



Signature Report

September 21, 2018

**Guideline & Recommendation
G&R18-03**

Proposed No. G&R18-03.2

Sponsors

1 A GUIDELINE AND RECOMMENDATION to inform
2 jurisdictions working at regional, county, and city levels on
3 alleviating the unsheltered homelessness public health
4 crisis for the benefit of the health, well-being and survival
5 of unsheltered people throughout King County.

6 A. The Board of Health adopts this guideline to urge, inform and assist regional,
7 county and city jurisdictions to address the problem of unsheltered homelessness for the
8 benefit of the health, well-being and survival of unsheltered people throughout King
9 County.

10 B. The Board of Health adopts this guideline based on the following:

11 1. The continued lack of shelter for thousands of people experiencing
12 homelessness in King County is a public health crisis with imminent threats to the health,
13 well-being and survival of unsheltered people;

14 2. The November 2015 proclamations of emergency by the King County
15 Executive and the City of Seattle Mayor have not preserved public health or protected the
16 safety and welfare of individuals. According to the 2018 All Home Count-Us-In/Point-
17 In-Time Count, current efforts to alleviate the unsheltered homelessness public health
18 crisis have been unsuccessful and the number of unsheltered people has increased
19 approximately sixty-eight percent in King County (three thousand seven hundred seven-

20 two to six thousand three hundred twenty) between 2015 and 2018;

21 3. The March 2018 Report on Homeless Deaths by the King County Medical
22 Examiner Office ("MEO") reported a greater-than-doubling (seventy-eight to one
23 hundred sixty-nine) of MEO investigated deaths involving "presumed homeless persons"
24 between 2012 and 2017, where almost half of the deaths occurred in downtown and
25 central Seattle, Beacon Hill and south Seattle and north Seattle and Shoreline. The MEO
26 defines "presumed homeless persons" as individuals without permanent housing who
27 lived on the streets or stayed in a shelter, vehicle or abandoned building at the time
28 immediately preceding death;

29 4. Noncommunicable diseases are prevalent amongst unsheltered people where:

30 a. According to the 2018 King County Count-Us-In survey, half of respondents
31 reported at least one disabling condition, including psychiatric or emotional conditions,
32 drug or alcohol abuse, posttraumatic stress disorder, chronic health problems and
33 physical disability;

34 b. Also according to the survey, serious mental illness, substance use disorder
35 and HIV/AIDS are two to three times more common among unsheltered adults than
36 sheltered adults; and

37 c. The March 2018 Report on Homeless Deaths by the MEO determined that
38 half of the six hundred ninety-seven presumed homeless decedents, from 2012 to 2017,
39 died outdoors, primarily of "natural causes," which are illnesses or internal malfunctions
40 of the body, as the leading cause of death, followed by drug overdose or alcohol
41 poisoning;

42 5. Unsheltered people face increased risk for communicable diseases

43 particularly diseases that either or both can be made worse in individual cases or can
44 spread to other people because of inadequate housing, sanitation and hygiene resources.
45 Some examples include: hepatitis A; diarrheal illnesses, such as Shigella infections;
46 bodily, clothing and bedding infestations by ectoparasites such as fleas, bedbugs, lice,
47 scabies mites and ticks; ectoparasite vector-borne infectious agents; and bacterial skin
48 infections, such as methicillin-resistant Staphylococcus aureus (MRSA) or Group A
49 Streptococcus infections, which can cause flesh eating wounds;

50 6. Public Health - Seattle & King County recently issued public health
51 advisories due to outbreaks among homeless persons of group A Streptococcus, Shigella
52 and body lice-transmitted Bartonella quintana infections;

53 7. Harborview Medical Center reported that a highly contagious strain of
54 respiratory syncytial virus (RSV), spread through homeless people during the 2017-2018
55 winter flu outbreak;

56 8. Adequate shelter, water, sanitation and hygiene infrastructure can control or
57 eliminate the spread of contact-transmitted, ectoparasite-borne, foodborne and
58 waterborne communicable diseases;

59 9. Healthcare, navigation and other supportive resources can be delivered more
60 effectively and more efficiently at large, established shelter locations rather than at
61 scattered and tenuous outdoor locations;

62 10. Creating and maintaining temporary large-scale disaster shelter
63 infrastructure with supportive and navigation services will not resolve the homelessness
64 crisis but will reduce death, disability and disease for unsheltered homeless people in
65 King County;

66 11. The unsheltered public health crisis exists throughout the year but will
67 worsen when inclement weather and flu season return in the fall and winter of 2018-
68 2019, and annually thereafter;

69 12. According to the 2018 All Home Count-Us-In/Point-In-Time Count and the
70 2016 Annual Homeless Assessment Report to Congress, homelessness disproportionately
71 affects the most vulnerable populations in our society, including people of color,
72 particularly American Indians and Alaska Natives, veterans, youth who identify as
73 LGBTQ+, people with chronic disabilities and people who report histories of domestic
74 violence, partner abuse and foster care;

75 13. The Centers for Disease Control and Prevention defines a public health
76 disaster, on the basis of its consequences on health and health services, as a serious
77 disruption of the functioning of society, causing widespread human, material or
78 environmental losses, that exceeds the local capacity to respond, and calls for external
79 assistance. Unsheltered homelessness in King County is a public health disaster; and

80 14. Article 25 of the United Nations Universal Declaration of Human Rights
81 declares that "everyone has the right to a standard of living adequate for the health and
82 well-being of himself and of his family, including...housing."

83 C. The Board of Health adopts the following guideline for the jurisdictions
84 working at regional, county and city levels to alleviate the unsheltered homelessness
85 public health crisis, to:

86 1. Affirm that the continued lack of shelter for people experiencing
87 homelessness is a public health crisis that warrants a definitive emergency response;

88 2. Recognize the urgency of the unsheltered homelessness public health crisis

89 by rapidly providing basic, enhanced and low-barrier emergency shelter sufficient to
90 serve all unsheltered homeless individuals, in preparation for the inclement weather in the
91 fall and winter of 2018-2019. Basic, enhanced and low-barrier emergency shelter should
92 be maintained and enhanced beyond 2018-2019, until long-term housing is available for
93 all homeless individuals. Basic, enhanced and low-barrier emergency shelter are defined
94 as follows:

95 a. "Basic emergency shelter" means a physical space that provides protection
96 from inclement weather, allows overnight or longer access and ensures basic needs
97 including but not limited to personal safety, sufficient and safe sleep, a sanitary
98 environment and hand hygiene resources;

99 b. "Enhanced emergency shelter" means a physical space with basic
100 emergency shelter features and additional features including but not limited to: twenty-
101 four hours seven days a week access, hygiene facilities, secure storage for personal
102 belongings, safe food resources or meal services, case management and access to mental
103 or behavioral health or both, medical, employment and housing navigation services; and

104 c. "Low-barrier emergency shelter" means a physical space, where a minimum
105 number of expectations are placed on the people who wish to live there. It includes basic
106 emergency shelter features or enhanced emergency shelter features and follow a harm-
107 reduction philosophy; serving people with common barriers to shelter eligibility
108 including individuals with partners, families, pets and mental health or substance use
109 disorders;

110 3. Leverage existing resources to guide planning, deployment and maintenance
111 of emergency shelter, such as:

112 a. Local jurisdictions' Comprehensive Emergency Response Plans, or other
113 comparable local emergency action plans, particularly emergency support functions
114 related to mass care, temporary housing and human services. As defined by the United
115 States Federal Emergency Management Agency, mass care is congregate sheltering,
116 feeding and distribution of emergency supplies;

117 b. Public Health - Seattle & King County's "Sanctioned Homeless
118 Encampments Initial Planning and Management Checklist", included as Attachment A to
119 this Guideline and Recommendation;

120 c. "Shelter Field Guide" (FEMA P-785) by the United States Federal
121 Emergency Management Agency and the American Red Cross; and

122 d. The Sphere Project's "Sphere Handbook: Humanitarian Charter and
123 Minimum Standards in Humanitarian Response";

124 4. Consider available public lands to place temporary emergency sheltering and
125 consider modification of existing policies or regulations to expedite the process to place
126 temporary emergency sheltering on public lands;

127 5. Consider utilizing an Incident Command System or utilize the following
128 principles of an Incident Command System to organize the rapid response necessary to
129 provide emergency shelter for all unsheltered homeless individuals in an affected
130 jurisdiction in time for fall and winter of 2018-2019. The Incident Command System is a
131 standardized approach to the command, control and coordination of emergency response
132 providing a common hierarchy within which responders from multiple agencies can be
133 effective;

134 a. Recognize the distinction between rapid response efforts to maximize shelter

135 capacity in time for fall and winter of 2018-2019 and longer-term efforts to maintain and
136 enhance shelter, analogous to the "response" and "recovery" phases of emergency
137 management;

138 b. Preserve primary authority, control and responsibility to local jurisdictions;

139 c. Develop a strategic plan that includes specific objectives and a timeline to
140 provide rapid response emergency shelter, regular tracking of progress toward those
141 objectives and preparation for eventual transition (demobilizing) from rapid response to
142 longer-term sheltering efforts;

143 d. Leverage existing Comprehensive Emergency Response Plans, or other
144 comparable local emergency action plans, to facilitate strategic, operational and logistic
145 decisions for rapid response sheltering efforts;

146 e. Tailor and prioritize strategic and operational decisions to reflect the various
147 needs, challenges and resources of different unsheltered homeless individuals. For
148 example, could rapid response sheltering efforts be different or delayed for people living
149 in recreational vehicles and emergency shelters be prioritized for people camping in tents
150 or living in cars?;

151 f. Establish a temporary organizational structure in which leadership, decision
152 authority, management and responsibility are streamlined to specific individuals,
153 departments, agencies and organizations directly involved in rapid response sheltering
154 efforts;

155 g. Consider whether some rapid response sheltering management functions
156 might be most efficiently offered by a higher level jurisdiction, such as procurement of
157 shelter materials, information tracking, subject matter expertise related to public health

158 and other subject matter expertise to support planning and operations; and

159 h. Engage in concurrent planning for longer-term sheltering while the rapid
160 response sheltering is on-going. Planning should consider enhancements to rapid
161 response shelters and replacement of rapid response shelters with more durable
162 structures;

163 6. Create and monitor performance metrics on unsheltered homelessness and
164 temporary large-scale crisis sheltering including, but not limited to, entries to shelter,
165 time in shelter, exits from shelter, exit destinations and reentries to shelter;

166 7. Coordinate with other local jurisdictions, nongovernmental organizations and
167 state agencies to implement rapid and longer-term sheltering actions, monitor
168 performance and broadly address the unsheltered homelessness public health crisis;

169 8. Explore best practices and initiatives in other regions that provide temporary
170 emergency sheltering on a mass scale for unsheltered homeless individuals, such as but
171 not limited to, large tent shelters for rapid response sheltering and durably constructed
172 structures or modular housing for longer-term sheltering; and

173 9. Continue the separate but closely related initiatives by all jurisdictions to

174 prevent homelessness, make homelessness brief and one-time and expand regional
175 options for affordable housing.
176

Guideline & Recommendation G&R18-03.2 was introduced on and passed by the Board of Health on 9/20/2018, by the following vote:

Yes: 13 - Ms. Lambert, Dr. Danielson, Ms. Bagshaw, Mr. McDermott,
Mr. Dembowski, Ms. Honda, Dr. Daniell, Ms. Juarez, Ms. Birney and
Ms. Mosqueda
No: 0
Excused: 0

BOARD OF HEALTH
KING COUNTY, WASHINGTON



Rod Dembowski, Chair

ATTEST:



Melani Pedroza, Clerk of the Board

Attachments: A. Sanctioned Homeless Encampments Initial Planning and Management Checklists

Sanctioned Homeless Encampments
Initial Planning and Management Checklists

DESCRIPTION OF THE CONTENTS

The checklists contained in this document should be used in the initial planning and ongoing management of sanctioned homeless encampment sites.

The initial planning and set-up checklist includes items and design features that will be necessary for sanctioned encampments to have and use in their planning phase.

The ongoing management checklists identify the major risks and challenges associated with homeless encampments and therefore address minimum standards that sanctioned homeless encampments should provide. The management checklists are separated by the major risk topic areas.

Some of the checklists may not be relevant to an encampment site depending on the layout and needs of the residents. For example, if a sanctioned encampment site does not have any residents with pets then the checklist for pet management may be disregarded.

WHO SHOULD USE THIS DOCUMENT

The City of Seattle Human Services Department (HSD) contractors, planners, risk managers, service providers, and operators of sanctioned homeless encampment sites. The checklists may be shared and used by parties designated by HSD.

HOW TO USE THIS DOCUMENT

Checklists in this document can be used to plan, implement and operate sanctioned encampment sites. Each encampment site should work with their operators and contractors to operationalize the checklists into their management and operational plans to ensure that minimum standards for health and safety are implemented. It is recommended that a copy of the encampment operations should be kept onsite at each encampment and reviewed and updated quarterly.

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INITIAL PLANNING AND SET-UP CHECKLIST	
Water	
	1 portable toilet per 20 persons at minimum with a handwashing station at every toilet
	Hand washing station at kitchen area. Canopy provided to allow for cover if outside.
	Dishwashing station near the kitchen tent
	Gray water holding tank if sewer is not on site
	Drinking/Potable water
Trash and Storage	
	Large rodent-proof garbage cans with tight fitting lids throughout the encampment site
	Rodent-proof container for food storage
	Supplies for cleaning up pet waste: small garbage bags, litter boxes, litter, and scoops
Cleaning and hygiene supplies	
	Soap and paper towels for each handwashing station, hand sanitizer
	Disinfectant (pre-mixed solution and wipes), Bleach, paper towels
	Bucket (3-5 gallon) and spray bottles for mixing cleaning solutions
	Disposable gloves, masks, and eye protection (for cleaning toilets and other hazards)
	Work gloves (for emptying trash cans)
	Trash grabber-tool to pick up trash and needles
	Laundry supplies if laundry on site, or laundry service resources (where to go) available
	Shower and/or bathing supplies for camp residents
	Feminine hygiene products
Safety	
	2 large first aid kits, emergency eye wash bottles
	2 naloxone (Narcan) kits – for overdose if necessary to camp. Staff training for how to administer.
	Bulletin board for health information: signage for health messaging, ex: hand washing, etc.
	Fire extinguishers – 1 near kitchen, 1 near any electrical boxes or generators, and enough dispersed through camp for easy reach from all corners of camp
	At least one area with heat for residents to warm up in the winter months
Design and Planning	
	1 area containing all food storage and food prep tent
	1 area providing privacy where patients and health service providers can meet
	Secured area for potable water storage and heating, showers, laundry
	Secured area for dry supplies storage: blankets, clothing, food and First Aid
	Vegetation cleared inside and at least 10 feet surrounding camp
	Sleeping structures/tiny houses on pallets raised on cinder block “posts” (see platform
	Designated area for walking dogs with a supply of pet waste bags and garbage can
	Designated sharps storage area that can be locked to prevent theft
	Sleeping structures/houses should have closures that can keep pets inside the sleeping
	3-4 foot wide aisles, all sleeping structures accessible by emergency services, ADA accessibility
	Covered storage areas for fuel canisters and tanks

FOOD HANDLING AND MANAGEMENT CHECKLIST	
Why this is important	
<p>The most important function of food safety is to prevent the spread of disease. Diseases may be spread through the improper storage, cooling, handling, and cooking of food. Major risks associated with food in an encampment setting:</p> <ul style="list-style-type: none"> • Diarrhea and other diseases due to improper food storage, handling or cooking can quickly infect dozens of persons • Attracting rats or other pests that can also spread disease or contaminate and destroy food • Fire <p>The function of kitchen and food management would require about 2-3 hours of daily work.</p>	
Minimum Standards	
	Food donation management process to ensure proper storage and disposal of perishable foods. •Discard old food •Rotate new food • Stocking supplies
	Handwashing is mandatory with soap and water prior to handling food
	Kitchen area inspected and cleaned with a disinfectant at the end of every day
	All food handling surfaces are cleaned and sanitized
	No persons sick with vomiting or diarrhea permitted access to the kitchen area
	All food not in cans or jars stored in rodent-proof container with tight-fitting lids at all times
	All food thoroughly cooked or re-heated
	Food is stored on a pallet or container/shelving unit off the ground
	Dishes must be washed - no dirty dishes are left out
	Wastewater for dishes and handwashing should be disposed of in a gray water tank or a sink that is connected to sewer.
	Refrigerator and freezers maintained to keep food cold at 41° or below to prevent spoilage
Behaviors to practice and ongoing maintenance	
Action	Status
Train people who will be working in the kitchen area on food handling, create a daily kitchen management checklist, and keep records of food donations. Label food with dates.	<input type="checkbox"/>
Ensure a handwash station is maintained in the kitchen tent. This station should be stocked with water, soap, and paper towels at all times. <i>Instructions for how to set up a temporary hand washing station are located in Appendix B of this document.</i>	<input type="checkbox"/>
Food preparation surfaces should be washed, rinsed and sanitized with bleach/water solution immediately after use	<input type="checkbox"/>
Food donations only accepted from known or trusted sources and closely monitored.	<input type="checkbox"/>
Do not keep plastic garbage bags on ground – this will attract rodents Areas where food is prepared, consumed, or stored are regularly monitored for rodents	<input type="checkbox"/>
Bait stations placed by pest control company around kitchen tent	<input type="checkbox"/>

GARBAGE and Waste MANAGEMENT CHECKLIST	
Why this is important	
<p>Improper management of garbage, fecal wastes, and dirty or used water can cause multiple issues for camps and residents. The major risks associated with wastes are:</p> <ul style="list-style-type: none"> • Attracting rodents and other pests, which can transmit diseases • Transmission of diseases through improper handling of animal and human fecal waste • Health risks of exposures to chemical wastes • Contamination of the environment • Fire and explosion hazards for certain types of containerized wastes 	
Minimum Standards	
	<p>Provide methods for safe and legal disposal of all waste generated onsite:</p> <ul style="list-style-type: none"> • Garbage and recycling (weekly and more frequent if overflowing) • Flammable and hazardous waste (batteries, light bulbs, fuels, motor oil, etc.) • Graywater & Portable Toilets • Sharps
	<p>Provide a schedule for waste pick-up for each site that includes phone number of the company, dates and frequency of the service. Portable toilets and gray water tanks should be serviced regularly (minimum weekly) to prevent overflow. Dumpsters emptied when full to prevent overflow.</p>
	<p>Garbage collection and handling rules should be clearly posted:</p> <ul style="list-style-type: none"> • No garbage kept in sleeping structures – insect, rodent control • Safe disposal for flammable and hazardous wastes
	Empty all garbage cans daily that contain food wastes to prevent attracting pests
	Dirty water not dumped on the surface of the ground or into storm drains
	Animal wastes picked up immediately
Behaviors to practice and ongoing maintenance	
Action	Status
Create a daily garbage management checklist. Camp should be inspected at least once per day for improperly disposed wastes and cleaned up at the end of the day	<input type="checkbox"/>
<p>Stock all supplies needed such as :</p> <ul style="list-style-type: none"> • Garbage and pet waste bags • Work gloves • Grabber or tool for picking up trash 	<input type="checkbox"/>
Residents do not store or hoard trash in sleeping structures to prevent rodents	<input type="checkbox"/>
All garbage cans must be lined with garbage bags	<input type="checkbox"/>
All persons cleaning should immediately wash hands with soap and water, then apply hand sanitizer, when finished	<input type="checkbox"/>
Grease from cooking should be collected separately in a lidded container and put into trash	<input type="checkbox"/>
Ensure that all waste (garbage, junk, and miscellaneous wastes) are removed weekly to prevent rat harborage	<input type="checkbox"/>

RODENT AND PEST PREVENTION CHECKLIST FOR ENCAMPMENTS	
Why this is important	
<p>Improper management of the camp can lead to rodent and other pest infestations and cause a nuisance to the neighborhood where the camp resides. Major risks associated with rodents and pests are:</p> <ul style="list-style-type: none"> • Bites, which can cause physical injury as well as diseases from certain types of animals or insects • Contamination of food and other supplies • Once infestation occurs, it is harder to get rid of pests (prevention is best) 	
Minimum Standards	
	<p>Provide professional pest control. It is not recommended to do pest control in-house.</p> <ul style="list-style-type: none"> • Evaluate best bait station placement for the encampment • Provide regular service of bait stations and monitoring for rodent activity
	<p>Have emergency numbers posted for animal bites and seek medical attention after bites.</p> <ul style="list-style-type: none"> • If you are bitten by a rodent or other wild animal (e.g. raccoon), wash the wound with soap and warm water (see detailed instructions in Pet Management section) and seek medical attention immediately
	<p>Steps to clean up after pests/animals (fecal matter, urine, dead rodents).</p> <ul style="list-style-type: none"> • Wet first with bleach and water solution (1 part bleach to 9 parts water) or a household kitchen/bathroom disinfectant and allow to sit for 10 minutes • Wipe up with disposable paper towels and put into trash. • Wearing gloves bag dead rodents and place them in the trash <p><i>Important notes: Do not sweep or vacuum rodent material, including droppings or nests. Wear gloves when cleaning up after pests/animals. Do not touch wild rodents</i></p>
	<p>Excess materials (such as tarps, tents, cinder blocks, pallets) should be stored off site or in storage sheds to limit areas for rat nests.</p>
	<p>Call pest company in the event of a rat or pest infestation.</p>
Behaviors to practice and ongoing maintenance	
Action	Status
Notify the contracted pest control company in the event of a rat or pest infestation	<input type="checkbox"/>
Entire camp site inspected daily for rat burrows or rodent holes. Notify pest control company of new burrows or new infestations.	<input type="checkbox"/>
Provide education on rats and other pests regularly at camp meetings	<input type="checkbox"/>
No storage of food in sleeping structures. Provide tightly-lidded rodent-proof storage containers for residents.	<input type="checkbox"/>
No livestock, no food gardens, no composting on site	<input type="checkbox"/>
<p>Note: Take precautions around rodent droppings. Hantavirus is a virus that can cause serious disease, called Hantavirus Pulmonary Syndrome (HPS), and is spread by exposure to droppings, urine or contaminated material of the deer mouse, or contact with the deer mouse itself. Deer mice typically do not reside in urban areas; however, deer mice will inhabit suburban and semi-rural areas at times. Following the above standards and behaviors will help to prevent hantavirus when deer mice are present.</p>	

PET MANAGEMENT CHECKLIST

Why this is important

Public Health does not recommend that pets should be housed on a sanctioned encampment site unless the site has the appropriate capacity to accommodate. Major risks associated with pets:

- Bites to humans or other pets
- Population explosions if allowed to breed
- Spread of diseases such as rabies to both humans and other animals
- Attraction of rodents and other pests with animal wastes and foods

Minimum Standards

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

Animal Health and Disease Prevention

- Pet cats and dogs should be vaccinated (rabies, DHPP/FVRCP at a minimum) and spayed/neutered
- Pet cats and dogs should be on regular internal parasite treatment and flea and tick prevention
- Pets must have access to water at all times
- Pets must be provided shelter from heat and cold
- Pet food and water bowls should be cleaned regularly; avoid feeding raw pet food

Cleaning Up after Pets

- Provide disposal supplies for animal feces: litter boxes, scoops, gloves, plastic bags, etc.
- Double bag pet waste and place in garbage. Dog and cat waste cannot be composted.
- Wet first with bleach and water solution (1 part bleach to 9 parts water) or other household or kennel disinfectant and allow to sit for 10 minutes
- Wipe up with disposable paper towels and put into trash
- Pet food must be properly stored in lidded, secure containers or canned, no storage in sleeping structures
- Litter boxes need to be scooped daily (at least every 24 hours) and cleaned/disinfected at least once weekly

Note: Pregnant women should avoid cleaning up litter boxes; if a pregnant woman must clean the litter box, provide disposable gloves and instruct her to wash her hands with soap and warm water after removing the gloves.

Being Safe around Pets

- Animal control contact information available on site
- Have emergency numbers posted for animal bites and seek medical attention after bites
- Provide collars and leashes for pets who do not have them
- Dogs should be on leashes at all times when not contained in sleeping structures
- Cats should be on leashes or under the direct supervision of the owner at all times when not contained in sleeping structures or carriers, and should not be allowed to have contact with stray or feral cats

Behaviors to practice and ongoing maintenance	
Action	Status
Pet waste should be picked up by owner and disposed of in garbage receptacle immediately	<input type="checkbox"/>
Pets must be fed on schedule, no "left overs". Do not leave food bowls out between feedings and clean often. Store food bowls in a container with lid if not cleaned after every use so does not attract rodents.	<input type="checkbox"/>
Pets should not be allowed in food preparation or eating areas	<input type="checkbox"/>
Additional Guidelines:	
What to do in case of a dog or cat bite	
	<ul style="list-style-type: none"> • Promptly rinse wounds and scratches with lots of water and wash with soap and water for 3 to 5 minutes • If the wound is bleeding apply pressure with a clean, dry towel and raise the area to stop the bleeding • Apply a sterile bandage to the wound • Consult a healthcare provider if the bite or scratch has broken the skin • See a healthcare provider for all cat bites- they are particularly dangerous because the puncture wounds caused by the sharp canine teeth often close up quickly, trapping harmful germs under the skin • Monitor all bites and scratches closely and seek medical care immediately if any redness, swelling or pain occurs at the site
	Dogs and cats that bite may be subject to a ten day confinement period, which is enforceable by Public Health [Board of Health Title 8.04, Rabies]. Call the Seattle Animal Shelter if a dog or cat bite has occurred. The intention of confinement is to restrict the animal from contact with other animals and people beside the owner, and to keep the animal under control (e.g. leash, carrier, and kennel) at all times.
	Dogs and cats that are aggressive and known to bite or scratch should be removed from the encampment.
Resources for Pet Owners	
	The Doney Memorial Pet Clinic: open 3-5 pm on the 2 nd and 4 th Saturdays of the month at The Union Gospel Mission, 318 2 nd Ave Ext S, www.doneyclinic.org/ : free veterinary clinic and pet food bank, low cost treatment and spay and neuter vouchers.
	Seattle Animal Shelter: Responds to animal neglect, cruelty, or aggressiveness. They also provide low cost spay and neuter surgeries and vaccinations. They can provide certificates for financial assistance for spay and neuter surgeries and have free pet supplies available at their donation center. Seattle Animal Shelter, 2061 15 th Ave W, Seattle WA 98199, (206) 386-7387, http://www.seattle.gov/animalshelter
	Furry Faces Foundation: www.furryfacesfoundation.org/ : financial support to help people keep their pet.

SHARPS (NEEDLES) MANAGEMENT CHECKLIST

Why this is important

Sanctioned encampments should have proper collection and disposal procedures for sharps (needles) as necessary. Major risks associated with sharps:

- Theft and re-use of needles
- Improper disposal
- Disease transmission from puncture wounds or re-use of needles
- Environmental contamination

Minimum Standards

	Central location for sharps storage that is monitored and secured
	Sharps storage area should be monitored regularly by camp security
	Suggested disposal method is to have a certified medical waste collection company to pick up the containers for proper disposal
	Have procedures in place and personnel trained to pick up any needles that are disposed of outside the sharps container (proper PPE, a grabber tool, etc.)
	In City of Seattle, sharps containers cannot go in the trash. Sharps container should be disposed of when ¾ full or every 90 days, whichever occurs first
	Plan for emergency medical care and treatment for all sharp sticks, immediate transport to nearby hospital, and hospital on stand-by during cleanup activities

Behaviors to practice and ongoing maintenance

Action	Status
Review Public Health webpage to develop a process for sharps (needles) management www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/drug-use-harm-reduction/needle-disposal.aspx	<input type="checkbox"/>
Develop a sharps management plan to be posted at each site that includes at a minimum: <ul style="list-style-type: none"> • Phone number for sharps disposal company • Schedule for sharps disposal (when to call for pick up and/or pick up schedule) • What to do with full sharps containers (where and how to store them) • Instructions for what to do if someone has been accidentally exposed (sharp stick) • Stocked PPE (work gloves, safety glasses, grabber tool, etc.) 	<input type="checkbox"/>
Instruct residents on safe sharps handling <ul style="list-style-type: none"> • Discarded needles or sharps immediately placed in the sharps container after use • Discarded needles or sharps should never be picked up with bare hands, only use a trash grabber tool or other physical barrier to pick up needles 	<input type="checkbox"/>

Additional Resources for Sharps Management

Needle exchange: <https://kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/drug-use-harm-reduction/needle-exchange.aspx>

Seattle Transfer Stations:
<http://www.seattle.gov/util/MyServices/Garbage/DumpTransferStation/index.htm>

GENERAL SAFETY CHECKLIST	
Why this is important	
<p>There are some overall safety precautions that should be implemented as living in an encampment environment can provide other risks and exposures including:</p> <ul style="list-style-type: none"> • Fire and explosions • Chemical exposures 	
Minimum Standards	
	Develop an evacuation plan for fire and other emergencies
	Post the evacuation map throughout the camp
	Post emergency protocols and important emergency phone numbers in central locations
	Post no smoking signs in areas that store chemicals, propane, empty fuel canisters, etc.
	Post no smoking signs around generators or propane heaters
	Do not store any flammable materials (propane, butane, and gasoline) around generators or propane heaters
	Post disposal methods for flammable wastes
Behaviors to practice and ongoing maintenance	
Action	Status
Develop a checklist and keep records of daily inspections	<input type="checkbox"/>
Conduct daily safety inspection for proper storage and hazards	<input type="checkbox"/>
Consult with your local fire department for a safety walk through to ensure you are complying with local codes	<input type="checkbox"/>
Stock extra "No Smoking" and "Flammable Materials" signs in case of loss. Recommended to laminate the signs.	<input type="checkbox"/>
Ensure flammable waste is safely disposed	<input type="checkbox"/>
Schedule and hold regular camp meetings to inform new camp residents of safety protocols and evacuation/emergency plans	<input type="checkbox"/>

HEALTH AND HYGIENE CHECKLIST	
Why this is important	
In general, homeless persons are a sensitive population at higher risks for diseases and injury, as a result of living in an encampment setting. This checklist will address all other issues of hygiene and health with some repetition for emphasis on the most critical elements. The function of health and hygiene management would demand a moderate amount of daily time and availability for intake and orientation of new residents and for referral coordination within 12-hours of admission to camp.	
Minimum Standards	
Health	
	All residents have a brief health screening by a case manager or other designated staff person. Screening will include referral to services, a review of camp health and safety policies, orientation to communal living, and a clear explanation of the rationale for camp policies. The brief screening will also identify any potential communicable illness/disease in order to swiftly treat the affected person and take measures to prevent the spread of any illness within the camp. The intake process will include identifying a designated emergency contact(s) for the residents. If a resident is ill or concerned about illness they can be provided education on infection prevention and medical care options. Ill residents should not be turned away from shelter.
	Any resident who identifies as having a health condition will be connected with a care provider.
	Pregnant women will be referred to prenatal care provider and a Public Health Nurse
	Residents will be issued clean bedding, food containers with lids, and a list of community resources including health, mental health, and substance use counseling and hygiene resources.
	Residents will be offered information on accessing medical care for medication refills and ongoing health maintenance
Hygiene	
	Handwashing stations inspected regularly and restocked with soap, water, and paper towels at all times. Handwashing station under cover if outside.
	Encampment residents have access to cleaning and bathing supplies
	Post hand hygiene signs in all toilet facilities.
	Feminine hygiene products should be provided for female residents.
	Clean and disinfect common areas and dormitory sleeping structures, and tiny houses between
Behaviors to practice and ongoing maintenance	
Action	Status
Public Health suggests that a person on site be trained in CPR, First Aid, and emergency medical response training. In addition maintain a list of local medical care resources and person who is knowledgeable about communicable disease risk reduction and basic health interviewing skills.	<input type="checkbox"/>
Residents will be oriented to the location of First Aid Kits, phone to call 911, fire extinguishers, hand washing facilities, hand sanitizer locations, sharps container locations	<input type="checkbox"/>
Report potential communicable diseases to Public Health’s Communicable Disease Control and Epidemiology and Immunization Section 24/7 hotline at 206-296-4774	
Develop procedures for to ensure routine cleaning and disinfection of common areas, community sleeping spaces (dormitory sleeping structures, cots, etc.) and sleeping structures/tiny houses between residents	<input type="checkbox"/>

HEALTH AND HYGINE CHECKLIST FOR LICE, SCABIES, AND BED BUGS	
Why this is important	
<p>Lice, scabies, and bed bugs are all insects of concern in an encampment environment. It is important for encampments to have procedures in place for screening, providing resources for residents, and measures in place for control.</p> <p>Lice are small parasitic insects that live on human bodies. There are several types of lice that can be common in homeless populations that include head lice, body lice, and pubic lice. Body lice can transmit diseases such as typhus and louse-borne relapsing fever.</p> <p>Scabies is caused by an infestation of the skin by the human itch mite. Scabies do not directly spread disease but they are highly contagious by close skin and body contact. Bedding and clothing that are infested can spread scabies. Crusted (Norwegian) Scabies is a severe form of scabies that forms thick crusts of skin that contain large numbers of scabies mites and eggs. This form of scabies is very contagious due to the large number of mites.</p> <p>Bed bugs are small insects that feed on human blood. They are usually active at night when people are sleeping. Bed bugs are a nuisance and don't spread disease. Bed bugs can be spread by infested bedding and clothing.</p>	
Minimum Standards	
	<p>Screening for Lice, scabies and bed bugs should be done at intake for new residents.</p> <ul style="list-style-type: none"> • Ask each resident about symptoms of lice, scabies, and bed bugs at intake • Refer residents with symptoms for a medical evaluation • Provide assistance to residents who need help with bathing and laundry
	Encampment management plans should include information and resources for control of bed bugs, lice, and scabies
	PPE such as gloves and protective clothing should be provided to those working with possible infestation of clothing, bedding, or living spaces
Behaviors to practice and ongoing maintenance	
Action	Status
Provide screening, education, and hygiene assistance for residents about bed bugs, lice, and scabies	
Develop procedures for handling dirty laundry and bedding	
Develop procedures for cleaning sleeping areas, sleeping structures, and tiny houses to prevent re-infestation	
Contact a professional pest control company for assistance with bed bug control. If bed bugs are infesting a tiny house or sleeping structure they should be treated before a new resident moves in.	



What to do to control lice, scabies, or bed bugs in the environment	
	<p>Lice</p> <p>Treatment for lice is depended on the type of lice that is of concern. Residents experiencing lice should be provided personal prevention information and seek medical care if necessary.</p> <p>Basic lice prevention and control in the environment includes:</p> <ul style="list-style-type: none"> • Do not share clothing, beds, bedding, towels, brushes, or combs with an infested person. • Machine wash Machine wash and dry infested clothing and bedding using the hot water (at least 130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned OR sealed in a plastic bag and stored for 2 weeks. • Disinfest combs and brushes by soaking in hot water (at lease 130F) for 5-10 min. • Vacuum furniture and floors in affected areas. • CDC does not recommend the use of fumigant sprays or fogs to control head or pubic ("crab") lice and can be toxic if inhaled or absorbed through the skin. Fumigation or dusting with chemical insecticides sometimes is necessary to control and prevent the spread of body lice for certain diseases (epidemic typhus). <p>Online resources: https://www.cdc.gov/parasites/lice/index.html</p>
	<p>Scabies</p> <p>Residents experiencing scabies should seek medical treatment. All household members and other potentially exposed persons should be treated at the same time as the infested person to prevent possible reexposure and reinfestation.</p> <p>Basic scabies prevention and control in the environment includes:</p> <ul style="list-style-type: none"> • Bedding and clothing worn or used next to the skin anytime during the 3 days before treatment should be machine washed and dried using the hot water and hot dryer cycles or be dry-cleaned. • Items that cannot be dry-cleaned or laundered can be disinfested by storing in a closed plastic bag for several days to a week. Scabies mites generally do not survive more than 2 to 3 days away from human skin. Children and adults usually can return to child care, school, or work the day after treatment. • Rooms used by a resident with crusted scabies should be thoroughly cleaned and vacuumed. <p>Online resources: https://www.cdc.gov/parasites/scabies/index.html</p>
	<p>Bed bugs</p> <p>If bed bugs are confirmed the encampment should have protocols to prevent the spread of bed bugs. If bed bugs are confirmed in a living space a pest control company should be contacted in addition some actions to be taken in preparation for treatment.</p> <ul style="list-style-type: none"> • Remove all clutter and keep non-infested items in sealed plastic bags during the treatment period. • Use interceptors and barriers to prevent movement of bed bugs. • Use soap and water to clean washable items. • Launder all items including laundry bags. • Steam clean hard to reach areas. • Use mattress protectors for mattresses and box springs. <p>Online resources: https://www.cdc.gov/parasites/bedbugs/index.html</p>

Appendix A: Guidelines for Cleaning and Disinfecting

Areas within the encampment that are high touch or common areas should be considered for routine cleaning and disinfection to prevent the spread of germs. Proper steps for cleaning and disinfecting are important to take into consideration during the flu season and for the prevention of food borne illness or other communicable diseases.

Clean and disinfect correctly

Cleaning involves using a soap or detergent to physically remove dirt from surfaces and does not necessarily kill germs.

Disinfection requires the use of a chemical to kill germs and works best on a clean surface. Disinfectant products usually require a period of time (between 3- 10 minutes) to work. Some disinfectant products also contain a detergent so that they clean and disinfect.

Sanitizing reduces germs. An example of sanitizing would be using a bleach solution or a disinfectant wipe on a table.

Using bleach

Bleach solution on its own does not do a good job of cleaning. For bleach to be effective it is good for the surface to be previously cleaned with soap and water. Mixing bleach correctly is important. Read the label on our bleach bottle to determine the type of bleach you are using and follow the instructions below.

Bleach solutions for sanitizing every day surfaces (tables, chairs, counters, sinks, etc.)

Regular Bleach (5.25%) Sanitizer- mix 2 tsp. bleach per 1 gallon of water

Disinfectant- mix 3 Tbs. bleach per 1 gallon of water

Concentrated Bleach (8.25%) Sanitizer mix 1tsp. bleach per 1 gallon of water

Disinfectant- mix 2 Tbs. bleach per 1 gallon of water

Bleach solutions for disinfecting heavy soiled areas (Feces and other fluids). Allow to soak for 10 minutes

Regular Bleach (5.25%) mix 1 cup per 1 gallon of cold water

Concentrated Bleach (8.25%) mix ¾ cup bleach per 1 gallon of cold water

Using disinfectant cleaners and wipes

Disinfectant cleaners and wipes are readily available and come in pre-mixed formulas such as kitchen or bathroom disinfectant. These products are effective for cleaning and sanitizing common surfaces. To use them as a disinfectant they must be allowed to sit on the surface for the amount of time recommended on the label.

Using products safely

Using disinfectant products safely is important to avoid skin irritation or unnecessary exposures to chemicals. Follow all instructions on product labels. Dispose of dirty water and cleaning solutions into the sewer or graywater tanks. Provide protective equipment such as gloves and eye protection.

Cleaning and disinfecting heavily soiled surfaces (feces, vomit, other bodily fluids)

Surfaces that are soiled with feces, blood, vomit, or other bodily fluids will require additional measures to reduce the spread of diseases. The following steps should be followed for cleaning and disinfecting these areas.

Supplies needed: Disposable gloves, dust mask, eye protection, garbage bags, scrubbing pads or cleaning brushes, bleach or disinfectant, measuring cup, and clothing that covers exposed skin.

1. Put on gloves, mask, eye protection, and a long sleeve shirt.
2. Spray or soak the soiled area with disinfectant solution and allow to sit for 10 minutes.
2. Remove all solid waste and place into garbage bags.
3. Scrub the area with a disinfectant cleaner or soap & water using disposable scrub brush or pads to remove any remaining debris.
4. Rinse the area with water.
5. Spray/apply a bleach solution that is mixed as recommended for heavy soiled or fecal contaminated surfaces. Allow this solution to sit for 10 minutes.
6. Rinse with clear water and allow the area to dry.
7. Remove all clothing and dispose or launder.
8. Wash hands thoroughly.

Routine cleaning, sanitizing, and disinfection for common areas

Areas to clean and sanitize daily	Areas to clean and disinfect between guests
<ul style="list-style-type: none"> - Hand sinks - Common areas (sofas, tables, chairs) - Food preparation and eating areas - Dishes (set up for dish station to wash, rinse, and sanitize) 	<ul style="list-style-type: none"> - Community sleeping areas <ul style="list-style-type: none"> o Clean and disinfect cots o Clean and disinfect guest storage bins - Tiny houses



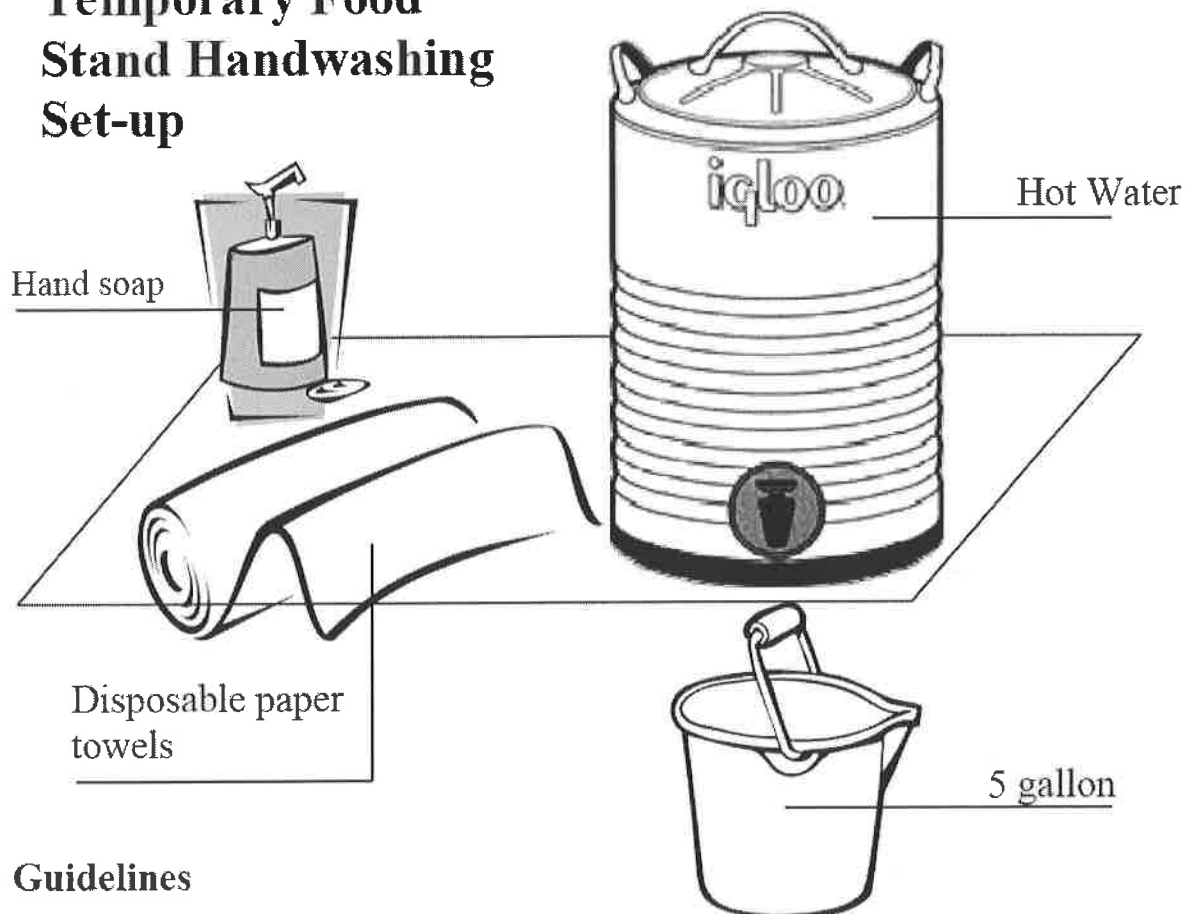
Appendix B: Temporary Handwashing Station Instructions

A temporary handwashing station can be set up anywhere it is needed. It is recommended to place one in the kitchen tent for use by anyone handling food or for individuals to wash hands before eating. Additionally, a temporary handwashing station can supplement rented equipment and back up for failure of rented handwashing equipment.

Supplies needed:

- 5 gallon or larger gravity flow, insulated container
- Warm water
- Bucket for catching waste water
- Soap
- Paper towels
- Hand Sanitizer

Temporary Food Stand Handwashing Set-up



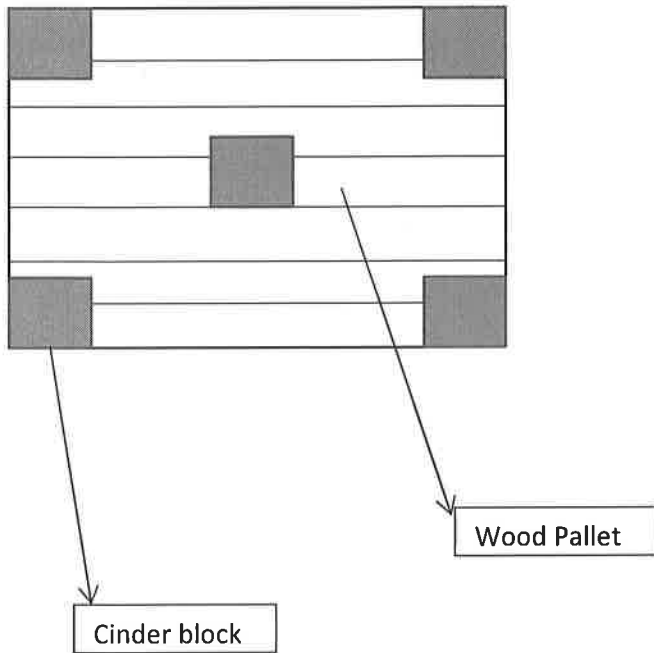
Guidelines

Image credit: https://dia.iowa.gov/sites/default/files/documents/2016/01/temp_handwashing.pdf



Appendix C: Platform Design and Diagram for Sleeping Structures

Sleeping structures and housing units should be placed on cinder blocks with pallets to support the unit and keep residents off the ground.



Appendix D: Daily Checklist Example

Check lists are very useful to ensure tasks are done correctly and at the right time. This example check list is a guide that can be modified to suit your needs/procedures. Different check lists may be needed for different areas of the encampment. Keep a new list on a clipboard and initial when completed. Update weekly.

KITCHEN TENT CLEANING TASK	WHEN	PROCEDURE
SUPPLIES NEEDED		
Disposable Gloves Scrubber Paper towels Disinfectant wipes Bleach solution –sanitizer formula		<i>Person in charge of daily kitchen tent cleaning:</i> _____ <i>Person in charge of stocking supplies:</i> _____
Food Preparation and Storage Areas		
Food Contact Surfaces		
Use standard cleaning/sanitizing procedures for cleaning food preparation surfaces	Daily When food is being prepared	<input type="checkbox"/> Use soap and water solution to scrub counters and food contact surfaces. -cutting boards -counters -any areas where food is prepared <input type="checkbox"/> Rinse all surfaces with clean water <input type="checkbox"/> Spray surface with bleach sanitizer and allow to sit <input type="checkbox"/> Wipe with a clean paper towel
General Kitchen areas		
Use standard cleaning and disinfection procedures general kitchen areas.	Daily Tables after meals Weekly -Shelving -Microwave -Refrigerator/Freezer -other kitchen surfaces	<input type="checkbox"/> Routinely clean with a disinfectant cleaner to remove food debris and grease <input type="checkbox"/> Remove all items; clean, and replace <input type="checkbox"/> Scrub inside and outside of microwave <input type="checkbox"/> This is a good time to check expiration dates and rotate food supplies
Kitchen Garbage		
	Daily	<input type="checkbox"/> Replace garbage bag in can and take to dumpster

Daily/Weekly Cleaning Schedule- initial when completed

Task	Assigned	Mon	Tues	Wed	Thurs	Frid	Sat	Sund
Stock Supplies								
Food Prep a.m. Wipe tables								
Food Prep lunch Wipe Tables								
Food Prep dinner Wipe Tables								
Garbage/ daily								
Kitchen shelves wkly								
Fridge/Microwave-wkly								

Appendix E: Public Health Contact Information & Resources

For questions or for more information on the contents of this document or other Public Health needs, please contact the following agencies.

Environmental Health Services
(206) 263- 9566

Healthcare for the Homeless Program
(206) 296-5091

Public Health's Communicable Disease Control /Epidemiology and Immunization Section
24/7 hotline at 206-296-4774

Additional Online Resources:

Clean-up and Disinfection for Diarrheal and Vomit Events- Printable

https://www.ndhealth.gov/FoodLodging/PDF/CleanupDisinfection_8.5x11_NDDOH_BW.pdf

Disinfecting and Sanitizing Surfaces with Bleach-Printable

http://www.snohd.org/Portals/0/Snohd/Family/files/DisinfectingSanitizingWithBleach_CD.pdf

No smoking signs- Free printable

<http://www.freesignprinter.com/images/no-smoking.pdf>

Flammable storage signs- Free printable

http://www.freesignage.com/osha_danger_signs.php

Rat Prevention

www.kingcounty.gov/health/rats

Stop Germs, Stay Healthy

<https://www.kingcounty.gov/depts/health/communicable-diseases/stop-germs.aspx>