



October 30, 2021

COVID-19 Public Health Recommendations: Houseless Shelters

People experiencing houselessness may have an elevated risk of contracting COVID-19 and shelters are especially vulnerable to outbreaks of COVID-19. People experiencing houselessness 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 houseless services during community spread of COVID-19 is critical to supporting the health and well-being of Oregonians. Shelters for people experiencing houselessness 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 and should center the care of the whole individual.

Communication with key partners

Houseless service providers should connect with key partners (local and state 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

Providers should develop a plan for how your facility will deal with a potential or known case of COVID-19. Basic steps you can 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 houselessness 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 individuals who may have COVID-19

Houseless 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. Clients reporting symptoms consistent with COVID-19 should have a separate place they can safely stay within the shelter or at an alternate site that is operated in coordination with local public health authorities.

Any person experiencing houselessness who presents at a houseless shelter with primary symptoms consistent with COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea) should be supported by the shelter staff to alert trusted service providers (such as case managers, shelter staff, medical and other care providers). Anyone who presents with symptoms should be provided with a cloth face covering and, if needed, access to a phone so that they can contact their trusted providers for support.

Staff should facilitate isolation for the symptomatic individual . Symptomatic guests should be prioritized 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 isolation site. This room should be separate from the space used for sheltering asymptomatic people.

Staff should help connect symptomatic guests to 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 [quarantine](#). 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

- Staff and volunteers should not come to work sick. Any staff or volunteers who become sick at work should be sent home.
- Staff should wash or sanitize hands frequently and try not to touch their face.
- Staff and guests should 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 should self-isolate. Guidelines for self-isolation can be found [here](#). If they test negative, they may return 24 hours after symptoms resolve.
- Staff and volunteers should be encouraged to get vaccinated.

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 should create a six-foot space between each bed except for family members. Beds or mats should be arranged so that individuals lie head-to-toe relative to each other.

It is critical to separate individuals with symptoms (**fever, cough, chills, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea**) 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, effort should be made to find alternative accommodations promptly in consultation with the LPHA.

Shelters 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. Consider using physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g., check-in staff). For example, installing 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 can be beneficial.

In meal service areas, consider creating at least six (6) feet of space between seats, or allow either for food to be delivered to clients or for clients to take food away. If possible, consider offering meals to go. Consider staggering mealtimes 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 should consider providing separate restrooms for guests who are well and those who are ill.

Cleaning

Always follow standard practices and appropriate regulations specific to your type of facility for [minimum standards for cleaning and disinfection](#).

Consider increasing 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. Consider making hand sanitizer (60%-95% alcohol) available at key points in the facility (e.g., registration desk, entrance/exit, eating areas). Washing with warm water and soap is just as effective. Bathrooms and other sinks should be consistently and adequately stocked with soap and disposable drying materials (e.g., paper towels) for handwashing. Maintain adequate supplies for hand hygiene, including clean and functional hand washing stations, soap, paper towels, trash receptacles and alcohol-based sanitizer.

Vaccination

Vaccination is one of the best ways to prevent the spread of COVID and reduce the risk of serious illness and death. This is particularly important for individuals who live and work in houseless shelters, where the congregate environment makes it more likely for individuals to get COVID and pass it to others. Getting a COVID vaccination is a difficult choice for some. Shelters have the opportunity to provide well-vetted and tailored information to clients and staff that responds to their vaccine questions and shares options for low barrier access to a vaccination.

It is **not** recommended that shelters make access to their services contingent on a guest's vaccination status.

Mask guidance for staff and guests

[CDC recommends](#) all clients, staff, and volunteers should continue wearing masks and maintaining physical distance in shelters, regardless of vaccination status.

Cloth, paper or disposable masks should always be worn indoors. They should also be worn 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 can 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 Cleaning and Disinfecting Your Facility

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

CDC Houseless 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>

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the COVID-19 Communications Unit at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us.