Guidance for Homeless Shelters and Homeless Service Providers During an Outbreak of COVID-19

April 1, 2020

Persons experiencing homelessness may be at risk for infection during an outbreak of COVID-19. This interim guidance is intended to support response planning by homeless service providers, including overnight emergency shelters, day shelters, and meal service providers.

COVID-19 is caused by a new virus. There is much to learn about the transmissibility, severity, and other features of the disease. Everyone can do their part to help plan, prepare, and respond to this emerging public health threat.

CDC and others have developed recommendations for homeless service providers about how to protect their staff, clients, and guests.

Put your emergency operations and communications plans into action

⇒ Stay informed about the local COVID-19 situation. Get up-to-date information about local COVID-19 activity from KDHE COVID-19 Resource Center.

⇒ Implement everyday preventive actions and provide instructions to your workers about actions to prevent disease spread. Meet with your staff to discuss plans to help clients implement personal preventive measures.
- Encourage everyone in the facility to wash their hands often with soap and water for at least 20 seconds,
  - Especially after going to the bathroom, before eating, and after blowing their nose, coughing, or sneezing.
  - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
  - Always wash hands with soap and water if hands are visibly dirty.

⇒ Communicate with your local health department if you are concerned that clients in your facility might have COVID-19. Learn more about COVID-19 symptoms.

⇒ Download COVID-19 posters and CDC Fact Sheets and keep your clients and guests informed about public health recommendations to prevent disease spread and about changes to services that might be related to the outbreak. Messaging may include:
- Posting signs at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.

- Providing educational materials about COVID-19 for non-English speakers, as needed.

Staff Considerations

⇒ Encourage ill staff and volunteers to stay home (or be sent home if they develop symptoms while at the facility), to prevent transmitting the infection to others.

⇒ Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms. 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.
- Note: Disposable facemasks should be reserved for use by clients who exhibit respiratory symptoms. Clients who become sick should be given a clean disposable facemask to wear while staying at the shelter.

⇒ Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the shelter.

⇒ If staff are handling client belongings, they should use disposable gloves. Make sure to train any staff using gloves to ensure proper use.

⇒ Deny or strictly limit visitors to the facility. If visitors are allowed, they should be limited to critical access only to assist in meeting resident physical and medical needs.

⇒ Help reduce fear and stigma among staff and clients by knowing the facts and sharing them with others in your community.

⇒ The outbreak of coronavirus disease 2019 (COVID-19) may be stressful for people. Encourage staff to help manage stress and anxiety in themselves and others.

⇒ Provide special guidance for people who use substances or who are engaged in substance use treatment.

Ensure that clients receive assistance in preventing disease spread and accessing care, as needed.

⇒ In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 3 feet apart (preferably 6 feet apart), and request that all clients sleep head-to-toe.

⇒ Provide access to fluids, tissues, plastic bags for the proper disposal of used tissues.

⇒ Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas.

⇒ At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask.
  • HUD has provided recommendations for how to screen clients upon entry to a shelter or opportunity center.
  • The Atlanta Continuum of Care (CoC) developed a triage-screening tool to assist their shelters and housing programs modify shelter management strategies in light of the emerging COVID-19 concerns. The triage-screening tool focuses on reorganizing the intake workflow to effectively identify symptomatic and asymptomatic people entering congregate sites. In Atlanta, Fulton County Public Health has advised congregate programs to practice social distancing to the maximum extent possible for people who exhibit symptoms. This tool was developed collaboratively with support from the local Healthcare for the Homeless and a local public hospital and provides an example of how a CoC can adapt public health guidance in congregate shelter sites. English and Spanish versions of the tool area available via HUD Exchange.

⇒ Monitor clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly.

⇒ Confine clients with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.
  • Follow CDC recommendations for how to prevent further spread in your facility.
  • If individual rooms for sick clients are not available, consider using a large, well-ventilated room.
  • In areas where clients with respiratory illness are staying, keep beds at least 6 feet apart, use temporary barriers between beds (such as curtains), and request that all clients sleep head-to-toe.
  • If possible, designate a separate bathroom for sick clients with COVID-19 symptoms.
  • Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to ill persons to as-needed cleaning (e.g., of soiled items and surfaces) to avoid unnecessary contact with the ill persons.
  • Decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in the shelter or be directed to alternative housing sites should be made in coordination with local health authorities.

Similarly, identifying respite care locations for patients with confirmed COVID-19 who have been discharged from the hospital should be made in coordination with local healthcare facilities and your local health department.

⇒ If you identify any client needing to seek medical attention, isolate the client from others to the best of your ability and contact a medical provider to arrange for proper medical care. If this is a client with suspected COVID-19, notify the transfer team and medical facility before transfer and place a mask on the client prior to transport team arrival is possible. Severe symptoms include:
- Extremely difficult breathing (not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion, or inability to arouse

⇒ Ensure that all common areas within the facility follow good practices for environmental cleaning. Cleaning should be conducted in accordance with CDC recommendations.
- Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.)

Other resources

General Guidance
1. Interim Guidance for Responding to Coronavirus Disease 2019 (COVID-19) among People Experiencing Unsheltered Homelessness
   a. Centers for Disease Control and Prevention; March 22, 2020
2. Interim Guidance for Administrators and Leaders of Community- and Faith-Based Organizations to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19)
   a. Centers for Disease Control and Prevention; March 23, 2020
3. Materials Posted: Infectious Disease Preparedness Guidance for Homeless Assistance Providers
   a. The U.S. Department of Housing and Urban Development; March 2020
4. Specific Considerations for Public Health Authorities to Limit Infection Risk Among People Experiencing Homelessness
   a. The U.S. Department of Housing and Urban Development; March 9, 2020
5. Infectious Disease Preparedness Among Homeless Assistance Providers and Their Partners – webinar recording
   a. The U.S. Department of Housing and Urban Development, Community Planning and Development; March 10, 2020
6. Preparing for COVID-19 in Congregate/Communal Settings – webinar slides
   a. Housing for Health; March 9, 2020

7. COVID-19 Resources
   a. National Health Care for the Homeless Council; 2020
8. Homelessness and COVID-19: Considerations and Action Steps
   a. National Alliance to End Homelessness; March 2020
9. Coronavirus (COVID-19) Resources
   a. United States Interagency Council on Homelessness; March 19, 2020

Shelter and Encampment Management
1. Shelter Management During an Infectious Disease Outbreak
   a. The U.S. Department of Housing and Urban Development; March 23, 2020
2. Infectious Disease Toolkit for Continuums of Care: Preventing and Managing the Spread of Infectious Disease for People Experiencing Homelessness
   a. The U.S. Department of Housing and Urban Development; March 2020
3. Infectious Disease Toolkit for Continuums of Care: Preventing and Managing the Spread of Infectious Disease Within Shelters
   a. The U.S. Department of Housing and Urban Development; March 2020
   b. Includes checklists for shelters on the following items:
      i. General Sanitation Checklist for Shelters
      ii. Operational Checklist Example: Staff and Shift Assignments for Kitchen
      iii. Daily/Weekly Cleaning Schedule
      iv. Food Safety Checklist
4. Infectious Disease Toolkit for Continuums of Care: Preventing and Managing the Spread of Infectious Disease within Encampments
   a. The U.S. Department of Housing and Urban Development; March 2020

Communication and Signage
1. Crisis Communications Plan
   a. Department of Homeland Security; January 21, 2016
2. Coronavirus (COVID-19) Information for Homeless Shelters and Homeless Service Providers
   a. National Health Care for the Homeless Council; 2020
3. What To Do if You Are Sick
   a. Centers for Disease Control and Prevention; March 16, 2020

Funding Guidance
1. Eligible ESG Program Costs for Infectious Disease Preparedness
   a. The U.S. Department of Housing and Urban Development; March 5, 2020
2. Using a Disaster Policy to Fund Infectious Disease Preparedness and Response with ESG
   a. The U.S. Department of Housing and Urban Development; March 11, 2020
3. Using Continuum of Care Program Funds for Infectious Disease Preparedness and Response

      a. The U.S. Department of Housing and Urban Development; March 13, 2020
4. [Quick Guide to CDBG Eligible Activities to Support Infections Disease Response](#)
      a. The U.S. Department of Housing and Urban Development; March 19, 2020