This standard will not be in effect until such arrangements have been made.

All staff should receive naloxone and opioid overdose response training within 60 days of hire and annually. All staff should know where naloxone is stored and located on the premises. Free virtual training can be scheduled by contacting Alameda County Health Care for the Homeless (ACHCH) at the contact information listed at [www.achch.org](http://www.achch.org).

### **B4. Hiring**

Shelters must conduct criminal background checks on all staff members. Each agency shall have a policy regarding when criminal history would disqualify an applicant from hiring that considers the responsibilities of the position which is being filled, the population to be served (e.g., will the position be interacting with minors), the nature, severity and recentness of the crime, and evidence of rehabilitation.

### **B5. Infectious disease control**

#### **Tuberculosis:**

All shelter staff must be tested for tuberculosis every 12 months and referred to any necessary follow up and/or treatment if indicated. Staff must comply with any recommended follow up testing necessary as indicated by a health care provider.

#### **COVID-19 and Influenza:**

Shelter staff should obtain up-to-date information and guidance from Alameda County Health Care for the Homeless on appropriate protocols to maintain resident and staff safety during the COVID-19 pandemic. See guidance outlined in Section CV. COVID-19 Safety Guidelines for further detail.

Shelters must stay current with all local and state health officer orders.

Staff should be encouraged to obtain an annual flu vaccine.

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## **C. STAFF TRAINING**

### **C1. Documenting Training**

Shelter providers should maintain a log or other similar record of which trainings each staff member has successfully completed. This may be maintained in the personnel file or through a separate tracking system.

### **C2. Required Training**

**The following trainings must be provided to all staff within 30 days of hire:**

- Confidentiality protocols
- Crisis prevention and/or verbal de-escalation
- Mandatory reporting requirements related to child/elder abuse
- Universal precautions/infectious disease prevention
- Proper food handling and storage if required by law. State law requires all food handlers in the state of California have a California Food Handler Card. New hires have 30 days from the date of hire to obtain a card. Online training is available through ServSafe and other vendors.
- Anti-discrimination/reasonable accommodation training including accommodation of transgender residents
- Shelter policies and procedures, including procedures for enforcing compliance of residents with shelter rules
- Emergency evacuation procedures and fire safety
- First Aid and CPR (at least one trained staff on site as required in standard above). First aid certification must be renewed as indicated by training provider
- Overdose detection and response training within 60 days of hire (See Standard B3)
- HMIS Privacy and Security Certification Training (In accordance with the InHOUSE Policies and Procedures Manual, this applies to any agency/jurisdiction staff or designees conducting any intake, data entry, or other data processing functions. It does not apply to staff who do not conduct those activities. Privacy and Security Certification Training is provided by Alameda County)
- Overview of the Coordinated Entry System (CES) Procedures for using the AC FAST (Alameda County Find A Shelter Tonight) online shelter bed availability update and referral system
- Ethics/boundaries

**The following trainings will be provided to all staff during their term of service at the shelter:**

- Mental health issues in the homeless population
- Domestic violence recognition and referral
- Harm reduction approach to substance use disorders
- Diversity awareness/humility training/cultural competence
- Basics in health insurance and primary care navigation
- Housing Problem Solving and Housing Plan development

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## **D. STANDARDS FOR FAMILY SHELTERS ONLY**

### **D1. Definition of families**

A family is defined as a household that includes one or more minor children (17 or under) in the legal custody of one or more adults who, prior to losing housing, were living together, and working cooperatively to care for the children. This includes 2-parent and 1-parent families, including those with same-sex partners, families with intergenerational and/or extended family members, unmarried couples with children, families that contain adults who are not the biological parents of the children and other family configurations.

### **D2. Diaper changing space**

Shelters that house infants must provide an appropriate sanitary place for use by parents to change diapers.

### **D3. Child supervision**

Children must always be supervised by parents, staff, or volunteers following established staff to child ratios.

### **D4. Child safety proofing**

The shelter facility must be child safety proofed including:

- Childproof electrical outlets are installed.
- Floors above ground have precautions in place to prevent children from falling out of windows (see Appendix C for tips).
- Doors open from inside without a key.
- Precautions are in place to protect children from burns (from stoves or other heating units).
- Precautions are in place to protect children from injury from fans.

### **D5. Inspections**

Annual safety inspections must be performed by agency staff to ensure child safety.

### **D6. Play space**

Play space for infants, toddlers, and preschoolers should be provided as feasible within the confines of the physical space available in the shelter.

### **D7. Facilities**

Adequate space must be provided for bathing and changing young children and feeding children. If the shelter layout allows, private space should be offered for breastfeeding.

### **D8. Collaboration with early childhood programs**

Shelters must have procedures in place for collaboration with local early care and education programs (e.g., Head Start, Early Head Start, child care subsidy programs).

**D9. Collaboration with schools**

- Shelters that serve families must have procedures in place for collaborating with local K-12 education support programs and the schools.
- Heads of households must be advised of their rights as they relate to the public education system.
- Shelter policies and practices must be consistent with laws related to providing education services to individuals and families.
- Shelters must have a designated staff person responsible for ensuring that children are enrolled in school and receive educational services, as appropriate. The staff person may be either an operations or a support services staff person.

**D10. Toys**

Shelters must maintain developmentally appropriate toys and books that are clean and in good repair.

**D11. Referrals**

Shelters must post information about and support access to Head Start, child care, preschool, etc. and support connections to mainstream benefits.

**D12. Home visits**

Shelters must provide space for home visits to occur either on site or at another location.

**D13. Food storage and preparation**

Shelters must provide refrigeration and cooking equipment to prepare and store formula, baby food and milk.

**D14. Furniture/Cribs**

Shelters must provide age-appropriate cribs/beds.

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## **E. FOOD SERVICE**

### **E1. Sanitary facilities**

All shelters that either prepare and serve meals or provide areas for residents to prepare and consume their own meals must ensure that all areas used for food storage and preparation are sanitary. Kitchen and dining areas must be kept clean and comply with all relevant health codes.

See Appendix E for additional guidance related to safe food preparation. Additional information regarding this standard may be issued at a later date.

### **E2. Donated Food**

Programs that serve food prepared off site by regular donors must provide donors with a handout that details the requirements for food preparation. All food donors must read and sign the handout to confirm knowledge of the standards and must provide current contact information.

Programs are discouraged from accepting food that has been prepared off-site by intermittent donors.

### **E3. Meal schedule**

If meals are served, a meal schedule must be posted.

See Standard CV7.8 for guidance on safe physical distancing during food and dining activities during the COVID-19 pandemic.

### **E4. Dietary modifications**

If meals are served or food is provided for residents to prepare their own meals, shelters must make dietary modifications and/or provide appropriate food options based on residents' health, religious, and/or cultural practices.

As feasible, food provided should promote healthy eating.

### **E5. CalFresh**

Shelters cannot accept residents' CalFresh benefits as payment for food provided to them by the shelter.

### **E6. Dining facilities**

Shelters must provide a table and chairs if food is served at the facility.

### **E7. Food allergies**

Any snacks and meals provided should be provided with reasonable accommodations made for known children's allergies if children are a resident at the shelter. Providers should be asking about food allergies at intake; however, it is the parents' responsibility to inform the program of children's food allergies.

**E8. Food Safety**

All staff responsible for food handling and food preparation must possess an up-to-date California Food Handler's Card. All shelters providing prepared meal service to residents must prepare food in a kitchen that has been permitted and inspected by the Alameda County Environmental Health Department, and ensure that at least one person overseeing food preparation at the shelter maintains an up-to-date Food Safety Manager certificate.

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## **F. PHYSICAL PLANT**

### **F1. Basic building standards and fire safety**

All facilities must comply with local applicable building and fire codes. Shelters must maintain facility standards that are well above the conditions of a “substandard building,” as defined in [California Health and Safety Code §17920.3](#), and perform timely inspections in response to any complaints from shelter residents or staff about possible substandard conditions. Shelters must coordinate with the County to accommodate County site inspections in response to such complaints.

Evidence of compliance with local codes must be provided. Facilities that do not have a fire alarm system that is designed for hearing-impaired residents may request funding from SSA for this purpose that is separate from the shelter’s regular operations allocation.

Facilities must have annual fire inspections conducted by the fire department and conduct regular fire drills.

Training must be provided to staff on fire safety.

### **F2. Safety standards**

Shelters must comply with state and local health environmental and safety standards.

### **F3. Toilets/Washbasins**

Shelters must provide sufficient toilets and wash basins with warm and cold running water. The resident to toilet ratio must be 1 toilet for every 15 residents (excluding infants) or 1 toilet for every 30 residents, if over 100 residents.

### **F4. Showers**

Shelters must make a reasonable supply of showers available or provide referrals to community shower access. The resident to shower ratio must be at least 1 shower for every 20 residents (excluding infants).

### **F5. Hygiene products**

Shelters must provide toilet tissue, soap, towels, and feminine hygiene products for females, if applicable.

### **F6. Beds/linens**

Shelters must provide a bed, crib or cot, clean mattress and pillow, linens, and towels. Linens must be laundered regularly and/or when soiled. Linens can be laundered by shelter staff, or a shelter may require residents to launder their own linens if facilities are available. Newly laundered linens must be provided to each new resident upon entry.

Mats may be used for overflow capacity and by seasonal shelters.

**F7. Drinking water**

Shelters must provide access to drinking water at all times.

**F8. Outlet access**

Shelters must provide access to electrical outlets for charging cell phones and medical equipment.

**F9. Sanitation and Cleanliness**

See Standard CV9 for Sanitation protocols that must be observed during the COVID-19 pandemic.

Bath/toilet areas, hallways, and other common use areas must be cleaned daily. Shelters must have proper trash receptacles that are emptied regularly.

Both the interior and exterior of the facility must be free of debris, clutter, and unsanitary items and there must be no obvious safety risks.

**Ventilation:** Shelters must provide adequate fresh air ventilation and filtration. Shelters must assess and provide the safest possible sleeping and eating arrangements that reduce staff and resident risk of airborne transmitted diseases, as well as improve air quality during smoke and air quality emergencies.

**F10. Pest control**

Shelters must ensure adequate provision of pest control services.

Shelters must have a protocol in place for the prevention and control of bed bugs. (See Appendix D for best practices related to bed-bug prevention).

24-hour notice must be provided to residents of pest control activities unless the type and degree of infestation requires an immediate response (e.g., bed bugs).

**F11. Maintenance/ Repair**

Facilities must be maintained in good repair, including all aspects of infrastructure and good overall appearance of the building and property, including roofs, floors, walls, plumbing, electrical, waste disposal, appliances, elevators, landscaping, etc. There must be a written housekeeping and maintenance plan.

Shelters must post the process for reporting maintenance concerns, acknowledge issues reported within two days, and identify the timeframe for addressing the concern. Emergency maintenance items must be immediately addressed.

**F12. Phone access**

A telephone must be available to staff for emergencies. Emergency numbers should be posted by the telephone or otherwise made available to on duty staff.

Shelters must take emergency phone messages and messages from service providers for residents. If the shelter has periods where no staff are on duty, there must be a phone available to residents for emergencies with information posted nearby with emergency numbers.

**F13. Hazardous materials**

Shelters must label all chemicals and cleaning supplies and keep all such materials out of reach of children. Any hazardous materials must be stored separate from food.

**F14. Entrances/ Exits**

Exits must be clearly marked and must be kept clear of blockage and tripping hazards.

All steps must have handrails as required by applicable codes. Steps must have treads or similar accommodation to prevent slipping.

Exit signage must be consistent with all applicable codes.

**F15. Agency vehicle**

If a shelter maintains a vehicle used for resident transport, the vehicle must be properly maintained, licensed, and insured. All drivers must be properly licensed. Car seats must be used by children. Provisions must be made to provide equal access to transportation services to disabled residents.

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## **G. SUPPORT SERVICES**

### **G1. Health services access**

#### **Health Insurance and Primary Care:**

Shelter staff shall encourage residents to obtain and maintain health insurance, obtain a primary care provider, and access immunization services. A health screening should be conducted for each client and family member upon registration. The health screening should include insurance status and medical home. Staff shall be trained to support individuals with basic information on how to obtain health insurance and a primary care provider. Shelters shall publicly post or otherwise make available information about health-related services.

### **G2. Recordkeeping**

Shelters must have written intake and client record keeping procedures and files that include intake interviews and records of services provided.

### **G3. Assessment**

A basic assessment that includes an evaluation of the service needs of the household, information about past or current services received and other information necessary to provide services must be conducted or updated for all households. **All households should be offered, or connected to a resource that offers, housing problem solving services and should be entered into the Coordinated Entry System (CES) in HMIS if they are not already. A Coordinated Entry housing needs assessment should be conducted if indicated by the Coordinated Entry policies and procedures.**

### **G4. Service linkage**

Shelters must have a resource area that residents can access without staff assistance that provides information about available community services and housing opportunities.

Shelters are strongly encouraged to provide or link participants to drug and alcohol services, mental health services, life skills services, employment services, money management/credit counseling, parenting support, health care resources, and other services as needed.

### **G5. Housing plan**

A written Housing Plan must be developed as soon as possible with the resident upon entry and no later than within 7 days of admission. The Housing Plan shall include appropriate housing goals established in consultation with shelter staff, action steps that the resident will take to reach these goals, and forms of support and resources that the shelter will provide to help the client reach their goals. The development of a Housing Plan should include inquiring about and fostering family and/or friend relationships that may open up potential housing opportunities, including inviting those people to participate in Housing Plan conversations if and when appropriate, and with consent from the resident. Ongoing housing search assistance shall be provided while the household is staying at the shelter. The Housing Plan shall be kept in client case files and in HMIS, monitored and kept updated by shelter staff, and continually reviewed and discussed with the resident as appropriate throughout the resident's stay at the shelter.

**G6. Housing support services**

Shelters shall provide information, services and referrals to services that support exits to stable housing including assistance with accessing services, benefits linkage and advocacy, provision of or referral to employment services, and regular check-ins about progress towards the shelter exit plan. If a household has a service provider supporting them with housing navigation outside of the shelter, shelters are strongly encouraged to coordinate with the outside provider(s). Shelters that provide assistance with placement in permanent housing or rapid re-housing services shall provide written information to residents about eligibility requirements for these programs upon intake to the shelter, and at other times as appropriate throughout the resident's stay at the shelter.

**G7. Referral follow up**

Shelters are strongly encouraged to follow up to ensure that residents connect with services to which they are referred. The intention of this is to ensure residents have the support and information needed to make a successful connection when a referral is made. If a client chooses not to pursue a referral, that decision should be respected.

**G8. Transportation**

Shelters are strongly encouraged to provide assistance with transportation to appointments which can include assisting residents to access public transportation. Shelters are permitted, but not required, to have policies regarding how to prioritize the allocation of limited transportation resources such as bus passes or taxi vouchers.

**G9. Exit planning**

Shelters must develop exit plans with all households served, including linkage to aftercare resources.

**G10. Staffing qualifications**

Ongoing professional development and supervision must be provided by the shelter and may include case conferences, case supervision, workshops, and training courses.

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## H. ADMINISTRATION

### H1. Homeless Management Information System (HMIS)

All shelters must participate in HMIS or a comparable system for Domestic Violence (DV) providers.

### H2. Data Quality

All shelters must utilize HMIS (or comparable) data quality reports to ensure the accuracy of submitted information.

### H3. Tracking denials

All shelters must track all reasons for denials based on cause (this does not include denials because the shelter is at capacity) and have the ability to report this information. **This information should be documented in HMIS when the referral is denied per CES policies and procedures.**

### H4. Tracking discharges

All shelters must track all reasons for discharge and have the ability to report this information for all residents. All discharges and the reasons for each discharge must be documented in HMIS.

### H5. Board of Directors

The shelter must have a volunteer board that meets at least quarterly.

### H6. Job descriptions

The shelter must have written job descriptions for all shelter positions.

### H7. Fiscal system

The shelter must have an accounting system that is maintained in accordance with Generally Accepted Accounting Principles (GAAP).

The shelter shall have internal fiscal control procedures that are reviewed and approved by its Board of Directors.

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## **APPENDIX 1: Shelter Standards 2022 Update Timeline**

- **8/3/2021:** Updated COVID-19 shelter health guidance received from ACHCH (Alameda County Health Care for the Homeless).
- **8/5/2021:** SSA (Social Services Agency), HCSA (Health Care Services Agency) and HCD (Housing & Community Development Department) begin collaborating on edits to Shelter Standards.
- **8/13/2021:** Initial draft of COVID-19 updates to shelter standards reviewed internally at SSA.
- **8/13/2021:** Shelter Survey about COVID-19 health and safety best practices and challenges sent out to all SSA shelter providers.
- **8/20/2021:** Shelter Surveys returned to SSA.
- **8/30/2021:** 2nd draft of COVID-19 updates to shelter standards reviewed internally at SSA.
- **8/30/2021:** 1st draft of edits and comments received from HCSA (Health Care Services Agency) (OHCC (Office of Homeless Care and Coordination) and ACHCH).
- **9/10/2021:** Additional updates related to Coordinated Entry received by OHCC.
- **9/10/2021:** Report out regarding the Shelter Standards Update provided to the County Homelessness Roundtable and Board of Supervisors.
- **9/16/2021:** COVID-19 updates from SSA shared with ACHCH for review and editing.
- **9/22/2021:** ACHCH returned edits and comments back to SSA on COVID-19 updates.
- **9/29/2021:** 1<sup>st</sup> draft of full Shelter Standards updates incorporating edits and addressing comments from all three agencies is released to the three agencies for review and follow-up to finalize first public draft of document for public comment period.
- **10/11/2021:** SSA provides internal comments/edits to draft.
- **10/18/2021:** Final 1<sup>st</sup> Draft for public review released.
- **10/18/2021-10/28/2021:** Review and comment period for all shelter providers.
- **11/5/2021:** Summary of all comments received from shelter providers and edits/responses to track edits received from providers shared with all three agencies for review and comments. ACHCH requested to provide feedback on COVID-19 comments and questions from providers.
- **11/18/2021 and 11/21/2021:** Edits/responses to COVID-19 edits/comments from shelter providers received from ACHCH.
- **12/2/2021:** ACHCH meets with a shelter provider to address their questions about COVID-19 guidance in the updated Shelter Standards draft.
- **12/7/2021:** SSA provides internal edits to draft.
- **12/9/2021:** Correspondence between SSA and ACHCH to clarify and finalize edits from ACHCH on COVID-19 edits/comments from shelter providers.

- **12/17/2021:** Next full draft of Shelter Standards updates incorporating responses to all comments from shelter providers and three agencies provided to SSA senior management for review.
- **12/28/2021:** Edits on draft provided by SSA senior management.
- **1/4/2022:** Next full draft of updates provided for SSA review, incorporating edits from SSA senior management.
- **1/11/2022:** Minor updates incorporating recently updated COVID-19 guidance from ACHCH sent to SSA senior management.
- **2/4/2022:** SSA senior management provided edits and feedback for review and follow-up, and timeline was added as an appendix to Shelter Standards.
- **2/24/2022:** SSA senior management edits and feedback addressed.
- **3/14/2022:** Current draft sent to SSA upper management for final review and feedback.
- **4/4/2022:** Final edits provided by SSA senior management.
- **4/22/2022:** Final draft completed by SSA.
- **4/25/2022:** Final draft approved by HCSA and HCD.
- **May 2022:** Final update of Alameda County Emergency Shelter Standards shared with all agencies and providers

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