



REFERENCES AND BEST PRACTICES FOR DELIVERING “STREET MEDICINE”

MAY 2020

Prepared as part of the MHSOAC Rapid Response Network

These materials were prepared as part of the Rapid Response Network, a joint initiative between the **California Mental Health Services Oversight and Accountability Commission** (MHSOAC) and **Social Finance, Inc.** to support jurisdictions in fast-paced research and decision making driven by COVID-19.

The network aims to **facilitate connections** among jurisdictions facing similar challenges, and to supplement that shared experience with **support from external experts**—in order to deliver fast, customized, digestible research and analysis that strengthens local capacity.

We recognize that the pace of these responses means that they are likely to be both incomplete and imperfect. If you have suggestions for improvement or questions about these materials, we would love to hear from you. Please email Jake Segal (jsegal@socialfinance.org) or Sean Burpoe (sburpoe@socialfinance.org).

With gratitude for the support of the Robert Wood Johnson Foundation and invaluable in-kind support from GLG, which supports the RRN through access to their expert network.

▶ CONTEXT & GUIDELINES FOR THIS DOCUMENT

CONTEXT

- The most common signs and symptoms of infection are: **fever, cough & difficulty breathing**¹⁰
- Those living outside are at high risk for (1) **quick spread of the illness** and (2) **more severe cases of the illness**¹⁰
- Individuals experiencing homelessness often present **existing underlying health conditions**, which can result in **more serious cases of COVID-19**¹⁰
- Additionally, people living outdoors often **lack access to adequate sanitation** – spread occurs through the spread of respiratory droplets, and therefore can result in a **quicker spread through people living outdoors**¹⁰

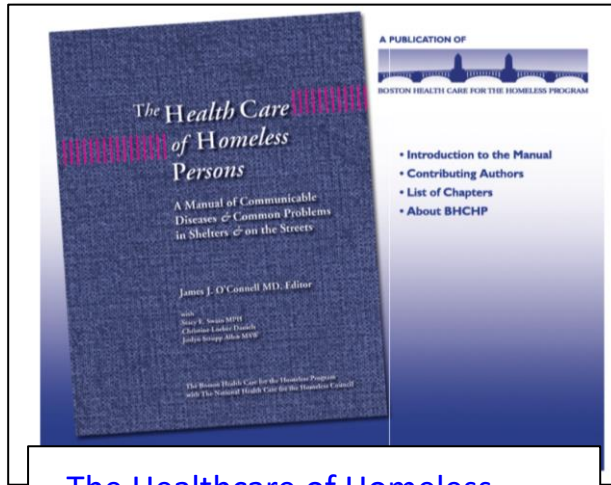
Street medicine has been amplified in its importance, providing access to care for individuals experiencing homelessness, and diverting resources away from the emergency room⁹

This document is intended to provide (1) Resources and (2) Best Practices for Street Medicine during COVID-19

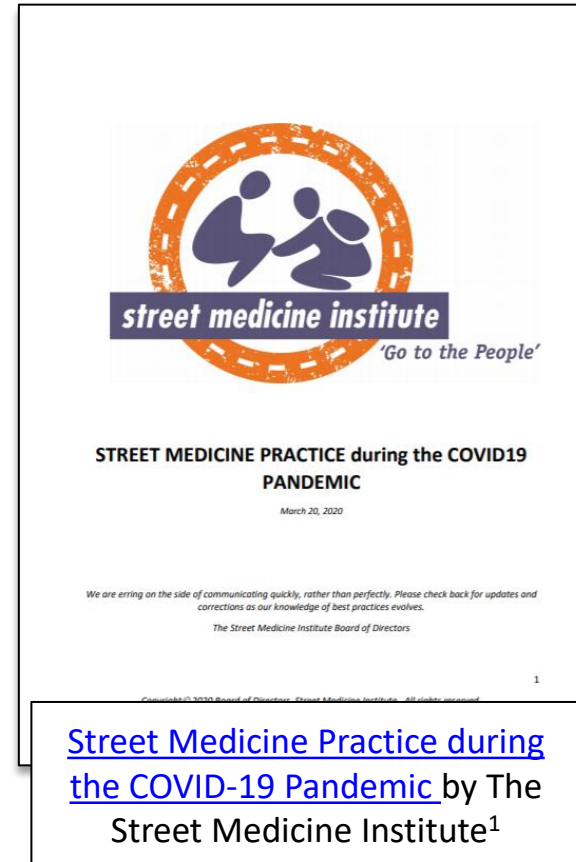
- **SLIDE 4** contains Key Resources which can be printed and referenced for more exhaustive information
- **SLIDES 5-6** contains high-level information about the benefits and practice of street medicine
- **SLIDES 7-8** contains a subset of best practices (extracted from the Resources) for street medicine during COVID-19

▶ VALUABLE KEY STREET MEDICINE GUIDES & RESOURCES

There are several comprehensive guides regarding street medicine, which can be used as reference material for specific conditions and situations



[The Healthcare of Homeless Persons: A Manual of Communicable Diseases & Common Problems in Shelters & on the Streets](#) by Boston Healthcare for the Homeless²



[Street Medicine Practice during the COVID-19 Pandemic](#) by The Street Medicine Institute¹

▶ BENEFITS & GOALS OF STREET MEDICINE

The **Street Medicine Institute** defines street medicine as, *“The provision of health care directly to those living and sleeping on the streets – the unsheltered or ‘rough sleeper’ homeless – through mobile services such as walking teams, medical vans, and outdoor clinics” (Street Medicine Institute 2018)*

GOALS & STRUCTURE OF STREET MEDICINE TEAMS

- ✓ Teams are structured to be **“place-based”** and **utilize schedules**, to engage the same individuals on a recurring and consistent basis⁵
- ✓ Some teams are **structured to be roaming** – however, most programs are **moving towards a “relationship-based” model** which require frequent/re-occurring contact with patients⁵
- ✓ Most teams are **multi-disciplinary** with most having some combination of **outreach workers, medical professionals, behavioral health specialists** and **housing specialists**⁵
- ✓ **Medical professionals** (generally nurses and physicians assistants) are **crucial to the teams** as they can deliver medical care including **1) diagnosis** and **2) writing prescriptions**⁵

▶ BENEFITS OF STREET MEDICINE: QUOTES FROM THE FIELD

"This strange negotiation between **supply of medical care and demand for medical care presents one of the touchstones of street medicine**: How does a health worker help someone who doesn't want help? For Operation Safety Net, **the answer is to show up — again and again and again. Showing up is the help**. According to Withers, the secret behind street medicine is that the medical workers and social workers must let go of their clients' long-term healthcare needs and instead focus solely on the moment at hand."⁴

"I was doing a brick or more of dope every day — and like when they came into my life it's like ... I really took myself down to maybe three, four bags a day. ... It means a lot to me just to see faces, someone who cares about you ... To know somebody gives a *** about you sleeping in a tent."⁴

"So much of this work, on a practical level, has always been ER diversion." **That mission "is much more amplified in its importance now," given the need to focus hospital resources on treating Covid-19.** -Street medicine volunteer⁹

▶ STREET MEDICINE BEST PRACTICES DURING COVID-19

Clinicians and outreach workers should keep in mind below practices when delivering street medicine and conducting outreach

- 1 In many cases, it may be safer for both patient & the public for individuals experiencing homelessness to **remain quarantined in the camp location**¹
- 2 Identify camp site members (preferably those with a cell phone), who might **serve as intermediaries – monitoring the state of affairs** within the camp¹
- 3 **Manage non COVID-19** disorders to prevent unnecessary ED visits¹
- 4 Reduce outreach teams to **essential personnel**¹
- 5 **Avoid handling client belongings**, using disposable gloves if necessary. Train staff on **proper hand hygiene procedures and using gloves**⁶
- 6 Outreach staff should do their best to **create physical barriers and partitions** during screening to avoid respiratory droplets from being spread⁶
- 7 If barriers cannot be used, **PPE should be used when within 6 feet of a client** and should include a facemask, eye protection (goggles or face shield), disposable gloves. **Use physical barriers** rather than PPE when possible to conserve PPE⁶
- 8 Ensure restrooms have **functional water taps, stocked with hand hygiene materials**, and available open 24 hours a day. If not available, **provide access to portable latrines**, with handwashing facilities for encampments of more than 10 people. They should be **equipped with hand sanitizer**⁶

References herein refer to Slide 8, References slide

▶ STREET MEDICINE BEST PRACTICES DURING COVID-19

Monitoring health & wellbeing of clinicians, and having appropriate supplies are important to delivering effective street outreach & medicine

Health & Wellbeing of Staff/Clinicians

- ✓ Use **resources to monitor the stress on staff** and to identify those who are overextending themselves
- ✓ **Reduce services provided** to only essential services, focused on slowing spread of the virus
- ✓ **Model excellent self-care** and ensure staff are practicing self-care
- ✓ Consider **temporarily moving highly anxious staff** or **staff having difficulty coping** with the emotional toll to **office or home-based roles**

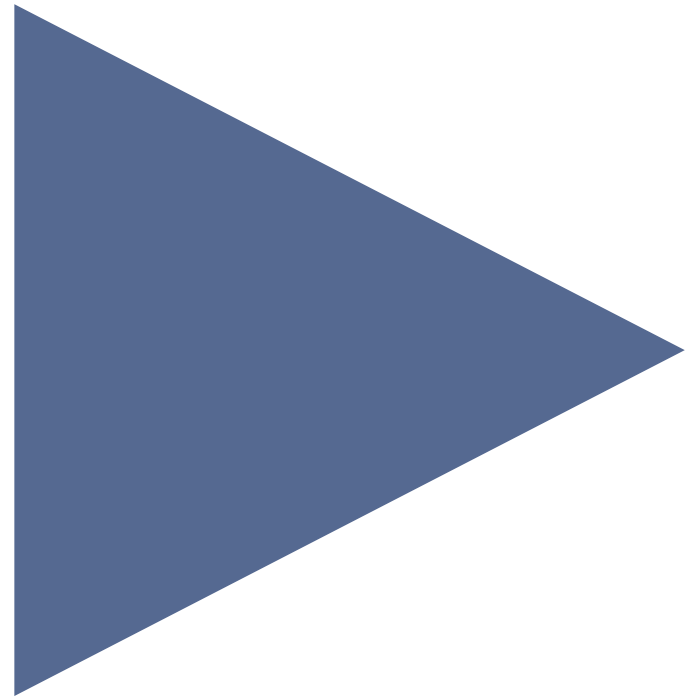
Health and Sanitation Supplies

- ❑ Use **sensing thermometers** to screen patients and other standard **diagnostic equipment such as a stethoscope and pulse oximeter**—note that some sensing thermometers do not work in colder weather
- ❑ Consider **bringing supplies to improve sanitation** at camps:
 - ❑ **Bleach diluted in water** to sanitize fomites in the camp; **Sanitizing wipes; Hand sanitizer; Bucket and soap cleansing stations** (you may need to improvise/ design your own; 5 gallon buckets filled with rain water are better than no sanitation); **Toilet paper; Paper towels; Cloth rags, etc.**
- ❑ Do **NOT use bleach solution on hands** – can result in cracking and more susceptibility for infection
- ❑ Use **caution in distributing hand sanitizer** due to potential of abuse

▶ REFERENCES


	SOURCE	LINK
1	Street Medicine Institute	Street medicine best practices during the COVID-19 pandemic
2	Healthcare for the Homeless (Boston)	The Healthcare of Homeless Persons
3	The Lancet	House calls for homeless people in the US
4	Public Source (Pittsburgh)	Street medicine, made in Pittsburgh: A gritty, compassionate solution to everything that's wrong with health care.
5	Bright Research Group	Street Medicine Models in Other Counties: White Paper
6	CDC	Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 (COVID-19) for Homeless Service Providers and Local Officials
7	USC	Building Workforce Capacity Through Street Medicine
8	Yale	Homeless People Are Among the Most Vulnerable to the Coronavirus. Yale Psychiatry's Lo is Making Sure They Still Receive Care Amid the Pandemic.
9	The Nation	Inside an Urgent Mission to Protect the Homeless From Coronavirus
10	Contra Costa Health Services	Homeless Encampment Guidance for Prevention and Management of COVID-19; Preliminary Guidance for Street Outreach Service Providers
11	Solano Public Health	Solano County Guidance for Responding to COVID-19 among people experiencing unsheltered homelessness
12	Georgia State University (capstone paper by student)	Street Medicine: A Program Evaluation
13	US San Diego (student paper)	Focused Clinical Multidisciplinary Independent Study Project : Healthcare for People Living on the Street (and in Shelters, Respite Centers, and other Temporary Housing)

▶ APPENDIX



▶ ADDITIONAL RESOURCES (IF YOU HAVE TIME)

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Homeless Encampment Guidance for Prevention and Management of COVID-19

Preliminary Guidance for Street Outreach Service Providers
Updated: April 14, 2020

This guidance was developed by Contra Costa Health Services (CCHS) for use by agencies that provide street outreach services to individuals and families experiencing homelessness that are living outside in vehicles, RV's, and encampments. Targeted strategies reported to be efficient for controlling or preventing communicable infections for homeless persons living outside should only be conducted by trained mobile street outreach workers in partnership with Healthcare for the Homeless street medicine teams. The goals of this document is to help outreach programs:

- ✓ Prevent the introduction of COVID-19 and other respiratory pathogens into encampments
- ✓ Reduce the chance of the spread of COVID-19 and other respiratory pathogens within and between encampments
- ✓ Rapidly identify persons with respiratory illness
- ✓ Know when and how to isolate persons with suspected or confirmed COVID-19

Become familiar with infection control guidance
These recommendations will be updated as new information becomes available.

BACKGROUND: COVID-19 is a new respiratory infection caused by the SARS-CoV-2 virus. Illness severity ranges from asymptomatic to life-threatening. The most common signs and symptoms of infection include fever, cough, and difficulty breathing. **Those living outside present unique risks and challenges for outbreaks of infectious diseases and, for multiple reasons could be vulnerable to both a quick spread of the illness and to more severe cases.**

People living outdoors often do so in close quarters and lack the ability to maintain basic hygiene, such as hand washing. They may also face more danger from serious infection due to existing illnesses with the potential to make a case of COVID-19 more severe. Based on the limited available data, older adults and those with chronic medical conditions are at highest risk for severe illness.

COVID-19 has the potential to quickly spread through living environments that lack access to adequate sanitation. Spread is believed to mostly occur through respiratory droplets in the air or on surfaces. At present, there is no vaccine to prevent COVID-19 and no antiviral medication that can be used after exposure. Thus, prevention and control efforts must rely on other measures. The general strategies recommended to prevent the spread of COVID-19

[Homeless Encampment Guidance for Prevention and Management of COVID-19](#) by Contra Cost Health Services

Continuing homeless services during community spread of COVID-19 is critical, and homeless shelters should not close or exclude people who are having symptoms or test positive for COVID-19 without a plan for where these clients can safely access services and stay. Decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in a shelter, or be directed to alternative housing sites, should be made in coordination with local health authorities. Community coalitions should identify additional temporary housing and shelter sites that are able to provide appropriate services, supplies, and staffing.

Ideally, these additional sites should include:

- Overflow sites to accommodate shelter decompression (to reduce crowding) and higher shelter demands
- Isolation sites for people who are confirmed to be positive for COVID-19
- Quarantine sites for people who are waiting to be tested, or who know that they were exposed to COVID-19
- Protective housing for people who are at highest risk of severe COVID-19

Depending on resources and staff availability, non-group housing options (such as hotels/motels) that have individual rooms should be considered for the overflow, quarantine, and protective housing sites. In addition, plan for how to connect clients to housing opportunities after they have completed their stay in these temporary sites.

Communication

- Stay updated on the local level of transmission of COVID-19 through your local and state health departments.
- Communicate clearly with staff and clients.
 - Use [health messages and materials developed](#) by credible public health sources, such as your local and state public health departments or the Centers for Disease Control and Prevention (CDC).
 - Post signs at entrances and in strategic places providing instruction on [hand washing](#) and [cough etiquette, use of cloth face coverings, and social distancing](#).
 - Provide educational materials about COVID-19 for [non-English speakers](#) or hearing impaired, as needed.
 - Keep staff and clients up-to-date on changes in facility procedures.
 - Ensure communication with clients and key partners about changes in program policies and/or changes in physical location.

[Interim guidance for homeless service providers to plan and respond to coronavirus disease 2019 \(COVID-19\)](#) by the CDC

Both resources are not specific to street medicine but provide important information on serving individuals experiencing homelessness during COVID-19