

## COVID-19 Guidance for Homeless Shelters during Phase V: June 2021

As of June 2021, cases, hospitalizations and deaths due to COVID-19 are at their lowest levels in Chicago since the pandemic began. Chicago and Illinois are now in Phase 5 of re-opening, and more and more activities are returning to normal, particularly for people who are fully vaccinated.

However, we are not yet completely free from COVID-19. This deadly pandemic is still not over, and more cases are likely over the coming months. Additionally, concerning variants are likely to continue to arise and spread around the world. We therefore recommend continuing some COVID-19 prevention measures in homeless shelters. Residents and staff of homeless shelters should:

- Get vaccinated against COVID-19. Vaccination is the best way to protect yourself, your family, your colleagues, your residents and your community.
- Continue to wear face-masks, regardless of vaccination status, while in the shelter.
- Continue to try to maintain at least 3 feet of distance between beds.
- Minimize contact between unvaccinated staff and residents.
- Continue to follow infection prevention and control practices.

### Continued infection prevention and control practices

Our previous guidance detailed steps to take to slow the spread of COVID-19 in homeless shelters. The same basic principles are true today:

1. Provide educational material to your residents, such as signs and handouts
2. Ensure a ready supply of hand sanitizer
3. Clean and disinfect the shelter regularly, with a special focus on high-touch surfaces such as doorknobs
4. Ensure staff and clients wear facemasks that cover the nose and mouth
5. Maintain 3 feet of distance between beds, and aim for 6 feet of distance between residents' faces by having beds set up head-to-toe. Align bunk beds so that residents sleep head-to-toe. If triple bunk beds are used, consider skipping the middle bunk
6. Minimize face to face contact between unvaccinated staff and residents
7. Consider asking unvaccinated non-essential staff to work remotely
8. Ask residents to report any symptoms to shelter staff, regardless of their vaccination status. Offer COVID-19 testing to all residents with symptoms, regardless of vaccination status, ideally with a rapid test. Residents testing positive should be referred to off-site, supported isolation. Shelter-based service teams should be informed of residents testing negative, as they may require confirmatory testing or clinical evaluation.
9. Ask symptomatic staff to stay at home and not come into work until they have been tested for COVID-19 and their symptoms have resolved
10. Stay in touch with CDPH, DFSS and your shelter-based service teams

## Frequently asked questions

### **What are shelter-based service teams?**

The Chicago Department of Public Health has partnered with Heartland Alliance Health and Lawndale Christian Health Center to establish shelter-based service teams across the City. This partnership has been extremely beneficial in combating COVID-19 within shelters. Both organizations have a long history of partnering with shelter managers to provide high quality healthcare to people experiencing homelessness. For shelters that have current relationships with healthcare providers, Heartland and Lawndale work with them to layer-on services as needed to enhance, and not disrupt, current services. Shelter-based service teams are teams of doctors, nurses, social workers and allied health professionals. Their goal is to provide culturally-responsive, trauma-informed, on-site primary healthcare, behavioral healthcare and – critically – infection prevention and control services to slow the spread of COVID-19. If your shelter has no shelter-based service team, contact [mary.schroeter@cityofchicago.org](mailto:mary.schroeter@cityofchicago.org).

All teams are trained in infection prevention and control. If you are concerned about cases of COVID-19 in your facility and are wary of visitors, reach out to your shelter-based service team to discuss all the measures they take to keep staff and residents safe while remaining on site to provide essential services.

Shelter-based service teams are critical extensions of public health and are eager to partner with shelter managers. Please provide them with access to your facility, staff and residents to enable them to perform their vital work. We strongly recommend all shelter residents to be assessed by their shelter-based service team at least once.

### **What is the City doing to ensure any increases in shelter census are done safely?**

Because COVID-19 now is more under control than at any time since the beginning of the pandemic, now is the right time to begin returning to normal. Chicago as a whole is returning to a new normal, and the shelter system is part of this. During the COVID-19 pandemic, DFSS opened additional shelters to decompress the shelter system and allow physical distancing. These are likely to close in the coming months due to improved control of COVID-19, and some shelters may see more residents as a result.

The City is ensuring that this is done safely by ensuring any changes happen at the right time (when cases of COVID-19 are low and shelter census is not at its peak) and that changes happen slowly and gradually. Additionally, COVID-19 vaccines have been available in shelters for several months, and most people experiencing homelessness have now been vaccinated. Vaccines will continue to be available through shelter-based support teams, who will also continue to provide care on site. CDPH has also invested several hundred thousand dollars in infection prevention and control mini-grants. In some shelters where the census increases, CDPH will also offer enhanced COVID-19 testing.

### **What about COVID-19 variants?**

All viruses, including the virus that causes COVID-19, constantly mutate. When a virus mutates, it can – rarely – develop concerning characteristics, such as the ability to spread between people more easily, or the ability to cause more severe disease. These concerning variants (“variants of concern”) now cause the majority of cases of COVID-19 in Chicago, but we have still seen an impressive reduction in the number of cases, hospitalizations and deaths due to COVID-19 because of vaccination. The best way you

can protect yourself and others against COVID-19 variants is by getting vaccinated. So far, all available COVID-19 vaccines offer protection against all COVID-19 variants.

**Should we test people who have been vaccinated against COVID-19?**

Everyone with symptoms of possible COVID-19 should receive a COVID-19 test, regardless of vaccination status. It is not necessary to test new residents at intake, unless they have symptoms of possible COVID-19.

**What should we do if we detect a case of COVID-19?**

As before, cases of COVID-19 should be referred to off-site, supported isolation. Shelters can refer clients directly, or your shelter-based service team (SBST) can refer clients on your behalf. You should also inform CDPH and DFSS at the contact details below.

Organization	Contact Information	
Shelter-based service team	<b>Heartland Alliance Health</b> Sheltercare@heartlandalliance.org	<b>Lawndale Christian Health Center</b> Sheltercare@lawndale.org
CDPH	<b>Divya Ramachandran</b> Divya.ramachandran@cityofchicago.org	<b>Andrew Weidemiller</b> Andrew.weidemiller@cityofchicago.org
DFSS	dfss-homeless@cityofchicago.org	

**Do we have to quarantine in the event of a COVID-19 case?**

Fully vaccinated people do not need to quarantine in the event of contact with a case of COVID-19. People are considered fully vaccinated two weeks after completing a course of COVID-19 vaccines; two weeks after the second dose of Moderna or Pfizer vaccines, and two weeks after the only dose of the J+J vaccine. People who are not fully vaccinated should quarantine (stay away from others) for 10 days following their last contact with the person with COVID-19.

In a homeless shelter, all contacts – regardless of vaccination status – should be offered testing 5-9 days after contact with someone with COVID-19. CDPH will continue to facilitate this testing. It can be difficult to figure out exactly who is a contact and who is not, particularly in shelter settings. If that is the case, all people sleeping in the same dormitory should be considered a contact.

**What should shelters do to improve infection control for meal times and other use of shared space?**

During the pandemic, some shelters broke their population into groups or ‘cohorts’ of people who have contact with each other, but not other cohorts (e.g. one dormitory could eat and spend time in the day room together, but would be separated from other cohorts by scheduling or by creating dividers between spaces). These cohorts help to slow the spread of infection across groups. If possible, shelters should continue this practice, but we recognize it may be more difficult as activities return to normal. Shelters should consult with their LCOs on site-specific questions related to shared space.

**Should we allow non-essential volunteers and other partners back into shelter facilities?**

Wherever possible, all staff – including non-essential volunteers – should be vaccinated before resuming activities in shelters. Shelter managers should feel empowered to consider asking unvaccinated, non-essential volunteers to work remotely until they are vaccinated.