

# COVID-19: Frequently Asked Questions for Homeless Shelters as Chicago Cautiously Reopens and Gradually Resumes

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## We're already doing lots of this. Why is this called new guidance?

That's great! Most of these recommendations are not new. Many of the strategies that were effective in reducing cases in shelters and across Chicago earlier in the COVID-19 response are still effective. We continue to recommend physical distancing within shelters (people staying 6 feet apart wherever possible), hand-washing points and hand sanitizer around the facility, regular environmental cleaning, cloth face coverings, symptom and temperature checks for residents and staff and isolation of people with symptoms. These recommendations, which were in previous versions of the guidance, are among the most crucial measures to prevent the spread of COVID-19.

But there are new ideas introduced, like cohorts.

## What is a cohort?

A cohort is a group of people who are banded together in some way. In homeless shelters, a cohort is a group of people who might sleep in the same dormitory, use the same bathrooms, eat together in the canteen, use the common areas at the same time, take smoking breaks at the same time and have the same case workers. This means there will be some contact within cohorts, but we really strongly recommend minimizing contact between cohorts.

We are recommending cohorts because COVID-19 spreads quickly when lots of people have contact with each other. Cohorts 'break' large shelters into smaller groups, so fewer people have contact with each other and the virus has fewer opportunities to spread. Cohorts should therefore be as small as possible for your shelter. But as a general guideline, a large cohort might be up to 40 people.

If possible, people in the same cohort might all share similar levels of risk of becoming infected – for example, consider making one cohort of those who work outside the shelter each day, and another of people who mainly stay in the shelter, because those staying in the shelter each day may be at lower risk of becoming infected with COVID-19. Cohorts can be different sizes too, so if only 15 shelter residents go to work each day, but 70 shelter residents mainly stay in the shelter, consider one cohort of people who go to work, and two cohorts of people who stay in the shelter.

## **I work in a large congregate shelter where completely separating people is difficult. Should we still try?**

Yes! These activities are all about reducing the risk of COVID-19 transmission, it is very difficult to remove the risk transmission altogether. So if you can do anything at all to reduce the risk, it will be beneficial and help to keep your residents safe.

For example, even if it isn't possible for every cohort to have their own bathroom, it will still be beneficial to have separate meal times for each cohort. If everyone sleeps in one large congregate space, separating cohorts by at least 6 feet (ideally using physical barriers such as a screen, curtain or row of chairs, or even using tape or spray paint on the floor) will still help to keep cohorts separate.

## **Should we test new residents for COVID-19 on intake?**

No, not necessarily.

New residents are just one way COVID-19 can enter a facility. Staff can also bring in COVID-19 when they go home and come on site again the next day. With the city's cautious reopening allowing more people to return to work and resume daily activities, more residents will also be leaving the facility for work or other reasons, and they too can bring it back into the facility. Also, we now know that people can be infected with the virus but test negative for several days, so even a negative test at intake would not guarantee a new resident doesn't have COVID-19. Finally, CDPH have heard of some facilities that have refused entry to people unless they had a COVID-19 test.

Instead, we focus on physical distancing, hand-washing, environmental cleaning, and cloth face coverings and symptom and temperature checks for everyone who is coming into the shelter. You should all have received thermometers to help with the temperature checks.

That said, if your facility has a very stable population that doesn't often leave, and you have the capacity to quarantine new intake for 14 days, offering a test on entry can be beneficial as long as people are not denied housing or necessary care based on not wanting to be tested. But it probably isn't as effective as other COVID-19 testing strategies.

## **Should we test existing residents and staff for COVID-19?**

There are different testing strategies. Here is how CDPH prioritizes testing for COVID-19.

Most useful: Diagnostic testing – for people with symptoms of possible COVID-19

Testing for COVID-19 is most useful if someone has symptoms, because it can tell us whether those symptoms are due to COVID-19 or not. This is called *diagnostic testing*. In Phase 3 of the Chicago Reopening Framework, diagnostic testing can happen in hospital emergency departments (if they are very unwell), by primary care providers or trained testers in your shelter (if they are stable and can be isolated on site until testing is available), or through

Lawndale Christian Health Center who operate a van with a rapid test. The rapid test can tell you within 15 minutes if the symptoms are due to COVID-19.

Very useful: Testing to control transmission – for people with no symptoms, but who have known or suspected exposure to a case of COVID-19

Testing is also useful when there has been a case of COVID-19, when we arrange to test the people with the highest risk contact to the confirmed case. This is called *outbreak response testing*, or *testing to control transmission*. In Phase 3, outbreak response testing will be offered to everyone in the same cohort as any identified case (including the staff who interact with them). If lots of other cases are identified in that cohort, outbreak response testing may be offered to other cohorts too.

Other types of testing, which are less useful but could be beneficial in selected instances

- Testing of people with no symptoms and no known exposure to COVID-19
- Testing new intake on entry to your facility
- Testing of people who had COVID-19 to determine resolution of COVID-19

There are some limited populations in which CDPH consider testing of people with no symptoms AND without known exposure to someone with COVID-19 to be potentially beneficial. For example, CDPH and DFSS continue to support this type of testing for people that have more barriers to access to care, and no shelter staff available to screen for symptoms (e.g. people living in encampments).

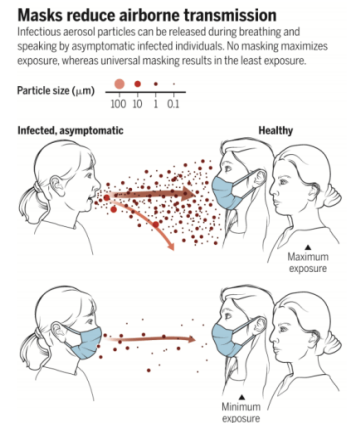
As outlined above, testing new intake on entry to your facility might be beneficial, but really only if used in conjunction with 14 days of quarantine and if the population is stable and mostly doesn't leave the shelter and if interactions between staff and residents are minimized and if no-one is refused shelter or care because they do not want a test. Because of all these additional requirements, is probably less useful than all of the other testing strategies described above.

CDPH does not recommend testing to determine when someone who has been diagnosed with COVID-19 no longer requires isolation or work exclusion. Instead, we recommend that staff can return to work and residents can return to the shelter if *at least* 10 days have passed after symptom onset (or the date tested, if no symptoms), and *at least* 3 days (72 hours) have passed after recovery (no fever, without using medicines to control fever, and progressive improvement or complete resolution of other symptoms).

## Example of Shelters Implementing Health Guidance

Primo Center has:

- Posted signs throughout facility about social distancing, COVID - 19, and wearing masks.
- Extended meal times from 12 noon until 8 pm to not crowd the kitchen.
- Placed blue X's on the floor that show where families can gather in the common areas during meal times or leisure times. Xs are six feet across tables and eight feet from one table to the next area. This allows for families to sit together at a table and provide additional space.



- Created a set schedule for sanitation/disinfecting at 8 am, 12 pm, 4 pm, and 8 pm. Each shift change is responsible for sanitizing as well.

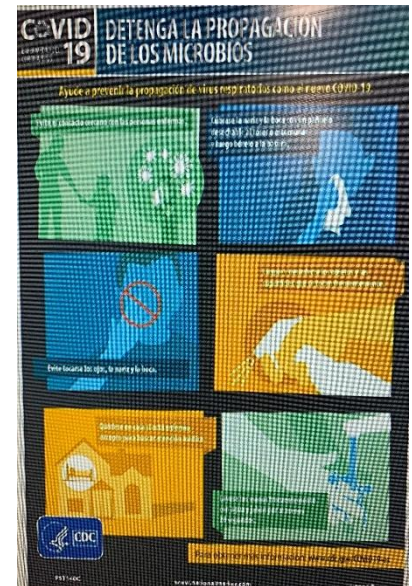
Olive Branch Mission has:

- All clients and staff wear masks unless sleeping or eating
- Printed signs that adhere to the floor to encourage social distancing
- Modified mealtimes and switched to disposable plates and utensils
- Installed additional hand sanitizer machines all over the building, partitions - including urinal screens, touch-less water coolers
- Daily COVID screening for staff and clients (electronic self-screening for staff that automatically emails to supervisors)
- Opened separate entrances for the different populations





- Established clear entry times for each client who leaves the facility to limit lines and waiting at the doors
- Eliminated room sharing for families (one family per room) and set up beds for singles 6 feet apart



#### Franciscan Outreach has:

- Staff wear masks every day and report that this example makes talking to clients about the importance of wearing masks relatively easier. Staff emphasize that they wear mask to protect clients and clients should do the same for staff and each other.
- Staggered meals and serve each dorm separately at one of their locations. Though this takes longer, they report that it improves everyone's ability to social distance.
- Instituted more cigarette breaks with less people per break. Staff monitor smoke breaks and highly discourage the sharing of cigarettes.
- Already implementing cohorts for guests who typically "hang" together (i.e. smoke breaks, eating schedule, etc.).

*"We've learned the more people in a line the less they adhere to the social distancing"*

#### Greenhouse Shelter has:

- Scheduled meals time so only 2 families eat together at the time and a similar schedule for bathrooms, laundry facilities and common spaces for school children to do their lessons.
- Supported clients in cleaning their rooms
- Used the CDPH screening tool daily and is taking temperatures by request
- Clients sign an agreement that they will follow health guidance when they leave the shelter.