

# Small temporary shelter for the homeless during lockdown

## SOP & Guidelines (Version 1)

*We open our spaces to the vulnerable because we recognise our shared humanity, and that we are all in this together. Those of us who have more, feel compelled to share so that everyone can have an equal chance to protect themselves against the virus. Thank you for considering opening your space to accommodate those who find themselves on the street during this crisis.<sup>1</sup>*

### Overview

This guide builds upon ‘How a church can use its resources during Covid-19 response in your city’ by the Warehouse Trust. It specifically provides information for setting up a small temporary shelter for less than 50 people who find themselves homeless.

This guide assumes the relevant due diligence and permissions have been granted for use of the building. It focuses on the general requirements and standard operating procedures for running the temporary shelter and templates of the required paperwork.

For implementation, the following basic principles need to be adhered to:

- People must be registered via formal intake process (see section 2 below)
- All the SOPs in this must be implemented
- The focus is on the most vulnerable to COVID-19 – in this case the homeless, especially those who are also elderly and those with compromised immune systems.
- As the site is for vulnerable people, this needs to be a strictly closed group and people are only allowed to leave the site for medical emergencies. Leaving the site places everyone at risk so it should not be allowed. Everything is catered for onsite (e.g. food etc) so there is no need to leave. Random roll calls will be conducted during the day to check on this.
- Holistic care is critical to the well-being of all people and should be part of any basic planning.
- Assume all people (including service providers) are potentially infected with COVID-19. Therefore, prevention with masks and hygiene guidelines must be in place and strictly enforced
- Partnerships must be in place with the necessary stakeholders for quarantine & hospital access, death management, substance use withdrawal and social wellbeing support.

It is very important that a church does not embark on this alone but partners with a local NGO provider that is experienced in providing services to the homeless. This provider will be able to train volunteers, provide the social wellbeing support for the residents and refer to other services if required.

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<sup>1</sup> *Disclaimer:* The authors don't claim that this document is 100% complete or correct and it is important that anyone setting up a small temporary shelter makes sure they are always complying with local and national legislation, especially regarding fire safety and health and safety.

## Section 1: Preparing the site

All of the elements in this section need to be in place before the shelter can open

### 1.1. Suitable sites

For a site to be suitable to be used as a temporary shelter, it requires the following:

- Building standing empty during lockdown
- Can take minimum of 10 people
- A minimum of 15m<sup>2</sup> per person with at least 10m<sup>2</sup> per person in the sleeping space to allow for 2m between each persons bed.
- Adequate ventilation in the sleeping area
- Separate sleeping areas for men and women (if taking in both men and women)
- Running water and functioning electricity
- Adequate hot water for at least one shower or bucket bath every 2 days
- Available drinking water
- Toilets (at least 1 per 20 ppl) including provision for appropriate disposal of ladies hygiene products.
- Shower facilities or provisions to bucket bath in private
- Fence or boundary in place so that access can be controlled
- Permission from the owners of the building
- Owners have public liability insurance & building insurance
- A valid population certificate
- Fire extinguishers & fire escape routes clearly marked

### 1.2. Key things that need to be in place before opening

**A: Resources and staffing as per SOPs in sections 1.3-1.5 below**

**B: Supply lines set up for the following:**

- Food preparation – a roster for food supply and preparation needs to be drawn up so three meals a day can be provided seven days a week. Food can either be prepared on site or remotely and then delivered.
- Donated equipment and other items (e.g. clothing, mattresses, bedding, activities etc)
- Access to masks, gloves and other personal protective equipment
- Hygiene equipment (soap, sanitizing liquids, sanitation equipment)

**C: Links set up with individuals or organisations that can provide support with (or referrals to) for the following:**

- Rehabilitation services for substance users
- Quarantine and hospital access
- Death management
- Social wellbeing support

**D: Site inspection undertaken (see attached form for a template)**

### 1.3. Basic resource checklist

<p><b>A: Equipment list:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Mattresses</li><li><input type="checkbox"/> Blankets and pillows (two sets)</li><li><input type="checkbox"/> Towels and face cloths</li><li><input type="checkbox"/> At least two full sets of clothing per person in correct size and appropriate to culture &amp; season.</li><li><input type="checkbox"/> Gas / electric hobs to heat food</li><li><input type="checkbox"/> Kettle / urn for coffee &amp; tea</li><li><input type="checkbox"/> Large cooking pots</li><li><input type="checkbox"/> Kitchen utensils (knives, chopping boards, serving spoons, mixers)</li><li><input type="checkbox"/> Crockery &amp; cutlery</li><li><input type="checkbox"/> Fridge to store milk and food</li><li><input type="checkbox"/> Plastic containers</li><li><input type="checkbox"/> Washing machine for clothing and bedding &amp; dryer stands (as many stands or washing lines as expected loads of washing per day)</li><li><input type="checkbox"/> Cupboard to lock up cleaning and cooking utensils</li><li><input type="checkbox"/> Trestle tables x 4</li><li><input type="checkbox"/> TV, projector, internet dongle (with locks / secure cupboard)</li><li><input type="checkbox"/> Cleaning utensils (broom, bucket, wiping cloths, Hoover)</li></ul> <p><b>B: Admin resources:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Clipboards/pens/paper</li><li><input type="checkbox"/> Whiteboards &amp; markers</li><li><input type="checkbox"/> Prestik and sticky tape</li><li><input type="checkbox"/> Duct tape</li><li><input type="checkbox"/> Name tags for residents and volunteers and name wall with pictures</li><li><input type="checkbox"/> Registration kit</li></ul>	<p><b>C: Basic safety:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Hand sanitizers (70% alcohol)</li><li><input type="checkbox"/> A vehicle from one of the volunteers that are on site in case resident needs to go to medical facilities</li><li><input type="checkbox"/> COVID 19 posters (handwashing at all basins, general infection control in communal and sleeping space)</li><li><input type="checkbox"/> First aid kit</li><li><input type="checkbox"/> Burn kit</li><li><input type="checkbox"/> A directory of services is prepared which includes emergency contacts. (see Annex I for an example)</li><li><input type="checkbox"/> Fire extinguishers (if building does not have enough)</li><li><input type="checkbox"/> 2 cloth masks for every resident &amp; volunteer</li><li><input type="checkbox"/> Thermometer</li></ul> <p><b>D: Consumable list:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Numbered washbag for each resident containing soap, shampoo, deodorant, toothpaste, toothbrush, moisturizer, hand sanitizer, a disposable razor, hairbrush and/or comb, nail clippers)</li><li><input type="checkbox"/> Numbered bag or large plastic container for resident's belongings</li><li><input type="checkbox"/> Dishwashing liquid and dish cloths</li><li><input type="checkbox"/> Disinfectant</li><li><input type="checkbox"/> Rubbish bags</li><li><input type="checkbox"/> Laundry detergent</li><li><input type="checkbox"/> Toilet paper</li><li><input type="checkbox"/> Ladies hygiene products</li></ul> <p><b>E: Food (basis to provide a quick meal)</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Tea and coffee</li><li><input type="checkbox"/> Milk</li><li><input type="checkbox"/> Sugar</li><li><input type="checkbox"/> Peanut butter, jam</li><li><input type="checkbox"/> Tinned food (baked beans, tuna, corn)</li><li><input type="checkbox"/> Instant noodles, soup</li><li><input type="checkbox"/> Cereals</li></ul>
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## 1.4. Setting up the space

Before anyone arrives, carefully set up the space by doing the following:

- Remove valuables, precious items & alcohol from the site
- Securely lock areas where guests are not allowed to go
- Where possible mop floors, otherwise Hoover
- Clean/disinfect all bathrooms & common surfaces
- Designate place to wash dishes
- Designate place to warm up food
- Pack away cleaning materials
- Set up washing machine for clothing and bedding
- Designate place for dryer stands or washing line
- Designate a separate room or area for individuals who are sick
- Draw up service roster (need whiteboard / flip chart - allocate numbers to shifts)
- Demarcate sleeping spaces per person.
  - Good practice for bed distribution is one person per room (preferable) or three persons per dormitory or open-air tent.
  - Men and women should sleep in separate areas (unless family/couple accommodation)
  - If there is capacity – accommodate small families in different rooms
  - If a large space is being used, ensure that there is a space of at least 2m between each person's bed with adequate ventilation. Demarcate these sleeping spaces with tape.
- Set up Internet link & projector & TV (and lock it down with cable or other security device)
- Set up space where medicines can be locked securely
- Decide on and display the house rules (see Annex II for an example)
- Have a small space e.g. drawer or other cupboard where small valuables from volunteers eg wallets & car keys can be kept. NB. should not be same space as medicine space

## 1.5. Staffing the shelter

Each site will have a site manager who holds the overall responsibility for running the site. They will be responsible for ensuring the shelter follows the SOPs in this document, finding and inducting volunteers, and will be the point person for those who have questions about the shelter. A 'job description' will be provided.

The shelter will be staffed by volunteers. The exact number of volunteers required depends both on the number of residents within the shelter and also the specific needs of the residents. The volunteers will either be organised by the site manager or a separate volunteer manager. A guideline for volunteer numbers is:

Site size	Small site	Medium site
# residents	<20 pax	21-45
# volunteers on duty	At least 2 ppl	At least 3 ppl (2 at night)

The exact shift pattern used is up to the church and the willingness of volunteers. Whatever pattern is used (6 hr, 8 hr, 12 hr) there should be a half hour changeover between each shift where volunteers at the end of their shift are able to effectively handover to those just starting a shift.

For volunteers, the following should be noted:

- *Shift leader:* For each shift one person will be assigned as the shift leader to oversee duties from the service roster. They are also responsible for 'screening' volunteers for Covid-19 and anyone else who comes onto the site.

- *Essential service directory:* A directory of essential services which includes contacts for a substance detox specialist, an OT/Social worker, and emergency contacts will also be available (see Annex I for a template)
- *Volunteer induction:* All volunteers will be given the SOPs before they first enter the site, and it is their responsibility to read and understand them.
- *Volunteer hygiene procedures:* All volunteers that enter and leave site need to follow strict hygiene procedures, e.g. wash hands on entry and exit and will have their temperature checked on entry. If a volunteer knowingly is feeling ill or has been in contact with someone who has COVID-19, they are not allowed on site.
- *Volunteer self-care:* all volunteers and staff need to take care of themselves as a priority as 'you cannot pour from an empty cup'. The site manager should debrief with volunteers regularly to ensure they are doing OK. If a volunteer is feeling the weight of the stories and burdens carried by the individuals it is important to identify a counsellor or pastor they can talk with (ensuring confidentiality is maintained).
- *Essential service permit:* It is the site managers responsibility to ensure all volunteers during lockdown have a valid essential service permit so they can volunteer at the shelter to support the essential service provision. Your partner NGO will be able to provide assistance with this is required.
- *Volunteer handover:* Between shifts, ensure there is some overlap between the volunteers so there can be a handover meeting. This meeting is a very important part of continuous operation of the site. At this meeting:
  1. Welcome everyone and particularly new volunteers
  2. Brief update on any changes to residents at the shelter
  3. Information and instructions for volunteers:
    - Inform new volunteers where the fire exits are and the evacuation procedure in the event of a fire.
    - Inform new volunteers where guests can and cannot go.
    - Encourage volunteers to chat with guests. **It is important to avoid having groups of just volunteers chatting to each other on their own. Gently encourage volunteers to get out of their comfort zone.**
    - Allocate roles and responsibilities for each volunteer.

## Section 2: Operating the temporary shelter

The following guidelines and SOPs support the day to day operation of the temporary shelter. The site inspection (see attached form) should be independently completed to ensure compliance with the SOPs before beginning operating.

### 2.1. Selection and intake process

When the shelter is ready and the go-ahead to operate has been received the following process should be used to select prospective residents and then support their intake into the shelter.

#### A: Selection of residents

- The purpose of the shelter is to provide a safe space for those vulnerable to COVID-19, in this case the homeless. Therefore, ideally focus on provision of space to those who are particularly vulnerable first – e.g. the elderly and those with compromised immune systems.
- A blanket ‘rounding up’ of people and placement through force is not acceptable, dignified or wise. Placement will be through proper (voluntary) assessment and referral.
- **Where possible local NPOs experienced working with homeless people will support the selection process as they have existing relationships and know who requires support.**
- Be aware of your limitations and that some people can be more difficult to manage and care for than others, e.g. those with unmanaged mental illness or those in drug withdrawal. If focusing on these groups of people, ensure there is sufficient staffing, and also support (e.g. from external organisations with expertise).

#### B: Intake process:

- **Registration:** Interview using an intake form (see Annex III for a template). The Interview should ideally be conducted by a social worker, auxiliary social worker or person with similar background.
- **Screening and Medical Assessment:**
  - Screen for COVID-19 infection (See Annex IV), TB, HIV and other chronic infections, Medication, Other substance use - ideally to be conducted by someone with medical training.
  - Determine level of risk. High risk = includes any recent admission to hospital or emergency department, respiratory infection, chronic disease, pregnancy, psychiatric problems, any psychotic behaviour.
  - Triage. If high risk, and not set up to provide services to this person, then do not accept such persons but refer to another site (if possible).
- **Resident admission:**
  - Advise potential residents on the need for admission and determine willingness to enter the shelter.
  - Welcome guests into shelter. Explain, discuss and agree on non-negotiable house rules (see Annex II) and consequences for breaking them.
  - Where possible use ‘sensitive language guide’ (accompanying this SOP) to facilitate a ‘community contract’ with guests
  - Get a signed agreement of final house rules.
  - Ask if guests have any questions
  - Allocate a bed / sleeping space, washbag etc.
- **Record keeping:**
  - In each site proper records must be kept of every person taken in, with the health assessment attached.

- These should be continually updated recording any incidents that take place.
- Copies of the documentation will be shared with the Social Wellbeing Support provider.
- If an incident happens (at any time), an incident report should be completed (See Annex V)

## 2.2. Daily life within the shelter

### A: Daily schedule

It is important to build routine through a clear daily agreed on schedule with planned activities. This both helps with managing the site and also keeps the residents motivated. A sample daily schedule is as follows:

#### Sample daily schedule

7am	Rise and shine Some on breakfast preparation duty
8am	Eat breakfast and wash own dishes in hot water A number go for shower or bucket wash
9am	Free time Ad hoc roll call to check that all residents are present Daily temperature check of all residents Some do weekly washing and dry clothes
10am	Morning check-in & devotion All do therapeutic activity programme (link with local NPOs or sign up to U-turn Doodle) Some of lunch preparation duty
12h30	Eat lunch and each wash own dishes
13h00	Some on work team duty (sweeping and cleaning) Clinic time Games and puzzles available for use Some on dinner preparation duty
17h30	Eat dinner and each wash own dishes
18h30	Daily worship/devotion/meditation for those who wish to
19h30	Watch movie
22h00	Lights out

### B: Ongoing social wellbeing support

It is important that ongoing social wellbeing support is provided to each of the residents within the shelter. This will include:

- Identify, respond to and monitor social issues (e.g. reduce feelings of isolation through easily available social media, make virtual contact with families, friends)
- Identify, respond to and monitor mental health and psychological well being
- Identify and provide spiritual support
- Conducting a daily therapeutic activity group (e.g. signing up to the U-turn Doodle)
- Holding virtual sessions with social workers/OTs to develop a growth plan and support change
- Developing growth plans and referrals to other service providers made if necessary (especially for counselling related matters).
- Develop an exit plan that will provide a pathway for the person to leave the streets should they choose to.

It is advised that the above is done in partnership with a non-profit partner who can provide training, resources and potentially staff to give this support. Details of the services provided should be captured, and client notes from the sessions should be recorded and stored securely in a confidential place.

### 2.3. Healthcare & Hygiene

Information on the below hygiene-related and health-related risks as well as actions for how to prevent them, should be systematically provided. For example, a daily reminder of the Covid-19 hygiene practices and ad hoc reminders as needed.

Similarly, facilities should be available for each person to launder their clothes and bedding regularly, i.e. at least once a week.

#### **A: Covid 19 Prevention**

As the main purpose of the site is protection against Covid 19, strict hygiene and social distancing practices need to be maintained at all times. In summary these are:

- All volunteers entering the building should have their temperature checked, and wash or sanitise their hands on entry and exit.
- All residents and volunteers should have at least two masks and wear them when they can (e.g. when eating it is not possible!)
- Practice strict social distancing @ 2m
- Practice hyper hygiene:
  - a. strict handwashing on all entry and exit
  - b. strict cleansing of all equipment that enters and leaves the site (eg cell phones & food containers)
  - c. each person on site should wash their hands at least six times per day
  - d. all common surfaces should be cleansed at least three times per day
- Food and other supplies dropped at gate and picked up observing social distancing

A separate more detailed guideline from the Warehouse on safety in temporary spaces is available in a separate document.

Please note that Covid-19 guidance is frequently being updated. Therefore, for the latest official guidance see the Department of Health information:

<http://www.health.gov.za/index.php/outbreaks/145-corona-virus-outbreak/465-corona-virus-outbreak>

#### **B: What to do if there is a suspected case of Covid-19**

If a resident or any of the volunteers are showing symptoms:

- Isolate the individual immediately and send for testing (i.e. remove them from the site)
- Place entire site and volunteers on alert (i.e. self-isolation) until results of the individual are known
- Volunteers that were on site stay on site whilst other volunteers self-isolate at home

If the individual tested positive:

- If DOH says it's OK, move resident to 2nd micro site reserved for quarantine patients
- Continue the lock down of the site & arrange for all residents and volunteers to be tested (because they have now been in contact with a positive person)
- All positive cases (i.e. secondary infections from the site) are moved off site to separate DOH quarantine site or to the microsite reserved for quarantine if available.
- Do deep clean of the site including washing all bedding, all crockery and all surfaces as per WHO specifications
- Only let negative people back on site once clean is finished
- Investigate to see how the infection got into the building and adjust protocols & practice if necessary

## 2.4. Specific guidelines for volunteers working with individuals facing homeless

Individuals facing homelessness often come from living situations that we have never needed to face. When we engage with people living on the street, many are in survival mode. This means that people have had to build up their own way of coping with and facing the world. It is important to acknowledge and understand that what we may perceive as 'anti-social' behaviour is often a coping mechanism that vulnerable people have found to be helpful, and this then often becomes default behaviour when in an unfamiliar or emotionally unsettling situation. Individuals who have lived on the street have developed their own community and own routine which has been disrupted by COVID19, so moving into the temporary shelter will be an emotionally unsettling process.

Some helpful guidelines for setting up the space so it is a supportive and therapeutic environment are as follows:

- **Therapeutic space:** In order to create a therapeutic space, it is important for boundaries to be established.
  - *Developing a community contract:* when intake of residents is finished, it would be helpful to have a 'house meeting' to discuss the house rules and develop a community contract. This helps create ownership of the rules among the residents and get buy-in. Guidelines for how to conduct a community meeting to do this are available separately.
  - *Sober environment:* it is important that volunteers and residents recognise that the space is a sober environment. During the 'house meeting' allow for an open discussion around the challenges of staying sober during lockdown and brainstorm ways of coping with withdrawals. If individuals are unable to respect this then it needs to be clear that this kind of behaviour can result in them jeopardising their space at your accommodation. If an individual has access to substances while on your premises you will most likely notice some changes in behaviour. The individual may isolate themselves, become angry, manipulative and defensive.
  - *Check-in and activity groups:* At the start of each day split the residents into groups of no more than 10, headed up by a volunteer, and allow time for a check-in. A check-in is a space where individuals can communicate the feelings/emotions they are coming into the day with. These same groups can be used to have a short devotion, and also play short games like charades, 30 seconds etc. It is important for the residents to identify this space as a safe space that they can enjoy in a healthy way.
  - *Structure/Routine:* Individuals who lived on the streets have also kept to a certain routine or structure for their day. It is important to maintain this by creating a routine in this space that can become familiar as it assists in creating a safe and calm environment.
  - Get guests involved as much as possible in the running of the micro accommodation site eg preparing meals, cleaning, etc. This is useful to keep people busy and to build a sense of agency rather than dependency. At that, all tasks should be carefully supervised and checked to ensure it is performed to acceptable standards especially health and safety and infection control standards.
- **Addressing manipulation:** One of the learned survival strategies for those living on the street is manipulation, and it is important to be aware of this but also do not take it personally, and also to have empathy for the circumstances under which people resort to these behaviours.
  - One of the most common outworkings of manipulation is playing different volunteers off against each other. To mitigate this, ensure you have close communication with others who are volunteering at the same time, as well as ensuring there is a good shift handover.
  - Manipulation often goes hand in hand with substance use/relapse but it is also considered default behaviour within active addiction. If an individual is being particularly manipulative

it does not go to say that they have relapsed but rather it is a sign that should not be ignored.

- **Clear but fair boundaries:** It is so important that a safe and caring environment is created for all the residents, but for this to happen, the house rules need to be enforced with clear agreed on consequences for breaking them. However, these consequences should never be punitive or excessive. Here are some guidelines:
  - It is important for an individual to feel supported and have a professional relationship built on trust with you in order for you to show tough love.
  - If you need to call out the behaviour that you see in an individual this should be done in a supportive way. In other words, honesty from a place of caring. Refer the individual to the manager of the site who can ask the individual to chat and explain that there is a concern around certain behaviour and it would be good if the person can share what they are feeling/experiencing at this point in time. (Keep the conversation from getting too personal, for example: “It has been noted that some of your behaviour has come across as manipulative” rather than “John told me that you manipulated him”. Give the person a chance to explain their behaviour without putting words in their mouth)
  - Have a clear escalation procedure for breaking the rules with the ultimate sanction being eviction from the shelter. This is not a sanction to be easily applied, but if clear warnings have been given and ignored then this needs to be followed through on.
- **Dealing with a threatening/conflict situation:** If aggressive and threatening behaviour does happen, here is how to deal with it:
  - Stay calm yourself
  - Pray
  - Keep your voice low and explain consequences of further action
  - Do not enter their personal space if possible. Don't endanger yourself.
  - If they do not calm down, call SAPS – never man-handle a person, ask the police to remove the person.
  - Inform the site manager
  - Make note of the incident using the incident form (Annex V).
  - Ask for debrief or counselling if you're struggling with the situation

A more indepth guideline on creating a community contract with homeless guests is available as a separate document.

## 2.5. Helping a person detox / handling withdrawal & substance use disorders

Some of the individuals that you work with may be experiencing or may experience substance withdrawal while they are with you. This looks different for each person but common signs include mood changes, irritability, fatigue and flu like symptoms. There should be a designated area/room for individuals who are sick. This space could then accommodate an individual who is withdrawing from substances.

A separate guideline is available developed by STAND, which covers the signs to look for and the procedure to follow when you have someone experiencing withdrawal and substance use disorders.

Further resources are also available from:

- <https://www.drugabuse.gov/>
- <https://attcnetwork.org/>
- <https://www.samrc.ac.za/intramural-research-units/ATOD-sacendu>

## Section 3: Exit strategy

Once the lockdown has been lifted, the site will need to be returned to its original use.

One area that needs to be carefully looked at is what will happen to residents that are unable to be placed in another form of accommodation or shelter as the alternative is evicting them onto the streets. One possibility is continuing to use the site as a 'winter shelter' - providing accommodation at night and referring residents to a rehabilitation or development programme during the day.

This exit plan will be updated as clearer plans emerge and will be site dependent. However, it needs to be considered at the start-up phase.

A suggested procedure is as follows:

- Residents are given notice of last day of operation
- Try to place residents into alternative accommodation or rehab programmes.
  - If this is not possible, consider keeping the site open as accommodation only for a defined time period (e.g. throughout winter)
- If it is possible to place residents elsewhere
  - Residents move out
  - Donate extra equipment (bedding etc) to each individual or a local charity
  - Volunteers deep clean the site
  - Site handed back to the owners

## Annex I: Directory of Services

Name	Org / Contact Name	Contact number	Location	Service offered
Social wellbeing support				
Substance withdrawal support				
Local homeless organisation				
Police station				
Advice office				
Healthcare support (Dr / local clinic)				
Hospital				
Covid19 Testing Site				
Social Worker				
Local Councillor				
Shelter for homeless adults				
Other churches nearby offering support to homeless people in need				

## Annex II: Sample house rules

- Respect one another
- Love is the key
- Don't take what doesn't belong to you
- Give inputs and participate to make this a home for all
- Every voice must be heard
- Give in order to receive
- No illegal activities are allowed. (Please report it if you are aware of anything)
- No smoking or drinking is allowed in your rooms
- No bullying or fighting will be tolerated
- Take care of your belongings
- Honour the showering time allocated at all times
- No weapons are allowed the centre
- Residents who leave the site are not allowed to come back as this is an infection risk
- Please clean up after yourselves
- Obey the rules of the house or else disciplinary measures will be taken

## Annex III: Sample Intake Form

Full names and Surname	
Nickname	
Date of Birth	
ID number or Passport number	
Gender	
Age	
Home address	
Do you have a child with you?	Age: Name:
Area where you sleep while being homeless	
Next of Kin (Family member) Name and Number	
Next of Kin (Family member) Name and Number	
Background education	
Skills	
Medication:	
Are you taking medication?	
What kind of medication?	
Where do you collect your medication?	
Do you have a file at an organisation?	Name of organisation:
Compiled by/ Intake done by:	Name: Contact Number: Signature:

## Annex IV: Corona Virus Assessment Questionnaire

Are you feeling ill?

Are you coughing?

Do you have a fever?

Have you been in contact with someone who traveled to or from a high-risk country in the past 30 days?

Have you been in contact with someone who has the Corona Virus?

## Annex V - Incident Report

Reported by		Date of Report	
Title/Role		Reported to	
Signature		Signature	

### Incident information

Date & Time of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Person(s) involved: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Incident description including any events leading to or immediately following the incident:

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Explanation of event/circumstances by person involved

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Resulting action executed, planned or recommended

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