

# COVID-19 Guidance for Homeless Shelters as Chicago Cautiously Reopens and Gradually Resumes

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## Background

During March and April, 2020, several homeless shelters in Chicago and across the United States experienced large outbreaks of COVID-19. Chicago continues to make progress in containing the spread of COVID-19 and has moved into Phase Three of its Protecting Chicago re-opening framework, “Cautiously Reopen”.

This guidance is intended to support shelters as they accommodate people experiencing homelessness during this cautious reopening. Please read this guidance in combination with [CDC Guidance](#).

The recommendations focus on three main areas:

1. Reducing the spread of COVID-19 in facilities
2. Minimizing the risk of COVID-19 introductions from residents and staff
3. Mitigating the severity of COVID-19 in individuals

## 1. Reducing the spread of COVID-19 in facilities

Because the virus often does not cause symptoms, and because no test is 100% accurate or can be performed on everyone every day, new introductions of the virus to the shelter system cannot be prevented entirely. Some new cases in shelters are to be expected over the coming weeks and months. Reducing the spread of COVID-19 in shelters is therefore our best defense.

The most important things to do to reduce the spread of COVID-19 fall into four main buckets.

### 1.1 Infection control

- Continue to provide educational resources to your clients, such as [signs](#) and [handouts](#)
- Ensure a ready supply of hand sanitizer. We recommend at least one dispenser per sleeping area (e.g. dormitory, or for every few bedrooms), and for every day area
- [Clean](#) all sleeping areas, day areas and bathrooms at least once a day with a product on [N list](#) – we suggest creating a checklist for each of these areas
- Assign the same individual the same bed each night to reduce cross-contamination
- Ensure residents and staff are masked when on site in shared spaces

### 1.2 Continue physical distancing

- Ensure at least 6 feet between every bed
  - Head-to-toe sleeping arrangements can help
  - Consider leaving alternate beds empty or adding physical barriers between beds if beds cannot be 6 feet apart
  - Minimize or avoid the use of bunk beds, as they make distancing more difficult
- Continue to work with DFSS and CDPH to evaluate safe bed capacity during re-opening.
- Continue to use a schedule to limit access to common areas so only a small number of people are allowed to use the space at any time (e.g. one cohort, see below), this will allow shelter guests to practice social distancing in common spaces.
- Continue to minimize face-to-face interactions between staff and residents (e.g. some case worker sessions could happen by phone)

### 1.3 Cohorting

It is likely some shelter residents or staff will develop COVID-19 in the coming weeks and months. ‘Cohorting’ reduces the number of contacts anyone with COVID-19 has, and therefore reduces the chances of it spreading throughout the community.

- Break your shelter into smaller, defined groups, or ‘cohorts’
  - For example, this could be male guests, program 1, dormitory A
  - If your shelter is one large open space, consider a physical divide between cohorts (like a screen, curtain, row of chairs, or even tape on the floor), or simply leaving a gap of at least six feet between beds of different cohorts
- Aim to make the cohorts as small as possible, aiming for <40 people per cohort, though we recognize this will be different across shelters
- Some level of contact within cohorts is to be expected
  - For example, members of one cohort might sleep in the same dormitory, have meals served together, use common areas at the same time, go on smoking breaks together, or use the same bathrooms and showers
- Wherever possible, consider staff who have close contact with residents as part of the cohorting strategy, e.g. one case manager might work with only one cohort
- Contact between cohorts should be minimized
- If a case is identified in a resident or staff member of a cohort, the cohort would be offered widespread testing first
- If possible, consider cohorting people who leave the shelter a lot and have many interactions in the community (e.g. for work) in one cohort separate from people who mainly stay in the shelter and have fewer interactions in the community

### 1.4 Early detection of infection and early isolation for people with COVID-19

- Advise all staff to stay home if they are sick, to not come to work and get tested by their healthcare provider or at a City-run testing site
- Screen residents for symptoms and check for a temperature regularly, ideally daily or every time they enter the facility but at least 2-3 times per week.

- Because so many people with COVID-19 have no symptoms, this is probably less important than ensuring physical distancing, good infection control including thorough cohorting, but is still essential to pick up infections early.
- If anyone has new symptoms but does not need hospital care<sup>1</sup>, isolate them and notify the LCHC mobile testing unit by calling 630-341-6240 at any time. You will be asked to provide the following information. Please leave a voicemail or text message if the mobile testing team is not available to answer the call.
  - Staff member contact information: Name and phone number
  - Location: Shelter name and address
  - Client basic information: Name and date of birth
  - Detailed client symptoms
  - Confirmation that client has indicated willingness to be tested

The mobile testing unit will deploy to the location on the same day or the following day, depending on time of notification and testing team availability. Keep your resident isolated, ideally with a separate bathroom, until the testing team arrives.

- If your resident has a fever, new onset cough or shortness of breath and tests negative by rapid test, a confirmatory test may be needed and the individual should stay isolated until results are back.
- Report any new cases to CDPH through the online case report form: <https://redcap.dph.illinois.gov/surveys/?s=FR7MAJAY84> or by emailing [Karrie-Ann.Toews@cityofchicago.org](mailto:Karrie-Ann.Toews@cityofchicago.org) or [Isaac.Ghinai@cityofchicago.org](mailto:Isaac.Ghinai@cityofchicago.org)
- Individuals with confirmed COVID-19 should be referred to the City’s Support Isolation Facilities (details on referral available [here](#)).

## 2. Minimizing the risk of COVID-19 introductions:

CDPH priority groups to test remain:

- a) Individuals with symptoms (persons under investigation, or PUIs), even mild symptoms, for diagnostic testing
- b) Individuals known or suspected to have been exposed to someone with COVID-19 regardless of symptoms (e.g. members of their ‘cohort’), to control transmission

There are some limited populations in which CDPH considers testing of people with no symptoms AND without known exposure to someone with COVID-19 to be potentially beneficial, and CDPH will coordinate directly with these sites.

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<sup>1</sup> CDC: When to Seek Emergency Medical Attention: If someone is showing any of these signs, seek emergency medical care immediately: trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face. This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you. Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

However, CDPH does not routinely require or recommend COVID-19 testing or a 14 day quarantine for new intake into the shelter system. This is because the virus can be introduced by any resident leaving the facility and returning (e.g. for work), from staff members or from new residents. It is not practical to test every one of these groups every time they come into the facility, and even a negative test is no guarantee that someone does not have the virus (as you can be infected with the virus and it may not show up on tests for a few days).

Instead, we recommend screening staff and residents for symptoms and checking temperatures daily, on entry to the facility, or regularly a few times each week, with immediate isolation and testing for anyone with symptoms. We also continue to recommend universal masking in congregate and community spaces and reducing face-to-face interactions between staff and residents where possible.

Additionally, CDPH does not routinely require or recommend testing to determine when someone who has been diagnosed with COVID-19 no longer requires isolation or work exclusion. Instead, CDPH follow's CDC's '[symptom-based strategy](#)' to discontinue isolation. We recommend that isolation is maintained for *at least* 10 days after symptom onset (or the date tested, if no symptoms), and *at least* 3 days (72 hours) after recovery (no fever, without using medicines to control fever, and progressive improvement or complete resolution of other symptoms). This means shelter staff can return to work, and shelter residents can resume their normal activities without any further testing, if these conditions are met.

### **3. Mitigating the severity of COVID-19 in individuals**

- CDC has [defined several medical conditions](#) that increase the risk of COVID-19
  - These include: asthma, chronic heart, lung, kidney and liver disease, diabetes, severe obesity, immunocompromise, hemoglobin disorders, and increase age
- CDPH recognizes the value of primary care provision and behavioral health expertise in managing these conditions, and is actively supporting healthcare providers in shelters
- While CDPH does not routinely require or recommend COVID-19 testing for new intake, we do support a primary care consultation for new intake (where available) to assess for medical conditions that may increase the risk of severe COVID-19
- The City of Chicago Continuum of Care continues to prioritize those at highest risk of serious illness from COVID-19 for permanent housing
- The City of Chicago will continue to support shielding options to protect those most at risk of severe COVID-19 from risk of infection.