

COVID-19: Guidance for Homeless Shelters

Coronavirus disease 2019, or COVID-19, is a new respiratory illness that can spread from person to person. Most cases of COVID-19 result in mild illness. To date, children also seem less likely to become ill. But people who are older or those who have other health conditions are more likely to have serious illness. Those at higher risk include:

- 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 disease, diabetes, cancer, heart disease, 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. At this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it. The best way to prevent infection is to take everyday preventive actions and practice social distancing.

All clients entering the homeless shelter must be screened 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 telehealth assessment. Follow their guidance for client monitoring or other necessary steps.

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

- 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 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.

The City of Chicago is evaluating potential options for alternative housing for clients with mild illness due to suspected COVID-19 and will update providers if and as soon as such options are secured. In the alternative, clients should remain in the shelter with appropriate social distancing measures in place. Clients with confirmed COVID-19 who have been discharged from the hospital will be placed in respite care locations, not returned to the shelter, until their period of isolation has ended.

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

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- 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

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.

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.

Place signs that encourage cough and sneeze etiquette, hand hygiene, and staying home when sick at the entrance to your building and in other areas where they are likely to be seen such as gathering areas, dining areas, bathrooms, staff lounges, 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.

Send sick employees and volunteers home:

- Employees who have symptoms of acute respiratory illness must stay home and not go to work for:
 - at least 7 days since their symptoms first appeared; and
 - at least 3 days (72 hours) with no fever (without using fever-reducing medications) and improving symptoms.
- Employees should notify their supervisor and stay home if they are 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.

Separate sick employees:

- 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.

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- 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.

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.

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 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, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective too.

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- 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.

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 Chicago Department of Public Health (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).

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