# COVID-19 Infection Control Inventory and Planning (ICIP) Tool for Homeless Service Providers

Purpose

The purpose of this tool is to facilitate a conversation between health departments and homeless service providers during the coronavirus disease 2019 (COVID-19) pandemic. It can also be a starting point for developing an infection prevention and control protocol for homeless service settings. Homeless services are often provided in group settings, which could facilitate the spread of infectious diseases. Because many people experiencing homelessness are older adults or have underlying medical conditions, they may be at higher risk for severe illness if they become ill with COVID-19. In response, the Centers for Disease Control and Prevention (CDC) has developed interim guidance that is intended to support response planning by emergency management officials, public health authorities, and homeless service providers, including overnight emergency shelters, day shelters, and meal service providers. See Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) for full guidance on the response measures to protect staff, volunteers, and clients.
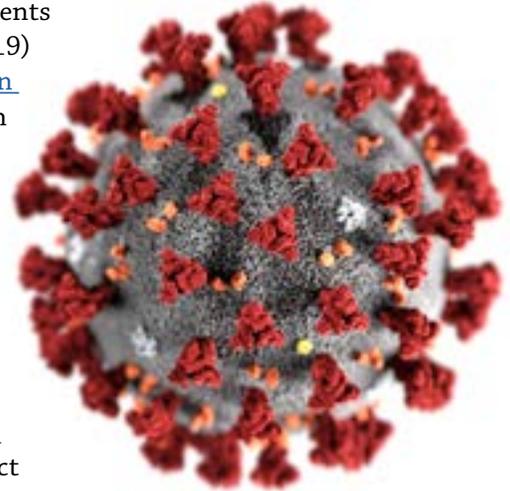
CDC is working with state and local health departments to distribute this tool to homeless service providers. Information collected from this tool will be used to understand successes and challenges in implementing CDC COVID-19 interim guidance for homeless service providers. You and your facility's participation are completely voluntary; you may choose not to participate or not to answer any question at any time for any reason. Questions about utilizing this tool may be directed to [   ]. Completed forms can be returned to **EOCEvent366@cdc.gov**.

How to use this tool

This tool is divided into **three modules** and should take no longer than 90 minutes to complete. Health departments can send this tool to homeless service providers and then schedule a call or visit with the provider to complete the tool. Consider in advance who should be included in this conversation. Health department participants should be versed in infection control practices and case reporting. Facility participants should oversee facility operations, staffing, and cleaning procedures.

The **first module** collects basic information about the size and layout of the facility and whether any COVID-19 cases have been identified. This module can be completed by the facility prior to the conversation with the health department. It can be helpful to share and review bed maps or floor plans prior to the conversation.

The **second module** consists of an infection prevention and control discussion. This module includes 18 elements, each of which should take about 2–3 minutes to discuss. For each element, sample prompts to guide the conversation are provided in **BOLD**; CDC interim guidance is included in *ITALICS*.

The **third module** is an additional module for facilities that specifically provide services to people with suspected or confirmed COVID-19, including medical care, isolation, quarantine, or transportation. Incorporating a videoconference walk-through of the facility may be helpful, particularly for facilities that are experiencing an outbreak. This will give the health department a better sense of the facility layout and make it easier to provide suggestions for quarantine or isolation.

cdc.gov/coronavirus

Contents

Module A. Before the call

This module can be completed before the call. Complete a new module A for each facility.

Section 1. Facility Information

Completion Date: _____

Agency Name: _____ Facility Name or Unique ID: _____

Facility County: _____ Facility State: _____

Does your program contribute client-level data to the HMIS (Homeless Management Information System)?

      Yes   No   Unsure

How would you describe your facility (select all that apply)?

      Emergency shelter   Transitional housing   Permanent supportive housing

      Day shelter   Rapid rehousing   Safe haven

      Single room occupancy   Services only   Street outreach

      Homelessness prevention   Temporary site for COVID-19 quarantine, isolation, or overflow

      Disaster shelter

      Other, specify _____

What populations are housed at your facility (select all that apply)?

      Men   Women   Families   Unaccompanied youth (up to age 24 years)

      Veterans   Recently incarcerated   Transgender or gender nonconforming

      Other, specify _____

If the shelter is open during the day, what activities and services are provided during daytime hours?

Describe the staff and volunteers at this facility. Include types of positions they hold, numbers of staff in each position.

Staff positions	Number (approximately)
General staff/volunteers	
Outreach workers	
Social/case workers	
Environmental cleaning/Janitorial staff	
Medical staff/volunteers, <u>specify title:</u>	
Management / Administrative	
Other, <u>specify position:</u>	

Do any staff work in more than one homeless facility?   Yes   No   Unsure

Do any staff live at the facility?   Yes   No   Unsure

How many people can sleep in your facility? Current total number of beds/mats: _____

Sleeping arrangements	Pre-COVID-19 # Rooms		During COVID-19 # Rooms	
Individual rooms				
Double rooms				
Rooms for a family unit				
Congregate sites or dorm-style (beds or mats) Approximate square footage:	# Rooms	# Beds per room	# Rooms	# Beds per room
Other sleeping arrangements, specify:				

How many of the following are at your facility (total for entire facility)?

# Private bathrooms	# Group bathrooms	Total # Sinks	Total # Showers	Total # Toilets

Does your facility have the following communal areas available for client use?

Kitchen space   Living room   Laundry   Dining room

Smoking area   Porch   TV room   Other (specify):_____

Section 2. COVID-19 Cases

Do you know how to contact public health to report a COVID-19 case or outbreak?   Yes   No   Maybe

Among clients at your facility, have any COVID-19 cases been identified since January 2020?

Yes   No   Unsure

If yes, how many cases: _____

Have any clients from your facility been hospitalized for COVID-19?   Yes   No   Unsure

Have any clients from your facility died from COVID-19?   Yes   No   Unsure

Among staff and volunteers at your facility, have any COVID-19 cases been identified since January 2020?

Yes   No   Unsure

If yes, how many cases: _____

Have any staff or volunteers from your facility been hospitalized for COVID-19?   Yes   No   Unsure

Have any staff or volunteers from your facility died from COVID-19?   Yes   No   Unsure

Module B. During the call

Section 3. Whole Community Approach (10 minutes)

Planning and response to COVID-19 transmission among people experiencing homelessness requires a "whole community" approach, which means that you are involving partners in the development of your response planning, and that everyone's roles and responsibilities are clear. Table 1 outlines some of the activities and key partners to consider for a whole-community approach.

Table 1: Using a community-wide approach to prepare for COVID-19 among people experiencing homelessness

Connect to community-wide planning
Connect with key partners to make sure that you can all easily communicate with each other while preparing for and responding to cases. A community coalition focused on COVID-19 planning and response should include: • Local and state health departments • Homeless service providers and Continuum of Care leadership • Emergency management • Law enforcement • Healthcare providers • Housing authorities • Local government leadership • Other support services like outreach, case management, and behavioral health support

Identify additional sites and resources
Continuing homeless services during community spread of COVID-19 is critical, and homeless shelters should not close or exclude people who are having symptoms or test positive for COVID-19 without a plan for where these clients can safely access services and stay. Decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in a shelter, or be directed to alternative housing sites, should be made in coordination with local health authorities. Community coalitions should identify additional temporary housing and shelter sites that are able to provide appropriate services, supplies, and staffing. Ideally, these additional sites should include: • Overflow sites to accommodate shelter decompression (to reduce crowding) and higher shelter demands • Isolation sites for people who are confirmed to be positive for COVID-19 • Quarantine sites for people who are waiting to be tested, or who know that they were exposed to COVID-19 • Protective housing for people who are at highest risk of severe COVID-19 Depending on resources and staff availability, non-group housing options (such as hotels/motels) that have individual rooms should be considered for the overflow, quarantine, and protective housing sites. In addition, plan for how to connect clients to housing opportunities after they have completed their stay in these temporary sites.

Element to discuss (Sample prompts)	Notes
• Are you aware of a "whole community" approach being used locally to plan and respond to COVID-19 transmission among people experiencing homelessness? • Have overflow, isolation, or quarantine sites for people experiencing homelessness been identified? If yes, what has gone well with these sites? What could go better? • Have you been involved and are you able to provide input in the "whole community" approach? • Before COVID-19, did you have existing relationships with key partners? If yes, how have these relationships changed since COVID-19?	

Section 4. Facility Operations (5 min)

Element to discuss	Notes
Can you describe what your facility is doing to maintain regular operations? **Do you offer services for mental health, substance use treatment, domestic violence, human trafficking, or general medical care? What are your plans to continue, decrease, or increase these services?** Operations have not changed Operations have expanded Operations have been limited Operations have closed or were closed temporarily Other (describe) *Guidance: 1) Plan to maintain regular operations to the extent possible. 2) Arrange for continuity of and surge support for mental health, substance use treatment services, and general medical care.*	
Can you describe your facility's entry requirements for clients related to COVID-19? No COVID-19-restrictions Restrict entry based on symptoms or temperature screening Restrict entry based on viral testing Other (describe) *Guidance: Do not require a negative COVID-19 viral test for entry to a homeless services site unless otherwise directed by local or state health authorities.*	

Any other concerns, questions, or items to discuss regarding facility operations?

List any next steps for follow-up

Section 5. Communication (5 minutes)

Element to discuss	Notes
How do you get information on what is happening locally with regard to COVID-19 transmission? Facility is not monitoring local transmission Facility uses state or local health department information Facility uses Continuum of Care for information Facility uses other sources of information *Guidance: Stay updated on the local level of transmission of COVID-19 through local and state health departments.*	
Where do you find materials on health messages related to COVID-19? **Are you aware of materials developed by the health department or CDC? If so, are these helpful?** Does not have health messaging materials Uses health department or CDC materials Uses materials from other sources *Guidance: 1) Use health messages and materials developed by credible public health sources, such as local and state public health departments or the Centers for Disease Control and Prevention (CDC). 2) Post signs at entrances and in strategic places providing instruction on hand washing and cough etiquette, use of cloth face coverings, and social distancing.*	

Any other concerns, questions, or items to discuss regarding communication?

List any next steps for follow-up

*Completed forms can be returned to **EOCEvent366@cdc.gov.***

Section 6. Staff Considerations (10 minutes)

Element to discuss	Notes
Tell me about the COVID-19 training and educational materials you have provided for staff and volunteers. What topics are covered in the training? Facility has provided COVID-19 training for staff and volunteers Facility has provided COVID-19 educational materials for staff and volunteers Facility has had barriers to providing training or educational materials (describe) Other (describe) *Guidance: Provide training and educational materials related to COVID-19 for staff and volunteers.*	
What plans do you have to deal with employee absenteeism related to illness? Plans are in place for absenteeism Facility has had barriers in planning for absenteeism (describe) Other (describe) *Guidance: 1) Develop and use contingency plans for increased absenteeism caused by employee illness or by illness in employees' family members. These plans might include extending hours, cross-training current employees, or hiring temporary employees. 2) Leave policies should be flexible and non-punitive and allow sick employees to stay home and away from co-workers.*	
Do you have staff or volunteers who are older adults or who have serious underlying medical conditions? **If so, how have their job duties changed during the pandemic?** No staff at higher risk identified Job duties for staff at higher risk have changed Job duties for staff at higher risk have not changed Other (describe) *Guidance: Staff and volunteers who are at higher risk for severe illness from COVID-19 should not be designated as caregivers for sick clients who are staying in the shelter. Identify flexible job duties for these higher risk staff and volunteers so they can continue working while minimizing direct contact with clients.*	

Element to discuss	Notes
What conversations have you had with staff about stress and coping during COVID-19? **Are you aware of resources on mental health and coping during COVID-19?** Facility has discussed stress and coping with staff Discussing stress and coping with staff has been challenging Other (describe) *Guidance: Provide resources for stress and coping to staff. Learn more about mental health and coping during COVID-19.*	

Any other concerns, questions, or items to discuss regarding staff considerations?

List any next steps for follow-up

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Section 7. Facility Layout (8 minutes)

Element to discuss	Notes
Can you tell me about the social (physical) distancing measures that you've put in place for general common areas for both clients and staff? Do you have clients with behavioral health issues that make it difficult to implement social (physical) distancing? It has been easy to maintain physical distancing in common areas There have been challenges to maintain physical distancing in common areas Other (describe) *Guidance: 1) Put in place plans on how to maintain social distancing (remaining at least 6 feet apart) between all clients and staff while still providing necessary services. 2) 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 to at least 6 feet. 3) Create a way to make physical distancing between clients and staff easier such as staggering meal services or having maximum occupancy limits for common rooms and bathrooms.*	
Can you tell me about the social (physical) distancing measures that you've put in place for sleeping areas? It has been easy to maintain physical distancing in sleeping areas There have been challenges to maintain physical distancing in sleeping areas Other (describe) *Guidance: 1) In general sleeping areas (for those who are not experiencing respiratory symptoms), try to make sure client's faces are at least 6 feet apart. Align mats/beds so clients sleep head-to-toe.*	
Can you tell me about the social (physical) distancing measures that you've put in place for meal service areas? It has been easy to maintain physical distancing in meal areas There have been challenges to maintain physical distancing in meal service areas Other (describe) *Guidance: 1) In meal service areas, create at least 6 feet of space between seats and/or allow either food to be delivered to clients or for clients to take food away.*	

Element to discuss	Notes
If your program had to reduce the volume of clients to comply with social distancing orders, how long are these social (physical) distancing measures sustainable? What additional resources are required to increase sustainability?	

Any other concerns, questions, or items to discuss regarding facility layout?

List any next steps for follow-up

Section 8. Face Coverings (5 minutes)

Element to discuss	Notes

When clients are instructed to wear cloth face coverings, are clients having difficulty doing so?
 	
      Challenges identified
 	
      No challenges identified
 	
Guidance: All clients except those indicated below should wear cloth face coverings any time they are not in their room or on their bed/mat (in shared sleeping areas). Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.	

When staff and volunteers are instructed to wear cloth face coverings, are they having difficulty doing so?
 	
      Challenges identified
 	
      No challenges identified
 	
Guidance: All staff should wear a cloth face covering for source control (when someone wears a covering over their mouth and nose to contain respiratory droplets), consistent with the guidance for the general public. Staff who do not interact closely (e.g., within 6 feet) with sick clients and do not clean client environments do not need to wear personal protective equipment (PPE). Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated.	

Have you had difficulty accessing sufficient supplies of cloth face coverings?
 	
      Challenges identified
 	
      No challenges identified	

Any other concerns, questions, or items to discuss regarding face coverings?

List any next steps for follow-up

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Section 9. Symptom Screening (8 minutes)

Element to discuss	Notes
Can you describe when and how clients and staff are assessed for COVID-19 symptoms and temperatures? **Are you comfortable with how to identify symptoms of COVID-19?** Only clients are screened Only staff are screened Both clients and staff are screened No screening is being done Other (describe) *Guidance: 1) Regularly assess clients and staff for symptoms (e.g., fever, new or worsening cough). 2) An on-site nurse or other clinical staff can help with clinical assessments. 3) People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus.*	
What happens if a client screens positive for symptoms of COVID-19? Challenges in following the guidance identified No challenges in following the guidance identified *Guidance: 1) Clients who have symptoms may or may not have COVID-19. Make sure they have a place they can safely stay within the shelter or at an alternate site in coordination with local health authorities. 2) Provide anyone who presents with symptoms with a cloth face covering or disposable mask. Face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance. 3) Facilitate access to non-urgent medical care as needed. 4) Use standard facility procedures to determine whether a client needs immediate medical attention. 5) Identify a designated medical facility to refer clients who might have COVID-19. 6) Notify the designated medical facility and personnel to transfer clients that the client might have COVID-19.*	
What happens if a staff member or volunteer screens positive for symptoms of COVID-19? Challenges in following the guidance identified No challenges in following the guidance identified *Guidance: If the employee becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Additional guidance for critical workers and employers can be found here.*	

*Completed forms can be returned to **EOCEvent366@cdc.gov.***

Any other concerns, questions, or items to discuss regarding symptom screening?

List any next steps for follow-up

14

Section 10. Hygiene Facilities and Supplies (5 minutes)

Element to discuss	Notes

How easy or difficult has it been to keep bathrooms stocked with soap and drying materials?
 	
      Challenges identified
 	
      No challenges identified
 	
Guidance: Make sure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing.	

How has your facility provided access to hand sanitizer?
 	
      Challenges identified
 	
      No challenges identified
 	
Guidance: Provide alcohol-based hand sanitizers that contain at least 60% alcohol at key points within the facility, including registration desks, entrances/exits, and eating areas.	

Any other concerns, questions, or items to discuss regarding hygiene facilities and supplies?

List any next steps for follow-up

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Section 11. Environmental Cleaning (8 minutes)

Element to discuss	Notes
Can you describe your cleaning procedures? **Does your facility have written policies on cleaning and disinfection of high-touch surfaces?** **Have your staff or clients had training on cleaning procedures?** Challenges identified No challenges identified *Guidance: Clean and disinfect frequently touched surfaces at least daily and shared objects between use using an EPA-registered disinfectant.*	
Do you know where to find a list of disinfectants that are EPA-registered to be effective against COVID-19? If so, does your facility these use disinfectants? **Are you familiar with the necessary contact time for the products that your facility uses?** Challenges identified No challenges identified *Guidance: 1) Clean and disinfect frequently touched surfaces at least daily and shared objects between use using an EPA-registered disinfectant. 2) Follow manufacturer's instructions for all cleaning and disinfection products for (concentration, application method and contact time, etc.)*	
Have you had any difficulty obtaining cleaning and disinfectant supplies or equipment (gloves)? Do you have any concerns about storing cleaning and disinfectant products safely? Challenges identified No challenges identified *Guidance: 1) Wear disposable gloves to clean and disinfect. 2) Wear skin protection and consider eye protection for potential splash hazards 3) Label diluted cleaning solutions 4) Store and use chemicals out of the reach of children and pets.*	

Any other concerns, questions, or items to discuss regarding environmental cleaning?

List any next steps for follow-up

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Module C.

To be completed if the facility provides services to people with suspected or confirmed COVID-19.

Section 12. Medical Isolation and Quarantine (12 minutes)

Element to discuss	Notes
What plans are in place if a client with suspected COVID-19 is staying at your facility? *Guidelines: For clients with mild respiratory symptoms consistent with COVID-19:* • *Prioritize these clients for individual rooms.* • *If individual rooms are not available, consider using a large, well-ventilated room.* • *Keep mats/beds at least 6 feet apart.* • *Use temporary barriers between mats/beds, such as curtains.* • *Align mats/beds so clients sleep head-to-toe.* • *If possible, designate a separate bathroom for these clients.* • *If areas where these clients can stay are not available in the facility, facilitate transfer to a quarantine site.*	
What plans are in place if a client with confirmed COVID-19 is staying at your facility? **Does your facility have different procedures for people with symptoms and people without symptoms?** *Guidelines: For clients with confirmed COVID-19, regardless of symptoms:* • *Prioritize these clients for individual rooms.* • *If more than one person has tested positive, these clients can stay in the same area.* • *Designate a separate bathroom for these clients.* • *Follow CDC recommendations for how to prevent further spread in your facility.* • *If areas where these clients can stay are not available in the facility, assist with transfer to an isolation site.*	

*Completed forms can be returned to **EOCEvent366@cdc.gov.***

Element to discuss	Notes
Have you accepted clients who were hospitalized with COVID-19 but have been discharged? If so, what went well? What could go better? Have any clients still required isolation after discharge? *Guidelines: Provide links to respite (temporary) care for clients who were hospitalized with COVID-19 but have been discharged. (Some of these clients will still require isolation to prevent transmission. Some of these clients will no longer require isolation and can use normal facility resources.)*	
Can you describe what PPE staff wear when providing medical care to clients with suspected or confirmed COVID-19? Are healthcare staff provided training on how to put on (don) and take off (doff) PPE? Have you had challenges accessing sufficient PPE supplies? *Guidelines: For situations where staff are providing medical 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), an N95 or higher level respirator (or a facemask if respirators are not available or staff are not fit tested), disposable gown, and disposable gloves. Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated. If staff have direct contact with the client, they should also wear gloves. Infection control guidelines for healthcare providers are outlined here.*	

Any other concerns, questions, or items to discuss regarding medical isolation, quarantine, or staff protection?

Section 12. List any next steps for follow-up

Call Summary

Questions brought up on the call	Areas for improvement

Guidance or information needs	Next steps (including by whom and when)

Are you willing to share the interview responses with CDC so that CDC can help to improve COVID-19 guidance? No names from individual agencies or facilities will be used in any reports.　　　Yes　　No

Resources

Would you like me to send you any of the following resources?

COVID-19 and People Experiencing Homelessness (CDC)

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/homelessness.html

COVID-19 Resources to Support People Experiencing Homelessness (CDC)

https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html

COVID-19 Stress and Coping (CDC)

https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/stress-coping/index.html

COVID-19 Supplemental Guidance for Child Care (CDC)

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#General

Infectious Disease Toolkit for Continuums of Care (Department of Housing and Urban Development)

https://files.hudexchange.info/resources/documents/Infectious-Disease-Toolkit-for-CoCs-Preventing-and-Managing-the-Spread-of-Infectious-Disease-within-Shelters.pdf

Coping with Stress During Infectious Disease Outbreaks (Substance Abuse and Mental Health Services Administration, SAMHSA)

https://store.samhsa.gov/product/Coping-with-Stress-During-Infectious-Disease-Outbreaks/sma14-4885

Taking Care of Your Behavioral Health—Tips for Social Distancing, Quarantine, and Isolation During an Infectious Disease Outbreak (SAMHSA)

https://store.samhsa.gov/product/Taking-Care-of-Your-Behavioral-Health-Tips-for-Social-Distancing-Quarantine-and-Isolation-During-an-Infectious-Disease-Outbreak/PEP20-01-01-007

Whole Community Approach (Federal Emergency Management Agency)

https://www.fema.gov/whole-community

Domestic Violence Resources

https://nnedv.org/latest_update/resources-response-coronavirus-covid-19/ (National Network to End Domestic Violence)

Human Trafficking Resources

https://www.acf.hhs.gov/otip/news/covid-19-resources-services-support (Department of Health and Human Services)

20