COVID-19: Guidance for Homeless Shelters

This guidance aims to help staff in homeless shelters. People experiencing homelessness are at risk of coronavirus disease 2019 (COVID-19) for several reasons:

- They are more likely than the general population to live in congregate settings, like homeless shelters, where it is much harder to prevent transmission of coronavirus than in a single family home
- They are more likely than the general population to have underlying comorbidities that put them at increased risk of severe disease if they contract COVID-19

In Chicago, we are seeing many large outbreaks of COVID-19 in people experiencing homelessness. This means it is likely more and more homeless service providers will interact with a client with COVID-19. It is therefore important to prepare now to reduce the harmful consequences of COVID-19 among people experiencing homelessness.

Background: Coronavirus disease 2019, or COVID-19, is a new respiratory illness that can spread from person to person. Some people are at higher risk for severe illness from COVID-19, including:

- People over 60 years of age. The risk increases significantly thereafter and escalates with age, with persons over age 80 in the highest risk category.
- People, regardless of age, with underlying health conditions including cardiovascular (heart) disease, diabetes, cancer, or chronic lung diseases like COPD, as well as those with severely weakened immune systems.

The most common signs and symptoms include fever, cough, and difficulty breathing. However, recent studies show that some individuals with COVID-19 lack symptoms ("asymptomatic") and that even those who eventually develop symptoms ("presymptomatic") can transmit the virus to others before showing symptoms. This means that the virus can spread between people who are interacting within 6 feet—for example, by clearing their throat, coughing, singing, sneezing, or even talking—even if those people are not exhibiting symptoms. There has been significant transmission of the virus causing COVID-19 in numerous congregate settings serving vulnerable populations, and thus there is importance to enhanced efforts to reduce such transmission.

Recommendations for Universal Masking

The Chicago Department of Public Health (CDPH) recommends that congregate living facilities serving vulnerable populations implement a universal-masking policy requiring all staff to wear a mask when working. This includes staff responsible for direct interaction or care involving residents as well as staff who do not normally interact directly with patients and residents, such as administrative, dietary, environmental services, and facility maintenance staff. The use of facemasks can help prevent infection when caring for individuals sick with COVID-19. Additionally, the use of facemasks can act as a barrier, reducing the chance of spread from an infected person to another person by droplet or contact transmission.

- All facilities must implement aggressive extended and reuse strategies. For more information, see CDC Recommended Strategies for Optimizing the Supply of Facemasks.
- Surgical or FDA approved masks must be prioritized for acute care healthcare settings/long-term care settings/EMS or first responders delivering medical care.
- Hand hygiene should be performed before putting on a mask, and after touching, adjusting, or removing a mask.
- Facemasks should be removed and discarded if soiled, damaged, or hard to breathe through. Facemasks with elastic ear hooks may be more suitable for re-use.

Recommendations for Enhanced Environmental Disinfection

CDPH recommends enhanced environmental disinfection of surfaces frequently touched by occupants—at least three times per day or once per shift. When feasible, CDPH recommends use of a spray (no-wipe) product to facilitate application.

- Common touchpoints include: door knobs and door handles, door push bars, light switches and cover plates, telephones, reception desks and reception area furniture, elevator call buttons and cover plates, refrigerator door handles, TV remote controls, microwave buttons, breakroom tables and countertops, filing cabinet handles, stair and ramp hand railings, vending machine buttons, paper towel dispensers, soap dispensers, toilet seat and urinal flush handles, restroom door partition door handles, workstation and office desk tops, drawer pulls, keyboards and mice, and office equipment. Healthcare facilities will require cleaning of additional surfaces, including but not limited to wheelchair handles, IV poles, bed rails, nightstands, and nurse call buttons.

CDPH recommends selecting a disinfectant from U.S. EPA's list of disinfectants for use against SARS-CoV2, known as the N-List. Follow manufacturer's instructions for application and proper ventilation when using disinfectants. Dilutions should be performed according to written guidance from the manufacturer. Ease of use, contact times, and safety (staff/patient/resident) concerns must be taken into account when selecting and using a disinfection agent.

- N-List products that can be sprayed, with a short contact time, (e.g. between 30 seconds and one minute as indicated on the label) and do not require wiping have potential advantages.
- Application of disinfectant may be facilitated by use of an industrial-style sprayer with the nozzle of the spray wand held close—6–8 inches—to the surface to which disinfectant is being applied.
- Some products (e.g. sodium hypochlorite or household bleach, and peracetic acid) pose increased inhalational risks, but a diluted solution of household bleach may be useful in some settings.
- Depending on the disinfectant, it may be appropriate for residents to leave the room for a brief period where disinfectants are being used.
- Pre-cleaning may be required if surfaces are visibly dirty.

Consult the manufacturer's instructions for cleaning and disinfection products used. Products should be used per manufacturer labelling, and the Safety Data Sheet for any product being used should be reviewed and readily available to employees.

- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes.
- Clean hands immediately after gloves are removed. CDPH does not recommend applying disinfection products using methods other than those described on the product labeling.

Additional Measures to Prevent and Reduce Transmission of COVID-19

Establish a relationship with the Chicago Department of Family and Support Services (DFSS). Make sure your shelter is known to DFSS by emailing DFSS-Homeless@cityofchicago.org.

Read and familiarize yourself with CDC guidance for homeless service providers.

Identify and monitor clients who could be at high risk for complications from COVID-19 and reach out to them regularly, including:

- People over the age of 60
- People, regardless of age but particularly those aged over 55, with underlying medical conditions, particularly if not well controlled, including:
    - Chronic lung disease or moderate to severe asthma
    - Immunocompromise, including cancer treatment, smoking, bone marrow, or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
    - Severe obesity
    - Poorly controlled diabetes
    - Chronic Kidney Disease undergoing dialysis
    - Liver disease

CDPH, in partnership with Lawndale Christian Health Center, will attempt to provide alternate housing opportunities for clients meeting these criteria for the duration of the epidemic and will be in contact with more information.

Partner with a healthcare provider to get additional support and expertise. In collaboration with CDPH, the Illinois Public Health Institute is maintaining a list of Federally Qualified Health Centers who may be able to assist homeless shelters. Email Jessica.Lynch@iphionline.org for additional information. A partner healthcare provider may help with:

- Identifying people at risk of severe disease who would benefit from shielding
- Ensuring residents have a supply of their regular medications
- Providing telemedicine consultations
- Implementing CDPH and CDC recommendations
- Reviewing patients with new symptoms and providing testing
- Monitoring patients with COVID-19 who can be safely isolated at your facility

Screen all clients entering the homeless shelter for COVID-19 symptoms and risk factors. If the shelter has an established partnership with a medical provider group, the medical providers can share the symptom screen already in use by that medical group. If there is no alternative, staff can use the CDPH COVID-19 screening tool.

- All clients who are mildly ill must be separated to individual rooms. If individual rooms are not available, follow the instructions below.
- For clients with mild symptoms who are at higher risk of severe illness, each homeless shelter will be provided with a designated medical contact to assist with telehelath assessment. Follow their guidance for client monitoring or other necessary steps.

Identify isolation space within your facility. Isolation space is needed for both people who develop symptoms before they can be tested for COVID-19 and for people with known COVID-19. If individual rooms for sick clients are not available, consider using a large, well-ventilated room.

This version was released on 04/13/2020. It may be updated with new guidance. Please visit www.chicago.gov/coronavirus to find the latest version.

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Separate clients with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.

- In areas where clients with respiratory illness are staying, keep beds at least 6 feet apart and 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. The person cleaning the bathroom should wear a mask and gloves.

If you identify any client with severe symptoms, arrange for the client to receive immediate medical care. If this is a client with suspected COVID-19, notify the transfer team and medical facility before transfer. 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
- New seizure or seizures that won't stop

Reduce the risk of staff introducing COVID-19 to your facility.

- 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. They should stay home as much as possible.
- Advise essential staff that are not essential to your operations to stay home, but be ready to come in in the event of staff absences
- All staff, whether interacting directly with residents or not, should wear a face mask when working. See guidance from Illinois Department of Public Health.
- Hand hygiene should be performed regularly, and at least before and after putting on, touching, adjusting and taking off a face mask. Make supplies like alcohol-based hand sanitizer widely available.

Send sick employees and volunteers home:

- Employees who appear to have acute respiratory illness symptoms (i.e. cough, difficulty breathing) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately.
- Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available), throw out the tissue, and wash their hands or use an alcohol based hand sanitizer.
- Employees who have symptoms of acute respiratory illness must stay home and not go to work until:
    - at least 7 days have passed since their symptoms first appeared; and
    - at least 3 days (72 hours) have passed since their fever has resolved (i.e. no fever without the use of fever-reducing medications) and their other symptoms have improved.
    - *For example, if you have a fever and coughing for 4 days, you need to stay home 3 more days with no fever for a total of 7 days. Or, if you have a fever and coughing for 5 days, you need to stay home 3 more days with no fever for a total of 8 days. For more information, see What to do you if you're sick.*
- Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.

- Maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.

Implement social distancing and other mitigation strategies.

- **Limit visitors to the facility.**
- **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.
- **Sleeping Areas:**
    - In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 6 feet apart and request that all clients sleep head-to-toe.
- **Mealtimes:**
    - Have staff hand supplies or food to clients, rather than clients reaching into common supplies.
    - If feasible, stagger meals to reduce crowding.
    - Stagger the schedule for use of kitchens.
- **Bathrooms:**
    - If feasible, stagger bathroom schedule to reduce the number of people using the facilities at the same time.
    - Encourage staff and clients to disinfect bathroom surfaces after use.
    - If feasible, have one designated bathroom for ill persons.
- **Common Spaces:**
    - Create a schedule for using common spaces.
    - Hold fewer large group activities in favor of smaller groups.
    - Consider cancelling group activities with 10 people or more.
    - Increase distance between persons. If possible, keep them a minimum of 6 feet apart from each other.
    - Transport fewer people per trip so passengers don't sit too close together.
    - Don't hold large meetings when information can be communicated in other ways.
    - Consider conference calls instead of in-person meetings.

Ensure that all common areas within the facility follow good practices for environmental cleaning. Cleaning should be conducted in accordance with CDC recommendations. For disinfection, please see CDPH's recommendation for enhanced environmental disinfection.

- Train staff in how to mix and use disinfectants and sanitizer solutions. Follow all label instructions.
- Change mop heads, rags, and other cleaning items frequently.
- Provide staff with gloves for cleaning.
- Wipe down commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) before each use with disposable wipes.
- Clean all common areas at least daily; clean heavily used surfaces more frequently (e.g. doorknobs, elevator buttons, public phones, banisters, tabletops, handrails, workstations, and countertops).
- Empty trash receptacles frequently.
- Clean toys daily, and discourage sharing of plush toys (such as teddy bears) between children.
- Regularly clean air vents and replace filters, especially those with HEPA filters.
- Do not shake dirty laundry; this minimize the possibility of dispersing virus through the air.

- Wash linens, clothing, and other items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry.

Provide COVID-19 prevention supplies. Have supplies on hand for staff, volunteers, and those you serve, such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, and trash baskets.

- Provide access to tissues and use plastic bags for proper disposal of used tissues.
- Ensure bathrooms and other sinks are consistently stocked with soap and drying material 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, move any client with respiratory symptoms (cough, fever) to a separate area. Due to person to person spread in Chicago, clients may have COVID-19.
- If staff are handling client belongings, they should use disposable gloves. Make sure to train any staff using gloves to ensure proper use.

Implement everyday preventive actions and provide instructions to your workers about actions to prevent disease spread. Meet with staff to discuss plans to help clients implement personal preventive measures.

Everyday preventive actions:

- Avoid close contact with people who are sick, especially if you are at higher risk for serious illness.
- Clean your hands as often as possible, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing
  - Use soap and water to wash hands for at least 20 seconds, especially when hands are visibly dirty;
  - If soap and water are not available, use a hand sanitizer that contains at least 60% ethanol.
- Do not touch your eyes, nose and mouth with unwashed hands.
- Try alternatives to shaking hands, like an elbow bump or wave.
- Cover your coughs and sneezes with a tissue, under the neck of your shirt, or into your elbow. If you use a tissue, throw it in the trash and wash your hands.

Educate your clients about COVID-19 and how to reduce their risk:

- Place signs that encourage cough and sneeze etiquette and hand hygiene at the entrance to your facility and in other areas where they are likely to be seen such as gathering areas, dining areas, bathrooms, etc.
- Provide educational materials about COVID-19 for non-English speakers, as needed.
- Check out CDC's resources page – many of the handouts and posters are available in multiple languages.
- There is an excellent printable handout about COVID-19 for homeless shelter clients, designed by Dr Darcie Moeller at Cook County Health, also available in multiple languages.

Stay informed about the local COVID-19 situation. Get up-to-date information about local COVID-19 activity at chicago.gov/coronavirus and sign up to receive updates from the CDPH. Contact the Department of Family and Support Services to see what resources are available to people experiencing homelessness who might have been impacted by the COVID-19 Outbreak.

- **Identify and address potential language, cultural, and disability barriers** associated with communicating COVID-19 information to workers, volunteers, and those you serve. Learn more about reaching people of diverse languages and cultures.
- **Help counter stigma and discrimination** in your community**.** Speak out against negative behaviors and engage with stigmatized groups.

- **People experiencing homelessness may be at increased risk of adverse mental health outcomes**, particularly during outbreaks of infectious diseases. Learn more about mental health and coping during COVID-19. Refer individuals in need of mental health support to the NAMI Chicago helpline at 833-NAMI-CHI (833-626-4244).

If A Client Becomes Sick

If someone at your facility develops new symptoms, particularly of fever, cough, shortness of breath or sore throat, follow these 10 steps.

1. **Isolate the unwell client.**
    - Put a face mask on the client
    - Move the client into a room by themselves for isolation and let the client know to notify someone immediately if their symptoms worsen; not to leave the room except to use the restroom; to wear their facemask if leaving the room
    - If they are experiencing more mild symptoms, consult your medical provider to try to arrange testing of your client for COVID-19.
    - If they have trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, bluish lips or face, any other concerning symptom, consult your medical provider or call 911, and notify them that you think your client might have COVID-19.
2. **Report any unwell clients to CDPH** using this online form. If you are unable to fill in the form or have questions, email Karrie-Ann.Toews@cityofchicago.org or Isaac.Ghinai@illinois.gov. CDPH uses this to prioritize COVID-19 outbreak responses.
3. **Prepare for next steps.**
    - Based on your report, you will likely receive a call from a member of the CDPH Outbreak Response Team. Be ready to provide:
        - Your current census and your maximum occupancy
        - Number of staff
        - How many people were located in the same dorm/accommodation unit as the person with suspected or confirmed COVID-19
        - Shared spaces in your facility
        - Any people at risk of severe disease who remain in your facility
        - Ability to isolate residents at your facility
    - If it has not occurred already, shielding may be offered for your high risk clients
    - You may be offered testing of all your clients and staff, depending on the need and availability of testing. Testing is conducted by a team from Rush University Medical Center and the University of Illinois at Chicago Health
4. **Assess for signs or symptoms of illness in your staff and residents**.
    - Actively screen all of your residents to see if they are experiencing any fever, cough, shortness of breath or sore throat.
    - If you have one, involve your healthcare partner in this effort.
5. **Isolate any other ill clients** in the isolation space you have identified as part of your preparedness plans, and provide them with a face mask. Clients with respiratory symptoms should avoid all common areas.
6. **Quarantine their close contacts,** for example the people they have been sharing a dormitory with. Quarantined clients should avoid all common areas for 14 days since their last contact with an ill client.
7. **Perform thorough environmental cleaning and disinfection.**
    - Clean and disinfect all areas that clients with respiratory symptoms have been in, following CDC guidance.

- 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.

8. **Communicate openly with residents.** If testing is conducted and additional positive cases are found, it will be necessary to separate residents who test COVID positive from those who test COVID negative. If this can be done safely in your facility, residents may stay, but if not, they may be moved to City-run isolation facilities.
9. **Do not accept any new clients** until cleared by CDPH and DFSS
10. **Continue to stay in touch with CDPH and DFSS.**

Receiving Patients Back from Isolation Facilities

After the minimum isolation period has been completed, clients may return to the congregate facility and CDPH recommends following CDC recommendations for how to prevent COVID-19 disease during widespread community transmission. Individual facilities may choose to maintain transitional precautions beyond the minimum isolation period based on the ability to maintain adequate social distancing and hygiene as recommended for all clients during current widespread COVID-19 community transmission. Additional measures could include the following:

- Continue to implement social distancing measures and encourage recovering clients to wear a cloth face covering in common areas where social distancing is challenging until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- Continue to keep beds at least 6 feet apart, use temporary barriers between beds (such as curtains), and request that all clients sleep head-to-toe.

CDPH medical director consultation is available for individual cases, but in general, clients should not be prevented from returning to the referring facility if they have completed the minimum isolation period described above which is intended to minimize risk of transmission for a range of disease severity associated with COVID-19.

For the latest updates, visit chicago.gov/coronavirus or cdc.gov/coronavirus.