



Guidance for Mitigation of COVID-19 in Homeless Shelters: December 2021

What has changed since the last guidance?

On December 31, 2021 the CDC changed their isolation guidance for the general population, however guidance specific to congregate settings is evolving. CDPH has modified guidance for congregate shelters on an interim basis. Below you will find updated guidance on isolation and quarantine periods. CDPH continues to encourage infection prevention and mitigation through hand-washing, masking, social-distancing, and most importantly—getting vaccinated and boosted.

Isolation for COVID-19 in Homeless Settings

How long should someone stay in isolation?

CDC has determined that individuals are most infectious during the first five days of illness, which includes 1-2 days before symptom onset and 2-3 days after symptom onset. In light of the potential risk of severe disease posed in congregate settings, the CDC currently recommends a 10 day isolation period.

We at CDPH are in support of 10 day isolation in congregate settings, but we are aware of the operational challenges associated with 10 day isolation in many facilities (e.g. limited isolation space, etc.). In the event that a facility has the ability to isolate individuals for 10 days, CDPH recommends completing a 10 day isolation period. However, in the event that an isolation site has reached a capacity of 90% or greater, then a “crisis” plan will be implemented in consultation with CDPH.

This “crisis” plan recommends individuals may be released from isolation after **all** of the below criteria are met:

- resolution of fever without the use of fever-reducing medications for at least 24 hours,
- along with improvement of other symptoms AND
- a negative COVID-19 viral test on a specimen collected on Day 6 and Day 7 (two subsequent negative tests will be required for discharge from isolation). Note: *Day 0 is the day symptoms began or – if a person does not have symptoms – the day the person took a test that had a positive result.*

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 either on-site (where possible, e.g. in a separate room) or referred to off-site isolation (e.g. at the City supported isolation site at A Safe Haven).
- If someone in your shelter has tested positive, notify your LCO, your CDCI, and DFSS immediately.

Organization	Email	
DFSS	dfss-homeless@cityofchicago.org	
CDPH	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

When should I refer someone to isolation?

- While shelters are encouraged to try to find space for individuals to isolate on site (e.g. a separate bedroom), anyone who tests positive for COVID-19 can be referred for isolation.
- People who are high-risk should generally be referred for supported isolation at A Safe Haven. This includes people:
 - Aged 60 or older
 - With underlying co-morbid conditions which may include COPD, asthma, diabetes mellitus, obesity, hypertension, chronic lung disease, immunosuppressive disease and/or treatment
 - Unvaccinated individuals (who are regarded as high-risk regardless of age)
- Make referrals to A Safe Haven in REDCap [here](#). Please email A Safe Haven at ashcovidshelter@gmail.com or call 847-773-7931 if you have any questions, concerns, or have not received a referral response within 4 hours of form submission.
 - In the referral form, please respond to the questions where possible to help ensure guests have access to medication as soon as possible after being transferred.
 - Does the patient take any necessary medication?
 - Is the guest taking any medications that may suppress their immune system?
 - Does the individual require medical supplies?
 - Please list the guest's discharge medications, including dose, route, and frequency.
 - Does the individual have a 14 day supply of necessary medicines and medical supplies filled and on hand?
 - A Safe Haven is able to facilitate picking up medication for guests, but having advanced notice of these medications is critical in ensuring timely pick-ups.
 - If guest has a history of SUD, assess if guest is amenable to Suboxone prior to transfer.

Am I at risk of contracting COVID-19 from someone who is asymptomatic and has tested negative after Day 7?

The risk of contracting COVID-19 from someone who is asymptomatic and has a negative test after Day 7 is minimal. However, it is important that the individual adhere to wearing a securely fitted mask for an additional 5 days.

Does a person ending isolation on Day 7 after testing negative need to stay away from others when they come back to shelter?

Someone who has completed the above isolation periods and returned to the shelter does not have to stay isolated from others but must wear a mask for 5 additional days.

In shelters, we encourage everyone – regardless of whether or not they are known to have had COVID-19 – to wear a mask and stay spaced from others wherever possible anyway.

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

All staff in shelters should wear appropriate PPE at all times. Face masks provide some protection to the person wearing them by filtering the air, and protect those around them by blocking the release of exhaled virus.

A well-fitted surgical mask is the current recommendation. An individual may also cover the surgical mask with a cloth mask to allow for a more secure fit.

No special PPE is required for someone who has completed their isolation period.

How does this guidance apply to shelter staff?

The above guidance for quarantine and isolation applies to both shelter residents and staff.

Does the test on Day 7 need to be a molecular test, like a PCR?

No, any viral test authorized by the FDA is appropriate. In fact, for the release from isolation, a rapid antigen test may be more appropriate than a PCR. This is because rapid tests give results immediately, while PCR results can take some time. Additionally, the PCR test is very sensitive. This means someone can continue to test positive on PCR even when there are very small amounts of virus in their nose or throat – possibly amounts that are too small to transmit to other people. Rapid antigen tests are usually positive when there is more virus in the nose or throat – which likely has some relationship with how infectious that person is.

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 16 or older should receive a booster. You are eligible for a booster if at least 6 months have passed since completing your Moderna or Pfizer or vaccine series or at least 2 months have passed since receiving the Johnson & Johnson vaccine. **(The FDA, IDPH, and CDPH recommends booster shots for everyone age 16 and older).**

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

- 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 high level of protection against COVID-19 even in people who have already been sick with COVID-19.

- [Emerging evidence](#) shows that getting a COVID-19 vaccine after you recover from COVID-19 infection provides added protection to your immune system.
 - [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 who were treated for COVID-19 with monoclonal antibodies or convalescent plasma or people who have a history of multisystem inflammatory syndrome in adults or children ([MIS-A](#) or [MIS-C](#)) may [need to wait](#) a while after recovering before they can get vaccinated.
- People with COVID-19 who have symptoms should wait to be vaccinated until they have recovered from their illness and have met the [criteria](#) for discontinuing isolation; those without symptoms should also wait until they [meet the criteria](#) before getting vaccinated. This guidance also applies to people who get COVID-19 before getting their second dose of vaccine.
- People who have had a known COVID-19 exposure should not seek vaccination until their quarantine period has ended to avoid potentially exposing healthcare personnel and others during the vaccination visit. This recommendation also applies to people with a known COVID-19 exposure who have received their first dose of an mRNA vaccine but not their second.

If I already had COVID-19, do I have antibodies?

- Getting sick with COVID-19 offers some protection from future illness with COVID-19, sometimes called “natural immunity.” The level of protection people garnered from having COVID-19 may vary depending on how mild or severe their illness was, the time since their infection, and their age.
- No currently available test can reliably determine if a person is protected from infection.

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:

- Testing should occur when COVID-19 is identified in guests, staff or volunteers.
- After consultation with CDPH, shelters should conduct one of the following outbreak 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.

Infection Prevention Measures and Masking

Continue to train and re-train staff and volunteers on COVID-19 and infection prevention measures. CDC's Training for Homeless Shelter Workers found [here](#). ***Please utilize your LCO for recommendations on how to procure appropriate PPE and provide technical assistance or training on infection prevention.***

Who should wear a mask?

- Require all shelter guests, staff, and volunteers to always wear masks in the facility, regardless of vaccination status, in accordance with Governor Pritzker's August 26, 2021, 3 COVID-19 Executive Order 2021-20 No. 87.
- Anyone age 2 and up who can medically tolerate a face mask. The mask should fit snugly against your face and completely cover your nose, mouth and chin. Choose a mask with a nose wire and adjust the nose wire to insure the mask fits securely. Choose a mask with multiple layers. Individuals with beards may consider trimming their beard or wearing a mask fitter or brace to improve fit.
- 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 higher-level respirator (or a surgical mask if 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.

How often should you change your mask?

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.
- Screeners should stand behind a physical barrier, such as a glass or plastic window or partition that can protect the staff member's face if the guest sneezes, coughs, or talks.
- 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

- 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 nurses office. (HEPA filter should be graded per room size per the EPA).
- Consider natural ventilation (open windows if possible, safe, and weather permits). Consider securing a window fan or box fan to blow air out of windows.
- Improve central air filtration by considering air filters graded at MERV 13 (Minimum Efficiency Reporting Value) or higher.
- Collaborate with CDPH and other community partner (LCOs, DFSS, SBSTs) to identify resources for improving ventilation and air quality.

Outpatient Treatment

Monoclonal antibody (mAb) reduces hospitalizations and death from COVID-19. Residents are eligible to receive this treatment if they are diagnosed within the last 10 days or exposed within the last 7 days. We suggest you start preparing to use mAb early in your response. The treatment works best the earlier it is given, and it may take a 1-2 weeks to receive the medication. Also, verbal consent is required in order to administer mAb. Please use the [following link](#) to find shareable information regarding mAb.

Oral anti-virals reduce hospitalizations when given within 5 days of symptom onset. More information will be forthcoming in early 2022 regarding the availability of oral anti-virals in shelter settings.

Information Regarding Omicron and Other Variants of COVID-19

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, decreased vaccine uptake, and relaxed public health measures compared to restrictions implemented during the initial onset of the COVID pandemic has caused an increase in cases of COVID-19. Individuals who are vaccinated against COVID-19

are 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.**

The Omicron variant was recently identified as a “variant of concern”. The variant can be detected by PCR, and it possesses a high number of mutations which are concerning for increased transmission. The ability to detect Omicron via PCR will aid in the ability to track the variant and its spread. The full significance of the variant continues to evolve, however the vaccine remains the critical tool in preventing severe disease.

Considerations for Holiday Gathering

- Consider multiple time slots for holiday meals or other events. For example, offer breakfast, lunch and dinner options.
- Tables must be at least 6 feet apart. Family units can sit together during mealtimes.
- Masks must completely cover mouth and nose unless actively eating or drinking regardless of vaccination status.
- Ensure visitors are screened for signs and symptoms and temperatures prior to entering the facility.
- Organizers should consider requiring proof of a negative rapid antigen test performed within 24hr or proof of a negative PCR test performed within 72hr of the event.
- Provide alcohol-based hand sanitizer at entrance to dining hall and ensure hand hygiene is completed prior to entering dining hall.
- Disinfect high-touch surfaces thoroughly between meals.
- In the event visitors enter the facility, a plan for contact tracing should be implemented.