Providing Services and Care to Tribal Members Experiencing Homelessness

To ensure everyone in your care receives the same information as quickly as possible, Tribal healthcare service providers can establish a plan for communicating information about COVID-19 with all staff, volunteers, Tribal community partners, or anyone serving Tribal communities.

Are Native Americans and Families Experiencing Homelessness at Risk for COVID-19?

Yes. Homeless services are often provided in crowded places. Many Native Americans experiencing homelessness are older or have underlying health conditions, putting them at a higher risk for a severe case. Even if COVID-19 cases have decreased in your community, quick spread of this disease in homeless shelters or encampments is possible. Protection of Native Americans experiencing homelessness and staff who provide care in Tribal communities remains necessary.

What Should I Tell Tribal Community Members to do to Protect Themselves From COVID-19?

Many of the CDC recommendations to prevent COVID-19 are more difficult for someone who is experiencing homelessness, however, individuals experiencing homelessness should follow the recommendations when possible. Tribal healthcare service providers should provide the Native Americans they serve with information about the COVID-19 vaccine, assure them that it is safe, and encourage them to get vaccinated. Those serving Tribal communities and assisting Native Americans experiencing homelessness should identify individual barriers, such as disabilities or mental health challenges and address the individual needs of the person they are assisting, including providing information about other resources, if needed.
What Actions Should be Taken At Shelters?

**Screening**

- Ask, “Do you have a new or worsening cough today?” “Have you felt like you have had a fever in the past day?”
- Check temperatures while wearing disposable gloves, a facemask, and eye protection.
- Anyone found with symptoms should be given a facemask (if available) or cloth face covering.
- Encourage any clients with symptoms of COVID-19 (fever, cough, or shortness of breath) to alert their service providers (case managers, shelter staff, and other care providers).
- Make sure to identify local places (homeless healthcare clinics, street medicine clinics, etc.) that have testing available.

**Sleeping Areas**

- Sleep “head-to-toe”.
- Arrange beds or cots at least 6 feet apart and have clients sleep in the same bed each night.
- Clients who are sick or have symptoms should sleep in individual rooms if possible.
- Decrease the number of staff who have face-to-face interactions with clients.
- Install physical barriers for staff who will have interactions with clients, such as a “sneeze guard” at the check-in desk.
- Encourage frequent hand hygiene. Keep bathrooms well stocked with soap, and place alcohol-based hand sanitizers that contain at least 60% alcohol at key points in the shelter.

**Unsheltered Homeless Populations**

For those living in warmer climates where many homeless individuals live unsheltered, setting up hand washing stations or providing outreach about where you can have your temperature monitored and receive medical care is important. Identify locations for temporary shelter and encourage people to practice physical distancing.
My Family Member(s) are Homeless and Have Returned Home, What Should I Do?

If a family member experiencing homelessness returns home, they should be immediately screened for COVID-19 and tested if possible. Even if they do not have symptoms of the virus, they could be carrying it. If testing is not immediately possible, they should be self-quarantined for at least 5 full days inside the house.

For more information, or to learn more about frequently asked questions, visit the [CDC website](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/faqs.html).

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