



Guidance for Mitigation of COVID-19 in Homeless Shelters: May 2022

The primary goal of this guidance is to ensure that shelters are able to continue operations, minimize transmission of COVID-19 within their shelters and connect COVID positive clients to health care to prevent development of severe disease associated with COVID-19 infections.¹

In addition to this guidance document, CDPH has Infection Prevention Specialists (IP) available for consultations onsite in your shelter. The IP is available for technical assistance on infection prevention, mitigation, and isolation strategies for your site. The IP can help you consider isolation as it relates to your shelter layout, staffing considerations, and specific population served. <https://redcap.dph.illinois.gov/surveys/?s=93HJCT4W4F9D8HR3>

Effective March 31, 2022, A Safe Haven closed their supported isolation site. Whenever possible, shelters should now isolate COVID positive individuals onsite- this document will detail how to isolate individuals in your shelters and resources for isolation-in-place. DFSS is funding 5 beds in a hotel setting for COVID positive individuals. Referral to this site will be based on collaboration between DFSS and LCOs for identification of COVID positive individuals in settings where they are unable to isolate onsite.

I. Isolation for COVID-19 positive clients in Homeless Service Settings

| Summary of Immediate Next Steps upon Identification of a Case: |
|---|
| 1. A COVID positive client should immediately be isolated away from all other clients and staff. Move them to an empty office, living space, single occupancy room, etc.- whatever is available in your location. |
| 2. Begin implementing the isolation-in-place plan that your organization has developed. This could mean moving a bed to an alternate room or location in the facility, building barriers to physically separate them from others, etc. (If you need help developing a plan, reach out to your CDPH contact for further assistance). CDPH has staff Infection Prevention Specialists who are available to support your shelter in isolation planning. |
| 3. Notify your LCO, your CDPH CDCI, and DFSS regarding the positive case so that further testing and COVID-19 treatments can be scheduled. |
| 4. Next, all other clients and staff should be screened for signs and symptoms. Those displaying symptoms should be tested immediately. |
| 5. If there are several cases and your ability to move COVID positive clients to separate locations within the facility is exhausted, develop a zone system to separate individuals based on their COVID-19 status (see zone space guidance below and reach out CDPH with any questions). |

¹ A note of modifications of the guidance given in this document: We understand that the needs and resources of each shelter are unique to that facility. When cases of COVID-19 are identified within shelters, normal shelter operations may be impacted based on case counts and effects on staffing. Therefore, modifications to COVID-19 prevention strategies may need to be implemented when resources (staffing, testing, and isolation space availability) are limited. Any modifications to the guidance given in this document should be primarily for crisis situations where all other possibilities have been exhausted. Shelter directors can take this guidance and determine when and how it will be used within their shelter in consultation with CDPH, their LCO and DFSS.

6. Continue to screen clients twice daily and test as indicated by your LCO and your CDCI.

How long should a COVID positive client stay in isolation?

- All staff and clients, regardless of vaccination status, should isolate for 10 days after testing positive for COVID-19. This 10-day isolation guidance is particular to those living or working in congregate environments due to the high risk of transmission present in these environments.
 - When isolation on and offsite is at capacity or there are other pressing facility or client needs to consider, shelters may consider shortening isolation in accordance with the general population guidance- in that case, if individuals have no symptoms or their symptoms are resolved after 5 days, they may leave isolation, but must continue to wear a mask around others for 5 additional days. **This should only be done after confirmation with your LCO and all other efforts to maintain a safe isolation space have been exhausted.**

General Considerations for Isolating-in-place

- The primary concern is maintaining the health and safety of staff members and other clients while isolating COVID-19 positive clients on site. In addition, it is important to continue to monitor positive clients in order to quickly identify when higher levels of medical care may be needed.
- Continue requiring masking within the facility whenever individuals are not eating or sleeping and continue to offer testing onsite.
- Screen clients daily for sign and symptoms, assess for severe risk of disease, and connect them to medical treatment as indicated.
- Maximize ventilation within the facility to increase air quality.
- Where individual isolation space is not available for COVID positive clients, isolate positive clients and, separately, symptomatic clients onsite with the use of a zone system:
 - **Red zone:** All clients who test positive for COVID-19 regardless of symptoms and vaccination status
 - **Yellow zone:** Clients who are symptomatic and have pending COVID-19 test results or refuse testing
 - **Green zone:** Clients who do not have symptoms or have tested negative (continued testing recommended)

Create Separate Zone Spaces

Ideally, shelters should create different zones within their facility where clients are placed based on their COVID-19 status. Zones are separate spaces either in different rooms, floors, or buildings. Where there is not enough space to have zones physically separated, consider using barriers to create zones with a large space, maintaining distance, and improving ventilation between zones. Reach out to the CDPH team if assistance is needed to develop zoning within your facility.

Green Zone: For clients with no COVID-19 symptoms

- Continue prevention strategies inc. masking, social distancing, symptom checks, and appropriate ventilation
- Continue to space beds 3-4 feet apart and sleep clients head-to-toe when possible
- All staff and clients should continue wearing masks when not sleeping or eating/drinking- surgical or KN95 strongly recommended.

Yellow Zone: For clients with possible COVID-19 symptoms (pending test results or refusal to test)

- This room should have maximum possible spacing as some people may not have COVID-19, but other respiratory illnesses. Recommendation is that this zone have at least 6 feet between clients, sleeping head-to-toe.
- Increasing filtration and ventilation in this zone is very important and should be prioritized.
- Clients who are symptomatic should be tested.
- Anyone who has tested negative with two rapid tests (at least 24-hours apart, or one negative PCR) can be returned to the green zone with approval from medical staff.
- Once symptomatic individuals with negative results are returned to the green zone, continue to monitor for signs and symptoms. Consult with your LCO if symptoms continue or worsen.
- When staffing allows, designate staff to work in yellow zone exclusively. These staff members should be wearing full PPE including masks, eye protection, gowns, and gloves. (KN95 or surgical mask okay for those not fit-tested).

Red Zone: Clients who have confirmed COVID-19 infections

- Check in with these clients twice daily (including temperature and oxygen saturation checks). Continue to offer supportive treatment and determine whether a higher level of care is needed based on symptoms.
- Since all clients have confirmed COVID-19 tests, beds only need to be spaced 3 feet apart.
- Wherever possible, have a separate stall/bathroom for these clients to use. If not possible, make sure the bathroom is empty prior to COVID positive client entering and thoroughly disinfected after use.
- If staffing allows, have designated staff work in this zone and wear full PPE including masks, eye protection, gowns, and gloves. (KN95 or surgical mask okay for those not fit tested).

Who should be notified when a staff or guest tests positive?

- Whenever a positive test result is identified, the individual who tested positive should be rapidly and appropriately notified, and isolated away from others.
- If someone in your shelter has tested positive, notify your LCO, your CDCI, AND DFSS immediately.

| Organization | Email | |
|---------------|--|---|
| DFSS | dfss-homeless@cityofchicago.org | |
| CDPH CDCIs | Divya Ramachandran divya.ramachandran@cityofchicago.org | Andrew Weidemiller andrew.weidemiller@cityofchicago.org |
| LCO | Lawndale Christian Health Center sheltercare@lawndale.org | Heartland Alliance Health sheltercare@heartlandalliance.org |

What kind of personal protective equipment (PPE) should staff wear around people released from isolation?

All staff in shelters should continue to wear appropriate PPE. No special PPE is required for someone who has completed their isolation period. See "Personal Protective Equipment (PPE) Guidance" section below for general PPE guidance.

Outpatient Treatment

COVID-19 treatments are available to reduce the risk of hospitalization and death from COVID-19. **Follow-up with your LCO regarding COVID-19 treatments immediately when a COVID-19 case is detected regardless of vaccination status or symptom severity.** Oral anti-viral pills must be taken within 5 days of symptom onset. These treatments may interact with other medications and must be prescribed by a healthcare provider.

II. Vaccination against COVID-19

Get vaccinated against COVID-19. Vaccination is the **best** way to protect yourself, your family, your colleagues, your residents and your community. Anyone age 12 or older should also receive a booster. You are eligible for a booster if at least 5 months have passed since completing your Moderna or Pfizer (mRNA) vaccine series or at least 2 months have passed since receiving the Johnson & Johnson vaccine.

If I already had COVID-19, do I need a vaccine?

- Yes, You should get a COVID-19 vaccine even if you already had COVID-19.
 - [All COVID-19 vaccines currently available](#) in the United States are [effective](#) at preventing COVID-19. Getting a COVID-19 vaccine gives most people a higher level of protection against COVID-19 even if they have already been sick with COVID-19.
- [One study](#) showed that, for people who already had COVID-19, those who do not get vaccinated after their recovery are more than 2 times as likely to get COVID-19 again than those who get fully vaccinated after their recovery. People with diagnosed COVID-19 should wait to be vaccinated until they have met the [criteria](#) for discontinuing isolation regardless of symptoms; those who have had a close contact exposure should wait to be vaccinated until they meet the criteria for discontinuation of quarantine.

III. Testing Plan and Response Strategy

Immediate or rapid testing should be performed on:

- Individuals present with signs or symptoms consistent with COVID-19.
- Asymptomatic individuals, REGARDLESS of vaccination status, with recent known or suspected exposure to COVID-19 to control transmission.

Testing in response to a case, or PCR testing:

- Broader testing should occur when COVID-19 is identified in guests, staff or volunteers.
- After consultation with CDPH, shelters should conduct one of the following response options:
 - **Contact-tracing testing option:** Targeted testing of all guests, staff and volunteers regardless of vaccination status, who were close contacts to the COVID-19 case.
 - **Facility-wide testing option:** Testing of all guests, staff, and volunteers, regardless of vaccination status.
- Repeat testing of all previously negative guests, staff, and volunteers (e.g., every 3-7 days or as directed by CDPH) until no new cases are identified for 14 days.

IV. Infection Prevention Measures and Masking

Personal Protective Equipment (PPE) Guidance:

- Due to the higher transmission risk in congregate environments, require all shelter guests, staff, and volunteers to always wear masks in the facility, regardless of vaccination status [in accordance with CDC guidance](#).
- **Definition of Full PPE:** For situations where staff are providing care to clients with [suspected or confirmed COVID-19](#) and [close contact](#) (within 6 feet) cannot be avoided, staff should, at a minimum, wear eye protection (goggles or face shield), a fit-tested N95 (or a surgical mask if N95 respirators are not available or if staff are not fit tested), disposable gown, and disposable gloves. Cloth masks are not appropriate for these situations and should not be used when a respirator or face mask is indicated.

- Layered prevention strategies — including staying up to date on vaccines and wearing masks — can help prevent severe illness and reduce the potential for strain on the healthcare system. **It is recommended that individuals wear a surgical or KN95 mask**, however, wear a well-fitted mask that is worn consistently is superior to a N95 worn inconsistently for the wearer.
- An individual should change their mask daily or sooner if visibly soiled. Avoid wearing cloth masks as they may be a potential source of infection if worn daily without laundering.

How often should guests, staff, visitors and volunteers be screened?

- Screen guests, staff, visitors, and volunteers **DAILY** for symptoms of COVID-19.
- Staff or volunteers who are checking guest temperatures should use a system that creates a physical barrier between the guest and the screener- such as a plexiglass shield.
- If physical distancing or barrier/partition controls cannot be put in place during screening, personal protective equipment (PPE) (e.g., respirator, eye protection [goggles or disposable face shield that fully covers the front and sides of the face], and a single pair of disposable gloves) can be used when within 6 feet of a guest. However, given PPE training requirements and because PPE alone is less effective than a barrier, try to use a barrier whenever possible.

What practices should shelters take when handling guest’s belongings?

- Staff and volunteers should avoid handling guest belongings, regardless of vaccination status. If staff or volunteers are handling guest belongings, they should use disposable gloves. Make sure to train staff or volunteers using gloves to ensure proper use and to ensure they perform hand hygiene before and after use.
 - If gloves are unavailable, staff should perform hand hygiene immediately after handling guest belongings.

Considerations for Improving Ventilation

In order to ensure ventilation systems, operate properly and provide acceptable indoor air quality for the current occupancy level for each space:

- Increase indoor delivery of outdoor air as much as possible.
- Ensure exhaust fans in kitchen and restroom facilities are functional and operating at full capacity when the building is occupied. Consider running exhaust fans for several hours before and after occupied times.
- Consider using portable high-efficiency particulate air (HEPA) fan/filtration system to help enhance air cleaning, especially in high-risk areas, such as screening areas or nurse’s office (HEPA filter should be graded per room size per the EPA).
- Consider natural ventilation (opening windows where possible). Consider securing a window fan or box fan to blow air out of windows.
- Improve central air filtration using air filters graded at MERV 13 (Minimum Efficiency Reporting Value) or higher.

Summary of COVID-19 Isolation-in-Place Guidance

| | Green Zone | Yellow Zone | Red Zone |
|---------------------------------------|---|---|---|
| Zone Criteria | <p>Clients with no symptoms of COVID-19.</p> <p>Symptomatic clients who have two negative antigen tests less than 24 hours apart, or a negative PCR result, or alternative diagnosis from a clinician.</p> | <p>Clients with symptoms of COVID-19 (either have pending test results or refuse testing).</p> | <p>Clients who have tested positive for COVID-19 (regardless of symptoms or vaccination status).</p> |
| Facility Layout Considerations | <p>At least 3-4 feet between beds, with clients sleeping head-to-toe.</p> | <p>At least 6 feet between beds, with clients sleeping head-to-toe.</p> | <p>Beds can be spaced 3 feet apart, as everyone already has tested positive for COVID-19.</p> <p>Preferably, designate a separate bathroom/stall for these clients to use or schedule times to use the bathroom (thoroughly disinfect between zones).</p> |
| Meals | <p>Separate dining space/times from zones yellow and red.</p> | <p>Separate dining space/times from zones green and red.</p> | <p>Separate dining space/times from zones green and yellow.</p> |
| PPE for Clients | <p>Surgical, medical, or KN95 masks when not sleeping or eating/drinking.</p> | <p>Surgical, medical, or KN95 masks when not sleeping or eating/drinking.</p> | <p>Surgical, medical, or KN95 masks when not sleeping or eating/drinking.</p> |
| PPE for Staff | <p>Surgical/medical masks/ KN95.</p> | <p>Eye protection (goggles/shield) an N95 respirator (KN95 or surgical mask okay for those who are not fit-tested), disposable gowns, and gloves.</p> | <p>Eye protection (goggles/shield) an N95 respirator (KN95 or surgical mask okay for those who are not fit-tested), disposable gowns, and gloves.</p> |
| Type of Monitoring | <p>Daily symptom monitoring/screening. Increase to twice daily when surges are occurring in order to transfer symptomatic clients to yellow zone efficiently.</p> | <p>Monitoring to determine symptom severity.</p> | <p>Monitor at least two times a day to determine symptom severity. Screen to determine ability to receive mAb treatment.</p> |

COVID-19 THERAPEUTICS

Oral and IV Antivirals

Paxlovid

Molnupiravir

Remdesivir

Monoclonal Antibodies

Bebtelovimab

Pre-Exposure Prophylaxis

Evusheld

Decrease severity
and hospitalization

Mask

Isolate

Test

Connect with your
healthcare provider

Stay up-to-date on
COVID-19 vaccination

Need a healthcare provider?

Go to findahealthcenter.hrsa.gov to find a community health center or call 312-746-4835 for assistance.

COVID-19 Therapeutics

If you test positive for COVID-19, including on a home test, and are 65 years or older or have an underlying condition that puts you at high risk of severe COVID-19 outcomes, contact a healthcare provider right away to discuss treatment options. **Treatments must be taken soon after the start of your symptoms to help reduce your risk of hospitalization and death.**

If you don't have a healthcare provider, go to **aspr.hhs.gov/TestToTreat** or call **1-800-232-0233** (TTY 1-888-720-7489, Disability Information and Access line 1-888-677-1199) to find a community health center or pharmacy clinic that can evaluate you and, if you're eligible, connect you to treatment.

COVID-19 treatments include:

ORAL AND IV ANTIVIRALS Paxlovid and molnupiravir are pills you take by mouth and must be taken within 5 days of the start of your symptoms. Remdesivir is given through a vein by IV infusion and must be given within 7 days of the start of your symptoms.

MONOCLONAL ANTIBODIES (Bebtelovimab) are laboratory-made proteins that mimic the immune system's ability to fight off the virus. They are given through a vein by IV infusion and must be given within 7 days of the start of your symptoms.

PRE-EXPOSURE PROPHYLAXIS Evusheld is a preventive monoclonal antibody therapy for those not infected with COVID-19 and with moderate to severe immune compromise, or for whom vaccination is not recommended due to a history of severe adverse reactions (e.g., severe allergic reactions) to the COVID-19 vaccines.

For more information, please visit chi.gov/therapeutics

TERAPÉUTICA COVID-19



Enmascarate

Aíslate

Pruébate

Conéctese con su proveedor de atención médica

Manténgase actualizado en la vacunación COVID-19

¿Necesita un proveedor de atención médica?

Visite findahealthcenter.hrsa.gov para encontrar un centro de salud comunitario o llame al 312-746-4835 para obtener ayuda

Terapéutica COVID-19

Si obtiene un resultado positivo para COVID-19, incluso en una prueba casera, y tiene 65 años o más o tiene una afección subyacente que lo pone en alto riesgo de resultados graves de COVID-19, comuníquese con un proveedor de atención médica de inmediato para analizar las opciones de tratamiento. **Los tratamientos deben tomarse poco después del comienzo de los síntomas para ayudar a reducir el riesgo de hospitalización y muerte.**

Si no tiene un proveedor de atención médica, visite **aspr.hhs.gov/TestToTreat** o llame al **1-800-232-0233** (TTY 1-888-720-7489, Línea de información y acceso para discapacitados 1-888-677-1199) para encontrar un centro de salud comunitario o una farmacia que pueda evaluarlo y, si es elegible, conectarlo con el tratamiento.

Los tratamientos de COVID-19 incluyen:

ANTIVIRALES ORALES E INTRAVENOSOS Paxlovid y molnupiravir son pastillas que se toman por vía oral y deben tomarse dentro de los 5 días posteriores al inicio de los síntomas. Remdesivir se administra a través de una vena mediante infusión intravenosa y debe administrarse dentro de los 7 días posteriores al inicio de los síntomas.

LOS ANTICUERPOS MONOCLONALES (Bebtelovimab) son proteínas fabricadas en laboratorio que imitan la capacidad del sistema inmunitario para combatir el virus. Se administran a través de una vena mediante infusión intravenosa y deben administrarse dentro de los 7 días posteriores al inicio de los síntomas.

PROFILAXIS PREVIA A LA EXPOSICIÓN Evusheld es una terapia preventiva con anticuerpos monoclonales para las personas no infectadas con COVID-19 y con un compromiso inmunitario de moderado a grave, o para quienes no se recomienda la vacunación debido a un historial de reacciones adversas graves (reacciones alérgicas graves) a las vacunas COVID-19.

Para obtener más información, visite **chi.gov/therapeutics**