

# COVID-19 Guidance for Homeless Shelters: Updated April 2021

## COVID-19 fatigue and the ongoing pandemic

Homeless shelters are at risk of large COVID-19 outbreaks. The ‘first wave’ of Chicago saw COVID-19 outbreaks in the majority of Chicago shelters, but a fast and effective response from shelter staff, shelter residents, clinical and academic partners, CHHRGE, DFSS, CDPH and others helped to control these outbreaks and minimize infections, hospitalizations and deaths, and the ‘second wave’ saw fewer cases, hospitalizations and deaths in people experiencing homelessness.

COVID-19 vaccinations are helping us get back to normal, but COVID-19 variants continue to pose a threat. Continued efforts to slow the spread of COVID-19 are necessary.

## Variants of COVID-19 and Vaccination

We are thrilled that vaccination has been widely offered to shelter guests and staff, and will continue to be made available in routine primary care visits from Shelter-Based Services Teams. However, we know that variants of COVID-19 are now here in Chicago. Additionally, daily cases have risen in March 2021. While many guests and staff have received a vaccine, it is important to remember:

- Although vaccines have been shown to be 95% effective at preventing symptomatic disease, that means that 1 in 20 people vaccinated could still become ill with COVID-19.
- Although we know the vaccines protect against getting sick from COVID-19, we don’t yet know for sure how effective the vaccines are at preventing infections without symptoms or preventing people from spreading COVID-19. However, there is good news; [a recent CDC study](#) shows strong evidence of vaccination preventing COVID-19 transmission.
- Some people might decline vaccination, or be unable to be vaccinated immediately for specific health or personal reasons. It is still important to protect those people.
- We do not currently know how long the immunity provided by vaccination lasts.
- We do not know how effective vaccines are against some of the variant strains of COVID-19 that are rapidly spreading.

## Continued infection control guidance

For these reasons described above, we ask that you remain diligent in your infection control guidance. [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. Implement physical distancing policies, such as spreading out beds and scheduling time in common areas
6. Minimize face to face contact between staff and residents
7. Ask non-essential staff to work remotely
8. Break your shelter population into groups or 'cohorts' of people who have contact with each other, but not other cohorts (e.g. cohort by dormitory, and have them eat together, spend time in the same day room, but separate them from other cohorts with dividers and scheduling)
9. Screen staff and residents regularly for symptoms; arrange for symptomatic residents to be tested and symptomatic staff to avoid coming in to work.
10. Stay in touch with CDPH, DFSS and your shelter-based service teams.

### **Allowing non-essential volunteers and other partners back into shelter facilities**

Some shelters have inquired about allowing non-essential volunteers back into shelters. While the efforts of volunteers are important, shelters should exercise caution in allowing additional people to enter the shelter space, as there is always a risk people might expose guests or staff to COVID-19. Wherever possible, non-essential volunteers should be vaccinated before resuming volunteer activities in shelter. Non-essential volunteers are not considered shelter staff and might not be included in any vaccine efforts done by shelter-based services teams. Volunteers can find out more about how to be vaccinated by visiting [chi.gov/covidvax](http://chi.gov/covidvax).

## **COVID-19 cases in shelters**

If a case of COVID-19 is detected in a shelter staff member or resident, either through your shelter-based service team or through a healthcare provider or hospital, **immediately inform your shelter-based service team and CDPH point of contact** ([Andrew.Weidemiller@cityofchicago.org](mailto:Andrew.Weidemiller@cityofchicago.org) or [Divya.Ramachandran@cityofchicago.org](mailto:Divya.Ramachandran@cityofchicago.org)).

### **Isolation of people with symptoms of possible COVID-19, or people with COVID-19**

- Everybody with symptoms of possible COVID-19 should be tested, even if they are fully vaccinated.
- Staff member:
  - If a staff member has symptoms of possible COVID-19, they should not come to work, even if they are fully vaccinated. They should stay home and get tested by their healthcare provider or at a City-run testing site, and not come back to work until they have a negative test result and symptoms have resolved.
  - If a staff member tests positive for COVID-19, they should be excluded from work for the full isolation period (at least 10 days), even if they are fully vaccinated.
- Residents:
  - If a resident develops symptoms of COVID-19, they should receive a rapid COVID-19 test in the shelter, even if they are fully vaccinated. If they have emergency warning signs (such as trouble breathing, pain in the chest, new confusion, inability to wake or stay awake, or pale, grey, or blue colored skin, lips, or nail beds, depending on skin tone), call 911. Some

people with suspicious symptoms who test negative with the rapid test may need a second, PCR test to confirm they do not have COVID-19.

- If a resident tests positive for COVID-19, they must isolate for 10 days, even if they are fully vaccinated. Your shelter-based service team will advise on whether they can be safely isolated on-site or whether they should be referred to isolation off-site.

#### **Quarantine of close contacts who have not been fully vaccinated**

- People are considered fully vaccinated for COVID-19  $\geq 2$  weeks after they have received the second dose in a 2-dose vaccine series (e.g. Pfizer-BioNTech or Moderna), or  $\geq 2$  weeks after they have received a single-dose vaccine (e.g. Johnson and Johnson (J&J)/Janssen).
- In general, people who are not fully vaccinated who have had close contact with someone with COVID-19 should quarantine away from other people for 14 days.
- For staff, that means staying away from work.
  - **If the staff member's close contact occurred at home (i.e. one of their household contacts tested positive for COVID-19), they should not work for at least 10 days because of the very high risk of transmission between household contacts.**
  - If the close contact occurred in the shelter, and several staff have had close contact, it may be difficult for all staff to remain away from work and continue running the shelter. To ensure the continuity of essential operations, CDC advises that critical infrastructure workers may be permitted to continue work following some potential exposures to COVID-19, provided they are screened for symptoms and a temperature before every shift, they always wear a face mask that covers the nose and mouth, they maintain 6 feet of distance between themselves and others in the workplace wherever possible, and there is enhanced cleaning and disinfection of all work areas. If an exposed staff member develops symptoms, they should be immediately excluded from work.
- For residents who have had close contact or shared a room with someone who had COVID-19, they should be encouraged to stay in the shelter, away from others, for at least 10 days, though we recognize this is not always possible.
- Close contacts of cases should be tested during their quarantine period.

#### **Quarantine of close contacts who have been fully vaccinated**

- People are considered fully vaccinated for COVID-19  $\geq 2$  weeks after they have received the second dose in a 2-dose vaccine series (e.g. Pfizer-BioNTech or Moderna), or  $\geq 2$  weeks after they have received a single-dose vaccine (e.g. Johnson and Johnson (J&J)/Janssen).
- Fully vaccinated individuals do not need to quarantine after close contact with someone with COVID-19.
- Fully vaccinated individuals who develop symptoms of possible COVID-19 should isolate and get tested for COVID-19, as outlined above.

## **COVID-19 testing in shelters**

Through shelter-based service teams, CDPH has deployed rapid COVID-19 tests to every shelter. With appropriate training, shelter staff may be able to operate these tests directly, but should always report these tests as directed by their shelter-based service teams. Reach out to your shelter-based service

team to learn more and to arrange training. If staff or guests exhibits symptoms (such as fever, cough, new loss of taste and smell, shortness of breath, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea/vomiting, or diarrhea), they should be given a rapid COVID-19 test.

Email your shelter-based service team, CDPH and DFSS in the event of any positive COVID-19 tests:

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	

## Intake of new residents

The shelter you provide to Chicago residents is an essential life-saving service. This year your services are likely to be even more in-demand than ever, COVID-19 has had economic consequences for many people across this City and more may be seeking your support than ever before.

**We strongly urge you to continue to accept new residents.** CDPH, DFSS and many healthcare leaders do not recommend universal COVID-19 testing or quarantine on intake as it can create a barrier to shelter. However, we strongly recommend all new residents are evaluated by shelter-based service teams at the next available opportunity for a full health assessment, including for consideration of COVID-19 testing. If you have concerns about accepting new residents, please contact your shelter-based service team, CDPH and DFSS before refusing to accept new intake.

**We strongly urge you to safely expand bed capacity wherever possible.** We recognize many shelters reduced their occupancy during the ‘first wave’ of COVID-19 in Chicago to allow residents to physically distance and stay safe. DFSS continues to operate several large ‘decompression’ shelters. As more and more people seek shelter, we urge you to look for any ways you can to safely increase bed capacity. If there is a space that could be converted to accommodate beds, tell DFSS.

## 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.

**Shelter-based service teams are offering free COVID-19 vaccination on site at all shelters. Read more about COVID-19 vaccinations below.**