

## Coronavirus – COVID-19 Frequently Asked Questions For Homeless Shelters and Their Guests

Updated 3/20/20

Persons experiencing homelessness may be at risk for infection during an outbreak of COVID-19. This interim guidance is intended to support response planning by homeless service providers, including overnight emergency shelters, day shelters, and meal service providers.

If cases or clusters of COVID-19 disease are reported in your community, put your emergency plan into action to protect your clients, staff, and guests. Individuals experiencing homelessness have an increased likelihood of chronic medical conditions (such as diabetes, asthma, and hypertension) as well as coinciding mental health diagnoses or histories of substance use. During crisis situations, health conditions can be made worse if health care regimens are not maintained, or if histories of trauma trigger high-risk behaviors.

Early action to slow the spread of COVID-19 will help keep staff and volunteers healthy and help your shelter maintain normal operations.

### For Shelters

#### Q: What can I do to ensure that our shelter prevents coronavirus from spreading throughout the facility?

- **In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 6 feet apart**, and request that all clients sleep head-to-toe.
- **Provide access to fluids, tissues, plastic bags** for the proper disposal of used tissues.
- **Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing.** Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas.
- **Monitor guests who could be at high risk for complications** from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly.
- **Promote the practice of everyday preventive actions.** Use health messages and materials developed by credible public health sources, such as your local and state public health departments or the Centers for Disease Control and Prevention (CDC). Read more about [everyday preventive actions](#).
- **Post signs at facility entrances instructing visitors and guests to alert staff** if they have fever, cough or shortness of breath. Do not discourage symptomatic guests from entering.
- **Have a plan for quickly directing people** who are ill to an area of the facility that is isolated from other parts of the facility.
- **Describe what actions the facility is taking to protect staff and guests**, answer questions and explain what they can do to protect themselves and their fellow guests.



- **Limit visitors** to the facility.
- **If staff are handling client belongings**, they should wear disposable gloves.
- **Staff and volunteers at high risk of severe COVID-19** (those who are older or have underlying health conditions like asthma, COPD and diabetes) should not be designated as caregivers for sick guests.
- **Provide COVID-19 prevention supplies at your organization.** Have supplies on hand for staff, volunteers, and those you serve, such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and disposable face masks. Plan to have extra supplies on hand during a COVID-19 outbreak.

*Note: Disposable face masks should be kept on-site and used only when someone is sick at your organization. Those who are sick should be immediately isolated from those who are not sick and given a clean disposable face mask to wear while staying at the shelter.*

### Q: I think one or more of our guests have COVID-19. What can I do to keep the virus spreading to other guests at our facility?

- **Assess all guests daily and upon entry for symptoms of fever, cough and shortness of breath** and quickly move guests who are ill into an area that is isolated from the rest of the facility.
- **At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask.** If there is person-to-person spread in your local community, clients may have COVID-19.
- **Minimize the number of staff members who have face-to-face interactions with clients** with respiratory symptoms. Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g. check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them.
- **In areas where clients with respiratory illness** are staying, keep beds at least 6 feet apart and use temporary barriers between beds, such as curtains, and request that all clients sleep head-to-toe.
- **Symptomatic guests should eat meals separate from asymptomatic guests.** If symptomatic guests need to move through areas with asymptomatic guests, they should be encouraged to perform hand hygiene, wear a surgical mask, and minimize the time in these areas.
- **If possible, designate a separate bathroom** for sick clients with COVID-19 symptoms.
- **If individual rooms for sick clients are not available**, consider using a large, well-ventilated room.
- **Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to ill persons to as-needed cleaning** (e.g., of soiled items and surfaces) to avoid unnecessary contact with the ill persons.
- **Decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in the shelter or be directed to alternative housing sites should be made in coordination with local health authorities.** Similarly, identifying respite care locations for patients with confirmed COVID-19 who have been discharged from the hospital should be made in coordination with local healthcare facilities and your local health department.
- **If you identify any client with severe symptoms, notify your public health department and arrange for the client to receive immediate medical care.** If this is a client with suspected COVID-19, notify the transfer team and medical facility before transfer.
- **Confine clients with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.**
- **Follow CDC [recommendations](#)** for how to prevent further spread in your facility.
- **Ensure that all common areas within the facility follow good practices for environmental cleaning.** Cleaning should be conducted in accordance with CDC [recommendations](#).



## Q: How can I recognize severe symptoms in our guests?

Severe symptoms include:

- Extremely difficult breathing (not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion, or inability to arouse
- New seizure or seizures that won't stop



## Q: What should we do if we need to transfer guests to the hospital?

- If you plan to transfer the guest to higher level of care due to worsening respiratory status, notify EMS that the guest has an undiagnosed respiratory infection.
- If multiple guests in your facility become newly sick with fever and respiratory symptoms, notify your local health department.

## Q: How can I keep my staff and volunteers safe?

- **Monitor staff for fever or respiratory symptoms before they start work.** Staff with fever and respiratory symptoms should be sent home until they are fever free for at least 24 hours without use of fever reducing medication.
- **Staff with mild respiratory symptoms (runny nose, cough), but no fever** should put on a surgical mask when interacting with guests. Staff should be trained to use surgical masks appropriately.
- **Staff should wear personal protective equipment (PPE) such as masks, gloves or gowns only when appropriate:** Staff interacting with symptomatic individuals should provide a face mask to the guest and put on a face mask themselves during close contact with guests. Close contact is defined as within 6 feet for greater than 10 minutes for non-healthcare workers, or greater than 2 minutes if providing healthcare.
- **If staff is providing healthcare to the guest,** they should put on a fit-tested N95 filtering respirator (or respirator with higher protection factor), gloves, eye protection and gowns.
- **Make face masks, eye protection, gowns, and gloves available** in clinical care areas for staff performing clinical duties.
- **Ensure employees clean their hands, including before and after contact with guests,** after contact with contaminated surfaces or equipment, and after removing items such as gloves, gowns and masks.
- **Make sure tissues are available** and any sink is well-stocked with soap and paper towels for hand washing.
- **Hand hygiene stations (sinks with antibacterial soap and alcohol gel products)** should be readily available throughout the facility, esp. at the entrances of the facility. Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.
- **Ensure employees clean their hands** according to CDC guidelines (<https://www.cdc.gov/handhygiene/providers/index.html>), including before and after contact with guests, after contact with contaminated surfaces or equipment, and after removing items such as masks, gloves and gowns.

## Q: Should I call my local health department to tell them I think one of our guests is ill?

**Yes. Be prepared to report cases of respiratory illness** that might be COVID-19 to your local health department and to transport persons with severe illness to medical facilities. Discuss reporting procedures ahead of time with a contact person at your local health department.



## For Those Experiencing Homelessness

### Q: I live on the street. What should I do if I experience COVID-19 symptoms?

If you are at a shelter or another facility, let the staff know about your symptoms so that they can help you stay safe.

- Only use a face mask if you are sick or instructed to do so. If you feel sick and are worried about your symptoms, call your doctor before you go to the clinic to ask for their advice. If you don't have a regular doctor, call 211.
- Talk to your doctor about how you can make a plan to be safe on the streets or in your shelter. Reach out to your friends, social support, or case manager/outreach worker to make a plan for self-care while you are feeling sick.
- If you are having severe symptoms, like difficulty breathing or keeping fluids down, call 911 or go immediately to an emergency room.

### Q: How can I protect myself and others?

If you are over 65 or have serious health conditions, consider staying at a shelter for the duration of the outbreak. The shelters have services that may help protect you from serious illness.

- Avoid close contact with people who are sick.
- Try to keep about 6 feet of distance from other people during this outbreak.
- Avoid crowds if you're older (65 years old and older) or have serious health conditions.
- Wash your hands with soap and water for 20 seconds or use hand sanitizer with at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash. If you do not have a tissue, use your sleeve (not your hands).
- Don't share drinks, food, or cigarettes with other people. Avoid sharing blankets and bedding.
- If you are sharing a small space with someone, consider sleeping with your heads at opposite ends of the space rather than have your faces close together.
- Try to clean frequently touched objects and surfaces using household cleaning supplies or alcohol wipes.