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ENVIRONMENTAL HEALTH STANDARDS FOR EMERGENCY SHELTERS FOR HOMELESS PEOPLE DURING THE COVID 19 PANDEMIC

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1. INTRODUCTION

Emergency shelters exist to provide temporary residence for homeless individuals and families affected by emergency events. Shelters exist to provide residents with safety and protection from exposure adverse environmental and health risk factors, while simultaneously reducing the environmental impact on the community. There are various types of emergency shelters, which are typically operated for specific circumstances and populations.

When the country was placed under lockdown in response to Covid-19, homeless people were identified as a vulnerable population group, and hence various sites and facilities were identified to place homeless people to ensure protection against any exposure. However, people experiencing homelessness may be at risk of contracting the contagious infection during an outbreak of Covid-19, especially because of the vulnerability of temporary shelters that have closed settings, which can pose favourable situations for the introduction of the virus.

In the case of Covid-19 response, emergency accommodation shelters identified for the homeless include; community halls, multipurpose centres, stadiums, tents, etc. These shelters provide a variety of services such as food, water, sleeping quarters, sanitary facilities, and medical care. Environmental health practitioners perform many critical functions in these shelters; which include health and environmental impact assessments in relation to the location, structure and capacity of occupation of the shelter, drinking water supplies, sanitary facilities, food safety, waste management, pests and vector management, and surveillance and prevention of communicable diseases. Therefore, their role in identification and approval for relocation land/ erf is paramount.

In view of the above, standards and response mechanisms at emergency shelters amid of Covid-19 pandemic needs to be escalated and strengthened to curb the spread of Covid-19. Even in the midst this pandemic, everyone has equal protection and benefit of human rights irrespective of race, gender, sex, ethnic or social origin, colour, sexual orientation, age, disability, culture, language and birth.

The purpose of this document is to provide guidance on standards to be exercised and monitored to respond to this emerging public health threat. It covers standards on administration, location, and structure, training and education, and health and environment facilities and services during the current pandemic and takes into account emergency nature of the Covid-19 response.

2. SCOPE

These guidelines apply to emergency shelters for homeless people during the Covid 19 Pandemic.

3. OBJECTIVE

The objective of this guidelines is to guide on the requirements and measures to be implemented at the shelters of the homeless during the Covid-19 disaster to prevent the likelihood of the spread of Covid-19 and to respond to a Covid-19 outbreak situation within the shelter environment.

4. TARGET AUDIENCE

This guideline is meant for environmental health practitioners, authorities and support staff of the temporary shelters to ensure a coordinate public health action in such settings.

5. LOCATION AND STRUCTURAL REQUIREMENTS

The shelters of the homeless during the Covid-19 disaster should comply with the following location and structural requirements:

5.1 The structure of the shelter should:

a) Be durable and be in a good state of repair.
b) Be operated on premises which are located, designed, constructed, finished and equipped in such a condition that occupants can be cared for hygienically and adequately protected against any possible public health hazard and public health nuisance.
c) Be provided with adequate natural ventilation.
d) Comply with relevant fire safety standards.

6. ADMINISTRATION

6.1 A list of emergency telephone numbers which include, fire brigade, ambulance, outbreak response, clinic, hospital, doctor, police and Covid-19 helpline and quarantine facilities should be available and easily accessible on the premises.

6.2 Medicines, cleaning substances and any dangerous substances, if kept on site, must be kept in locked spaces.

6.3 The shelter should maintain a register of incidences, complaints, and occupants for administrative control.

6.4 The shelter should maintain a register which includes, at least, the name and sex of each person residing in the shelter together with the details of next of kin where such information is available.

6.5 A detailed daily registry of people moving in and out of the shelter should be maintained.

6.6 The shelter should post and read, or otherwise make known, the rules, regulations and procedures of the shelter.

6.7 The shelter should post and read, or otherwise make known, the rights and responsibilities of shelter clients that shall include a complaints procedure for addressing potential violations of their rights.

7. TRAINING AND EDUCATION

7.1 All permanent, deployed and volunteer shelter staff providing day care must be trained or capacitated on the following:

a) Covid-19 disease knowledge, including pathogen characteristics, transmission route, signs and clinical disease progression,
b) Hand hygiene practice and respiratory etiquette,
c) Appropriate use of, and requirements for Personal Protective Equipment (PPE),
d) Environmental prevention measures, including cleaning and disinfection,
e) And some to be also trained on first aid application, emergency evacuation and reporting procedures;

8. FACILITIES AND SERVICES

The shelter shall be provided with applicable minimum facilities and services as follows:

8.1 SLEEPING FACILITIES

a) A bed or crib or mat or mattress for each occupant must be provided.
b) Beds shall be kept at least 1 meter away from each other to ensure social distancing and minimise contact.
c) Provision for blankets and if possible linens for each occupant must be made.
d) Separate sleeping quarters for males, females and children should be provided, unless family units are available
e) No overcrowding should be allowed in sleeping facilities and on the premises.

8.2 WATER SUPPLY

a) Adequate supply of potable safe water that complies with SANS standards, must be supplied by the institution in charge of the shelter for drinking, cooking and other uses.
b) Where water tankers are used, disinfection and safety delivered drinking water must supply.

8.3 SANITARY FACILITIES

a) Adequate permanent or temporary toilet facilities in good state of repair must be made available to both sexes.
b) Adequate bathing and hand wash facilities must be available for use by occupants and to ensure personal hygiene. Hand hygiene should be promoted and enforced.
c) Adequate bath soap and toilet papers should be available for use by occupants.
d) Waste water disposal facilities must be available.
e) Smells and fly control should be ensured.

8.4 LAUNDRY FACILITIES

a) Facilities to wash dirty clothing and bedding, including laundry soap and water must be available for use by occupants and to ensure personal hygiene.

8.5 WASTE HANDLING FACILITIES

a) Waste must be managed in a manner that does not cause a health nuisance or hazard in the form of bad odour, flies or pests attraction or overflowing waste bins.
b) Adequate and approved waste storage bins or containers for general waste must be available.
c) The surroundings of the premises shall be kept clean and free from litter.
d) If health care risk waste is generated, it should be handled as outlined in section 3.3 of the Public Hygiene Measures Strategy and Implementation Plan.

9. PEST CONTROL

a) Conditions that are likely to attract and the harbourage pest, for example; poor waste management, poor waste water management and poor food storage areas where applicable; should be prevented and remedied through general hygiene management, if are in existence.
b) Biological control (e.g. use of predators, etc.) and physical controls (e.g. use of traps, nets, baits, etc.) may also be used in addition to hygiene management.
c) The use of chemical control (e.g. use of pesticides) should be considered as a last resort and should be conducted by a registered pest control operator, using registered pesticides under Fertilizers, Farm Feeds, and Agricultural Remedies and Stock Remedies Act, 1947 (Act No. 36 of 1947).

10. FOOD SUPPLY SERVICE

a) Food prepared on the premises must comply with standards and requirements for food handling, preparation, storage and transportation of food as prescribed in the Regulations Governing General Hygiene Requirements for Food Premises, the Transport of Food and related matters, R638 of 22 June 2018 published under Foodstuffs, Cosmetic and Disinfectants Act 1972, (Act No. 54 of 1972), as amended.
b) The food supply service provider to have a certificate of acceptability in terms of R638.
c) In case of supply of prepacked food, depending on the type of food, must be packed in a dustproof, liquid proof and sealed container that protects the product therein against possible contamination under normal handling conditions.
d) Waste storage area must be located such that it is not in close proximity to any food preparation or serving area on the premises.

11. MALARIA CONTROL

If the infestation of mosquitoes and Malaria infection cases are experienced in Malaria endemic areas, Provincial Department of Health Malaria control unit to be alerted for risk assessment and implementation of required intervention measures, following safe protection measures against Covid-19.

12. COVID-19 AWARENESS RAISING AND RISK COMMUNICATION

a) Key messages for people in housed in temporary shelters, staff, visitors and various service providers should be coordinated and consistent.
b) Key messages should be in other languages or be in visual format to address language barrier.
c) Key messages can be in the form of materials such as short information sheets, flyers, posters, and videos if available.
d) Key messages that are to be communicated include; Covid-19 signs and symptoms, advice on self-monitoring for symptoms, what measures to adopt if symptoms develop and preventive measures, especially hand hygiene practices and respiratory etiquette;

13. COVID -19 RISK ASSESSMENT

a) A detailed daily registry of people moving in and out of the prison should be maintained.
b) Screening at point of entry to the shelter should be considered upon admission of occupants and any visitors entering the shelter, irrespective of whether or not there are suspected cases in the community.
c) Information should be collected on any history of Covid-19 symptoms presentation, recent travel history and possible contact with confirmed cases in the last 14 days.

d) Symptomatic visitors should be excluded from visiting.
e) Asymptomatic visitors with recent travel history or coming from affected areas, should be allowed entry subject to rendering of essential service and wearing mask and adhering to hand hygiene practice before entry.

14. HEALTH CARE AND RISK MANAGEMENT

14.1 The shelter shall have access to emergency medical care and fire fighting services in case of emergency.

14.2 A lockable and adequately equipped first aid kit, containing the following is available:

a) Adhesive bandages;
b) Sterile gauzes;
c) Medical tape;
d) Scissors;
e) A cardiopulmonary mouthpiece protector;
f) Liquid soap;
g) First aid instruction book;
(i) Disposable gloves.

14.3 Shelter authorities should be informed and have a list of the hospitals, quarantine facilities, fire fighting service, essential emergency and Covid-19 helpline contact numbers to request any service in times of need. Which they can transfer.

14.4 Covid-19 prevention supplies (soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and disposable facemasks) on the premises should be available for use by staff, volunteers, and occupants where applicable.

14.5 Soap and drying materials or alcohol-based hand sanitizers to be provided at key points within the facility, including registration desks, entrances/exits, and eating areas.

14.6 Those that present Covid-19 symptoms to be immediately isolated from those who are not sick, be monitored to avoid entry in common areas and be given a clean disposable facemask to wear while staying at the shelter.

14.7 If individual rooms for sick homeless people are not available, a large, well-ventilated shelter may be used, while arrangements are being made for transfer to an approved quarantine facility/health facility. If possible, designate a separate bathroom for sick clients with Covid-19 symptoms.

14.8 In areas where homeless people with respiratory illness are staying, keep beds at 2 meters apart, use temporary barriers between beds (such as curtains), and request that all occupants sleep head-to-toe.

14.9 Cases of respiratory illness that might be Covid-19 must be reported to the local health facility and the Covid -19 helpline.

14.10 Protocols to manage suspected cases on site and to receive immediate medical care must be available. The National Guidelines for Quarantine Facilities and Isolation in Relation to Covid-19 should be followed.

15. CLEANING AND DISINFECTION

a) Daily routine cleaning and disinfection of the environment should be implemented.

b) Cleaning and disinfection of the occupant's room or cubicle or shelter or environment that is contaminated by the suspected case or frequently touched surfaces should be done as outlined in section 3.3 of Covid-19 Environmental Health Response Guidelines and section 3.2 of the Public Hygiene Measures Strategy and Implementation Plan.

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