



August 4, 2020

COVID-19 Interim Shelter Guidance

People experiencing homelessness may have an elevated risk of contracting COVID-19 and are especially vulnerable to outbreaks of COVID-19. People experiencing homelessness and using community shelters may have trouble maintaining physical distance from others and may have higher prevalence of underlying conditions associated with severe illness if they develop COVID-19.

Continuing homeless services during community spread of COVID-19 is critical. Shelters for people experiencing homelessness should not close or exclude people who are having symptoms or test positive for COVID-19 without a plan for where these clients can safely access services and stay. Decisions about whether clients with mild illness due to suspected or confirmed COVID-19 will be allowed to remain in a shelter, or how the person will be supported to access the county's alternative housing sites, should be made in coordination with local public health authorities.

Communication with key partners

Homeless service providers should connect with key partners (local public health authority, emergency management, law enforcement, healthcare providers, housing authorities, local government leadership) to make sure that they can easily communicate with each other while preparing for and responding to cases in your facility. They should collaborate, share information, and review plans with local health officials to help protect staff, clients, and volunteers from COVID-19 infection.

Plan for a case of COVID-19

Develop a plan for how your facility will deal with a potential or known case of COVID-19. Basic steps to take in advance are:

- Identify a key list of contacts at your local health authority, as well as a list of local healthcare facilities where clients with respiratory illness can seek care if they need it.
- Create contingency plans for how your shelter will operate if a staff illness or illness in a family member requires employees and/or volunteers to stay home.
- Work with local public health to ensure that people experiencing homelessness have access to the isolation/quarantine facilities for those unable to self-isolate and do not require hospitalization.
- Share your plans with staff, volunteers, and key community stakeholders and solicit feedback on your plans.

Identify and isolate potential COVID-19 cases

Homeless shelters should assess staff and clients — especially new people — daily for symptoms of respiratory infections. Clients who have symptoms may or may not have COVID-19. Make sure clients reporting symptoms consistent with COVID-19 have a separate place they can safely stay within the shelter or at an alternate site that is operated in coordination with local health authorities.

Any person experiencing homelessness who presents at a homeless shelter with primary symptoms consistent with COVID-19 (fever of greater than 100.4°F, cough, chills, shortness of breath, difficulty breathing) should be supported by the shelter staff to alert trusted service providers (such as case managers, shelter staff, medical and other care providers). Provide anyone who presents with symptoms with a cloth face covering and, if needed, access to a phone so that they can contact their trusted providers for support.

Staff should help the symptomatic individual understand how to isolate themselves.

Prioritize symptomatic guests for individual rooms. They should remain in their room except to use the restroom (reserved for guests who are symptomatic), and they should wear a mask or face covering if they leave their room.

If individual rooms are not available, consider using a large, well ventilated room where symptomatic residents can temporarily stay more than six (6) feet from each other until staff can facilitate transfer to an alternative quarantine site. This room should be separate from the space used for sheltering asymptomatic people.

Staff should help symptomatic guests identify options for medical care as needed. Staff should recommend that symptomatic guests seek care, help them identify local resources for health care, including telehealth options if possible, and help them contact a health care provider or medical clinic. Testing people, even those with mild symptoms, is important so that exposed contacts in the shelter can be notified that they need to be in quarantine for 14 days. With cooperation from shelter officials, the local public health authority (LPHA) will conduct contact tracing and identify individuals who need to be quarantined and assist with placing individuals in alternate care sites. Notify the LPHA of any suspected cases in the facility so that they can plan to assist with contact tracing and management of exposed individuals.

Additionally, staff should help symptomatic guests assess whether they need to seek immediate emergency care. Does the guest have:

- Difficulty breathing?
- Chest pain?
- New confusion?
- Inability to wake or stay awake
- Bluish lips or face

If yes to any of the above, follow standard protocols for medical emergencies.

Staff and Volunteers

- Make sure staff and volunteers do not come to work sick. Any staff or volunteers who become sick at work shall be sent home.
- Staff should wash or sanitize hands frequently and try not to touch their face.
- Staff and guests shall wear masks, face coverings, or face shields when indoors. Anyone providing direct care to sick guests shall wear a mask, eye protection, gowns, and gloves.
- Sick staff and volunteers should seek testing for COVID-19. If they test positive (or are not tested but have symptoms), they need to stay home for at least 10 days after their symptoms started *and* for 24 hours after fever resolves (without using a fever-reducing medication) and cough improves. If they test negative, they may return 24 hours after symptoms resolve.

Facility layout considerations to reduce risk of transmission

Sleeping areas

The COVID-19 virus is most likely to be transmitted to someone within six feet of an infected person. Shelters shall create a six-foot space between each bed except for family members. Arrange beds or mats so that individuals lie head-to-toe relative to each other.

It is critical to separate individuals with possible respiratory illness symptoms (fever of greater than 100.4°F, cough, **chills, shortness of breath, difficulty breathing**) from those without symptoms. Separate sleeping quarters should be provided for guests who have fever or respiratory symptoms. If the shelter cannot provide individual rooms for symptomatic guests, every effort should be made to find alternative accommodations promptly.

Shelters can maintain full capacity if this separation and buffer can be created. Shelters may reduce the number of residents or clients if needed to allow for separation between sleeping areas. In addition, they are encouraged to investigate community resources to provide additional shelter options for those with respiratory symptoms.

Meals, restrooms, and other common areas

Help create more space between individuals in common areas to protect staff and guests. Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g., check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them to at least six (6) feet.

In meal service areas, create at least six (6) feet of space between seats, and allow either for food to be delivered to clients or for clients to take food away. If possible, offer meals to go. Consider staggering meals to further separate guests. Meals should be delivered to symptomatic guests in their individual rooms or outdoors.

Be diligent in following hygiene and food safety rules about keeping food covered, not using personal utensils in shared containers, washing hands before eating and handling shared objects, and cleaning kitchen surfaces and dining areas between use.

Facilities need to provide separate restrooms for guests who are well and those who are ill.

Cleaning

Increase frequency of your routine cleaning and disinfection program to the extent feasible, emphasizing cleaning and disinfecting frequently touched objects and surfaces like bathrooms, water coolers, desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys.

Special cleaning procedures and products are not necessary if there are standard procedures for cleaning and disinfecting with an Environmental Protection Agency (EPA) registered disinfectant with a claim for human coronaviruses.

Custodial or environmental services (EVS) staff should follow the disinfectant manufacturer's instructions for use Including:

- Using the proper concentrations of disinfectant
- Allowing required wet contact time

Promote behaviors that reduce spread of disease

Cover coughs and sneezes

Cough etiquette involves a few steps, such as coughing into the inner part of your elbow or covering your mouth and nose with a tissue when you cough or sneeze. Make sure to wash hands with soap and water if you use a tissue. Post signs in kitchens, bathrooms and common areas and make tissues available with trash cans and hand hygiene options nearby.

Hand hygiene

Hand hygiene is an important measure for preventing the spread of pathogens, along with good cough etiquette. Make hand sanitizer (60%-95% alcohol) available at key points in the facility (e.g., registration desk, entrance/exit, eating areas) and require use. Washing with warm water and soap is just as effective. Make sure bathrooms and other sinks are consistently and adequately stocked with soap and disposable drying materials (e.g., paper towels) for handwashing. Promote both. Post signs, verbally cue people, and have staff demonstrate by example. Make sure that you have adequate supplies for hand hygiene, including clean and functional hand washing stations, soap, paper towels, trash receptacles and alcohol-based sanitizer.

Mask guidance for staff and guests

Cloth, paper or disposable masks shall always be worn indoors, as well as outdoors when people cannot stay at least six (6) feet apart. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone unconscious, incapacitated or otherwise unable to remove the mask without assistance. Ideally, shelters would provide guests with cloth face coverings or disposable masks.

Cloth face coverings used by clients and staff should be laundered regularly. Face coverings should be collected in a sealable container (like a trash bag). Staff involved in laundering client

face coverings should wear disposable gloves and a face mask. Use of a disposable gown is also recommended, if available.

For situations where staff are providing medical care to clients with suspected or confirmed COVID-19 and close contact (within six [6] feet) cannot be avoided, staff should at a minimum wear eye protection (goggles or face shield), a facemask, disposable gown, and disposable gloves. Cloth face coverings vary in their efficiency to control droplet and aerosol exposure and should not be used when a respirator or facemask is indicated.

Resources

CDC Homeless Shelter Worker Training

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/Homeless-Shelter-Worker-Training.pdf>

CDC Hand Hygiene Posters

English: <https://www.cdc.gov/handwashing/pdf/Handwashing-Middle-School-8x11-p.pdf>

Spanish <https://www.cdc.gov/handwashing/pdf/wash-your-hands-poster-spanish-508.pdf>

Chinese: <https://www.cdc.gov/handwashing/pdf/wash-your-hands-poster-chinese-508.pdf>

CDC How to Wash your hands poster

English: <https://www.cdc.gov/handwashing/pdf/wash-your-hands-poster-english-508.pdf>

Spanish: <https://www.cdc.gov/handwashing/pdf/Handwashing-Middle-School-SPANISH-8x11-p.pdf>

CDC Clean Hands for 20 seconds poster

English: <https://www.cdc.gov/handwashing/pdf/HH-Posters-Eng-Restroom-508.pdf>

Spanish: <https://www.cdc.gov/handwashing/pdf/HH-Posters-Spa-Restroom-508.pdf>

Cover your cough poster

<https://www.health.state.mn.us/people/cyc/index.html>

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