

COVID-19 Guidance for Homeless Shelters during Phase V: August 2021

While the majority of Chicagoans have now received a COVID-19 vaccine, the pandemic is still not over. We therefore recommend continuing some COVID-19 prevention measures in homeless shelters. Residents and staff of homeless shelters should:

- Get vaccinated against COVID-19. Vaccination is the best way to protect yourself, your family, your colleagues, your residents and your community.
- Continue to wear face-masks, regardless of vaccination status, while in the shelter.
- Continue to try to maintain at least 3 feet of distance between beds.
- Minimize contact between unvaccinated staff and residents.
- Continue to follow infection prevention and control practices.

Continued infection prevention and control practices

Our previous guidance detailed steps to take to slow the spread of COVID-19 in homeless shelters. The same basic principles are true today. Key steps include:

1. Provide educational material to your residents, such as signs and handouts, particularly around COVID-19 vaccines
2. Ensure staff and clients wear facemasks that cover the nose and mouth
3. Maintain 3 feet of distance between beds
4. Minimize face to face contact between unvaccinated staff and residents and consider asking unvaccinated non-essential staff to work remotely
5. Ask residents to report any symptoms to shelter staff, regardless of their vaccination status. Offer COVID-19 testing to all residents with symptoms, regardless of vaccination status. Shelter-based service teams should be informed of any residents requiring COVID-19 testing.
6. Ask symptomatic staff to stay at home and not come into work until they have been tested for COVID-19 and their symptoms have resolved
7. Stay in touch with CDPH, DFSS and your shelter-based service teams

Frequently asked questions

What are 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.

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.

What is the City doing to ensure any increases in shelter census are done safely?

The City continues to monitor the following in regards to increasing bed capacity safely in the shelter system:

- Uptake of COVID-19 vaccines, and continued availability in shelters: CDPH continues to track uptake of vaccine across the City, and in shelters. LCOs continue to offer vaccinations to all staff and guests in shelter.
- Infection prevention and control services and medical care: LCOs, through funding from CDPH, have provided infection control materials such as hand-washing stations and plexiglass barriers to shelters in order to reduce the spread of COVID-19. LCOs are available to provide technical assistance in answering any questions shelters may have. CDPH will continue to update guidance as needed.
- COVID-19 incidence in Chicago: This information is available in real-time via [CDPH's COVID dashboard](#).
- COVID-19 variants: Delta variant is now the dominant variant in Chicago. While cases are rising across the City, as of end of August, very few cases have been detected in shelters.
- Shelter census: CDPH and DFSS continue to work together to monitor the inflow of individuals into the shelter system in conjunction with variables described above.

What about COVID-19 variants?

All viruses, including the virus that causes COVID-19, constantly mutate. When a virus mutates, it can – rarely – develop concerning characteristics, such as the ability to spread between people more easily, or the ability to cause more severe disease. These concerning variants (“variants of concern”) now cause the majority of cases of COVID-19 in Chicago, and the Delta variant is now the dominant variant. The Delta variant, along with more relaxed public health measures, has caused an increase in cases of COVID-19 in recent weeks, but people who are vaccinated against COVID-19 are still protected against infection and – more importantly – severe disease and death due to COVID-19. The best way you can protect yourself and others against COVID-19 variants is by getting vaccinated. So far, all available COVID-19 vaccines offer protection against all COVID-19 variants.

What should we do if we detect a case of COVID-19?

As before, cases of COVID-19 should be referred to off-site, supported isolation. Shelters can refer clients directly, or your shelter-based service team (SBST) can refer clients on your behalf. You should also inform CDPH and DFSS at the contact details below.

Organization	Contact Information	
Shelter-based service team	Heartland Alliance Health Sheltercare@heartlandalliance.org	Lawndale Christian Health Center Sheltercare@lawndale.org
CDPH	Divya Ramachandran Divya.ramachandran@cityofchicago.org	Andrew Weidemiller Andrew.weidemiller@cityofchicago.org
DFSS	dfss-homeless@cityofchicago.org	

What do ‘quarantine’ and ‘isolation’ mean? Who needs to quarantine, and who need to isolate.

Isolation means keeping people with COVID-19 – or suspected of having COVID-19 – away from other people while they are infectious, so that there is less chance that they spread the infection to others. If someone tests positive, they are a “confirmed” case of COVID-19 and should be referred to supported isolation off-site, away from the shelter environment. This service is free and available to anyone in Chicago who needs isolation at [A Safe Haven](#). Everyone who tests positive, whether vaccinated or unvaccinated, should be isolated for 10 days since their symptoms began, or 10 days since their positive test if they did not have symptoms. If someone has symptoms, but has not yet been tested or test results are pending, they can be kept in the shelter space, but away from others as much as possible. Using rapid tests, which are available on site in every shelter, means test results are pending for only a few minutes. For example, if there is a smaller or private room available, residents could be moved into the private room until test results are available.

Quarantine is used to keep people who are exposed to COVID-19 – for example through close contact to someone with COVID-19 – away from people who are at lower risk. In the community, fully vaccinated people do not need to quarantine in the event of contact with a case of COVID-19. People who are not fully vaccinated should quarantine (stay away from others) for 10 days following their last contact with the person with COVID-19.

In a homeless shelter, where many people might sleep in one room, it can be harder to define exactly who is a close contact and who is not, as well as who is fully vaccinated and who is not. Additionally, quarantining an entire dormitory or program may be impossible and/or have unintended consequences (such as excluding people with no close contact from employment). Decisions around quarantine in shelters are therefore made on a case-by-case basis – shelter-based service teams, in consultation with CDPH, can provide tailored advice on different settings. Sometimes it might be recommend to quarantine all guests in a program or dormitory, at other times it might be recommended to quarantine only people with particularly close contact (if they can be identified separately) and sometimes it might be that no quarantine at all is required.

Regardless of vaccination status, everyone who has been in contact with someone with COVID-19 should be tested. CDPH will continue to facilitate this testing. It can be difficult to figure out exactly who is a contact and who is not, particularly in shelter settings. In order to decide who to test, we often define all people sleeping in the same dormitory as a contact.

What should shelters do to improve infection control for meal times and other use of shared space?

During the pandemic, some shelters broke their population into groups or 'cohorts' of people who have contact with each other, but not other cohorts (e.g. one dormitory could eat and spend time in the day room together, but would be separated from other cohorts by scheduling or by creating dividers between spaces). These cohorts help to slow the spread of infection across groups. If possible, shelters should continue this practice, but we recognize it may be more difficult as activities return to normal. Shelters should consult with their LCOs on site-specific questions related to shared space.

Will staff working in homeless shelters be required to receive the COVID-19 vaccine?

While the City of Chicago has no general requirement that all staff working in homeless shelters or providing other services must be vaccinated, CDPH does strongly encourage COVID-19 vaccination for all staff working in congregate settings. Individual agencies may choose to implement a vaccine requirement for their staff. COVID-19 vaccination is particularly important in these groups – we know that COVID-19 can spread very quickly in congregate settings like shelters, and that people experiencing homelessness often have underlying conditions that place them at additional risk of severe disease due to COVID-19. Therefore getting vaccinated can help to break the chain of infection, and protect yourself and your residents.

Some organizations that have implemented a vaccine requirement for staff have provided an additional layer of mitigation by requiring regular testing for the small number of people who are unable to receive a COVID-19 vaccine. COVID-19 vaccines are more effective than any testing protocol, and should be encouraged for the vast majority of staff. If a screening testing protocol is being implemented, the most robust and effective screening testing program would test unvaccinated employees approximately twice a week, but this comes with immense operational burden and is likely unfeasible for most organizations. Weekly screening testing for unvaccinated employees is likely more feasible and still beneficial. Vaccination, however, remains more effective than any screening testing program at preventing COVID-19 cases and transmission.

Who needs to be tested for COVID-19?

Anyone with symptoms of COVID-19, regardless of vaccination status, should be tested for COVID-19 as soon as possible. Anyone who has been in contact with someone with COVID-19 should also get tested for COVID-19, ideally right away if someone is not fully vaccinated, and then again between 3-7 days after contact (if you're fully vaccinated, testing once between 3-7 days after contact is sufficient).

What kind of testing is available in my shelter?

Your shelter-based service team should be able to provide COVID-19 testing for anyone with symptoms on-site. Some shelter staff may also be able to provide COVID-19 testing. Shelters and shelter-based service teams can request rapid tests from CDPH by reaching out to their CDPH point of contact.

If any cases are identified in a shelter resident or a staff member, CDPH continues to provide on-site testing teams through partnerships with Rush University Medical Center and UIC. In some instances, out of an abundance of caution, CDPH is providing testing to shelters with expanding bed capacity even if no cases have been identified. If you would like to request testing for your shelter, speak to your shelter management, shelter-based service team, or CDPH point of contact.

What does FDA approval mean for vaccines?

The Pfizer/BioNTech vaccine (also now called Comirnaty) recently received full FDA approval for people aged 16 and over. This positive news is a reflection of how safe and effective the COVID-19 vaccines are. Although some people were initially hesitant to receive COVID-19 vaccines, over the last year, more than 400 million doses have been given in the US. In Chicago, we have administered more than 3 million doses – this has been conducted safely, and the data demonstrate people who are vaccinated are protected against COVID-19 infection, hospitalization and death. In fact, in Los Angeles, researchers discovered people who were fully vaccinated against COVID-19 were 29 times less likely to be hospitalized than people who were not vaccinated¹.

Who needs to get a booster shot?

The CDC recommends people who have moderate to severe immunocompromise and have completed their second dose of the Moderna or Pfizer COVID-19 vaccine more than 28 days ago should receive an additional, third dose of the same vaccine – this is sometimes called a “booster shot”. Among those who were vaccinated by shelter-based service teams in Chicago, most people received the Moderna vaccine (81% received Moderna vaccine, 19% received the J&J/Janssen vaccine). If you or one of your residents received the Moderna or Pfizer COVID-19 vaccine and is unsure if they qualify for a third dose, speak to your shelter-based service team.

In the near future, it is very likely that the CDC will recommend additional doses for adults who have received the Johnson & Johnson’s Janssen (J&J/Janssen) vaccine and for adults who are not immunocompromised who received either the Moderna or the Pfizer vaccines. CDPH will update shelter partners immediately if there are any changes or updates. Shelter-based service teams will coordinate with your shelter to provide booster vaccinations to anyone who is eligible, as guidance evolves.

What is the definition of “fully vaccinated” now that booster shots are recommended for some people?

For now, the definition of fully vaccinated remains the same – you are considered fully vaccinated 14 days after completing the primary series of any COVID-19 vaccination. For Moderna and Pfizer COVID-19 vaccines, that is two weeks after receiving your second dose of a 2-dose. For the J&J/Janssen vaccine, that is two weeks after the first dose .

¹ https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e5.htm?s_cid=mm7034e5_w