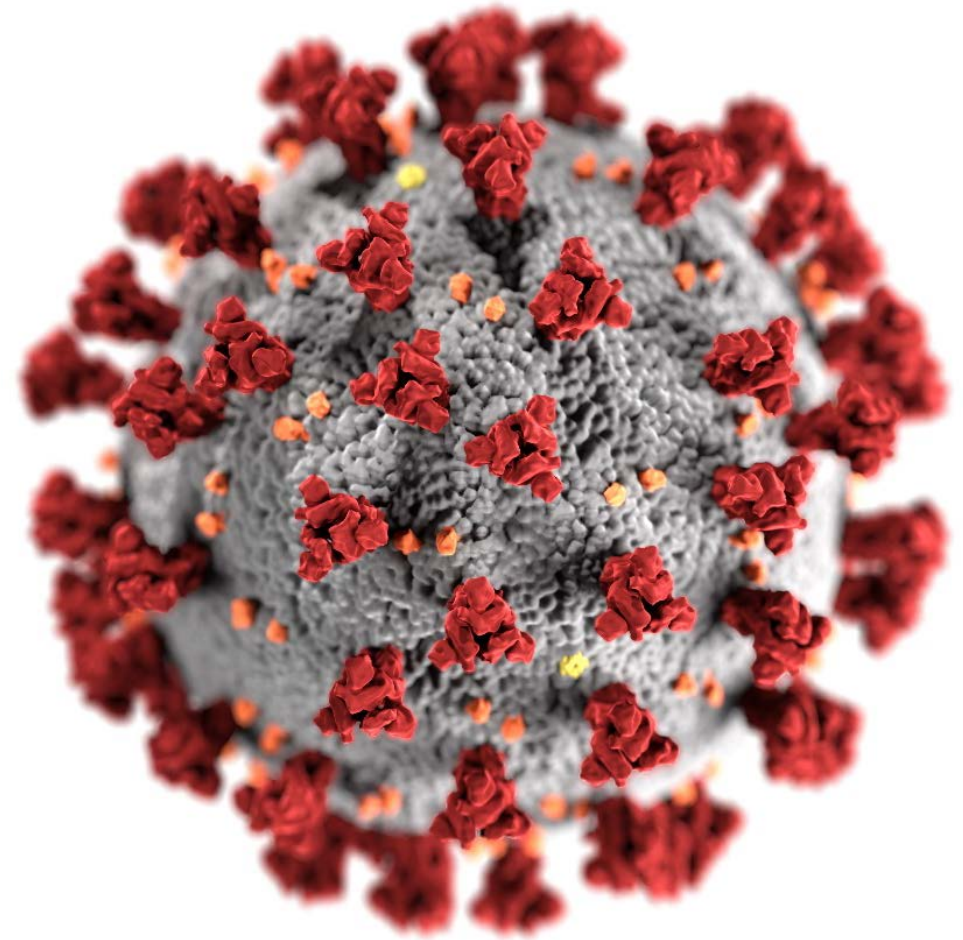


COVID-19 and Homelessness Services

Training for Homeless Shelter Workers

This training includes content from interim guidance that is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of July 20, 2020.

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the [CDC website](#) periodically for updated interim guidance and resources. Check [here](#) for resources specific to persons experiencing homelessness.



cdc.gov/coronavirus



Learning objectives for homeless shelter workers

- Identify prevention and control strategies for coronavirus disease 2019 (COVID-19)
- Discuss community approach to COVID-19 response
- Describe changes to your facility's layout and procedures
- Identify steps to screen people for possible symptoms of COVID-19
- Discuss considerations for unsheltered homelessness

Overview

- Background on COVID-19
- Planning and partnerships for homeless services
- Changes to facility's layout and procedures
- Helping sick clients
- Cleaning and disinfection
- Considerations for unsheltered homelessness
- Reminders for staff protection
- Additional materials

Background

Coronavirus Disease 2019 (COVID-19)

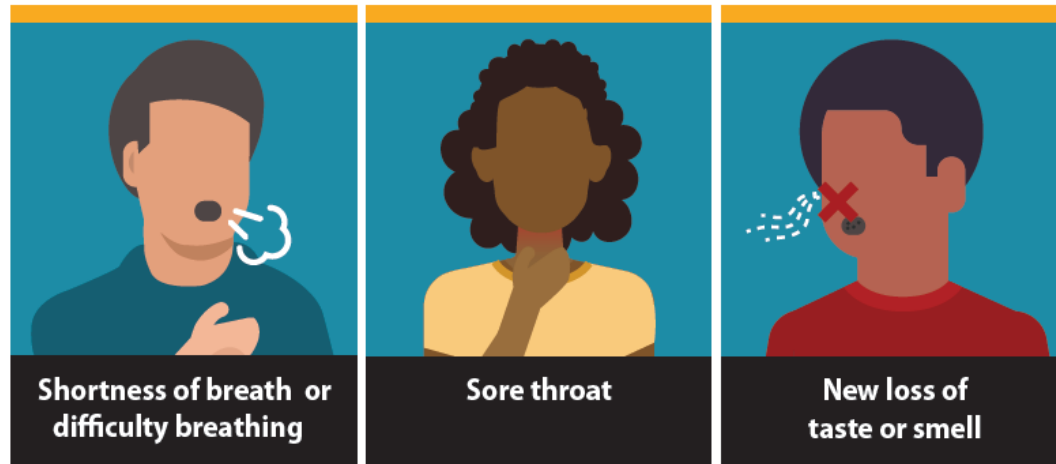
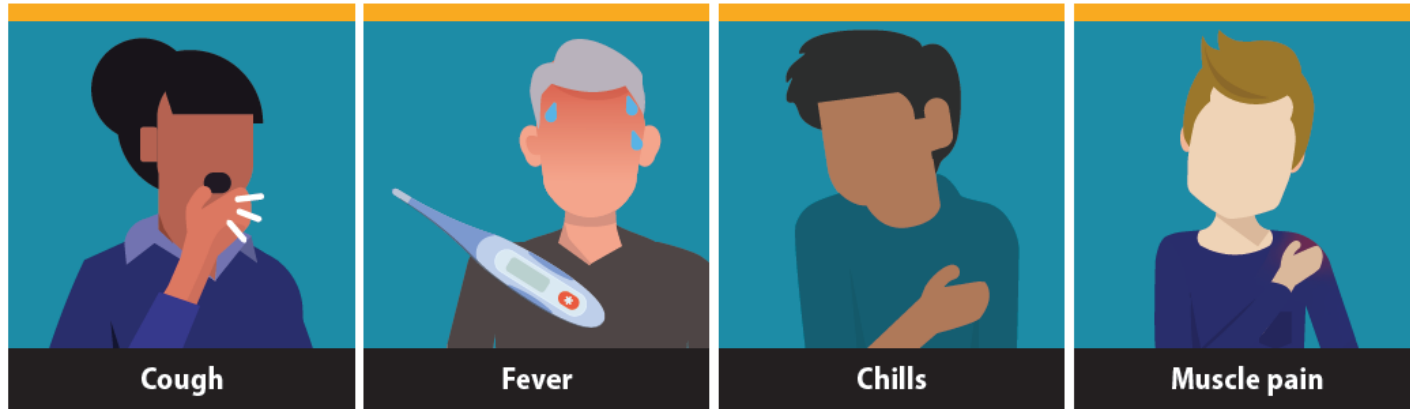


How COVID-19 is spread

- COVID-19 is an illness caused by a virus that can spread from person to person.
- You can become infected by coming into close contact (about 6 feet, or two arms' lengths) with a person who has COVID-19.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it and then touching your mouth, nose, or eyes.



Know the symptoms of COVID-19*



- Symptoms can range from mild (or no symptoms) to severe illness, and appear 2-14 days after exposure to the virus that causes COVID-19.
- Some individuals with COVID-19 lack symptoms (asymptomatic).
- Even those who eventually develop symptoms (pre-symptomatic) can transmit the virus to others *before* showing symptoms.

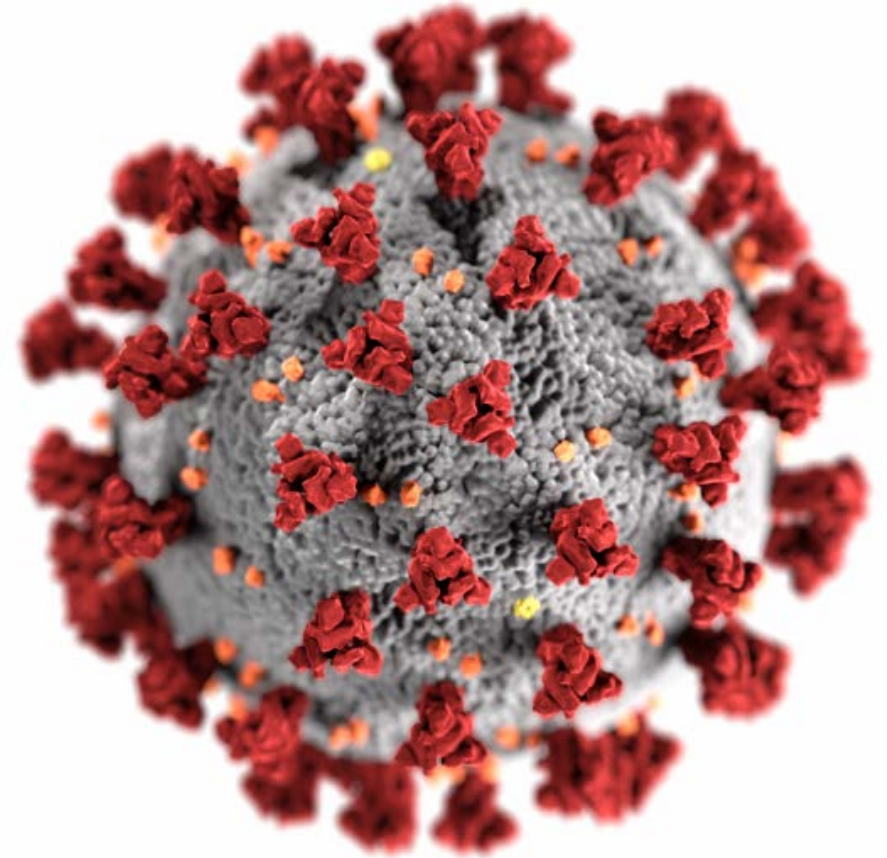
*Does not include all possible symptoms. Call a medical provider for any other symptoms that are severe or concerning to you.



<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms-11x17-en.pdf>
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html#studies>

Protecting yourself and others

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at [increased risk](#) for severe illness.
- There is currently no vaccine to protect against COVID-19, and no drugs are presently approved by the U.S. Food and Drug Administration to treat COVID-19.
- **The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.**



Prevention basics (1)

- Avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- If you are in a private setting and you do not have on a cloth face covering, always cover your mouth and nose with a tissue when coughing or sneezing or use the inside of your elbow.



Prevention basics (2)

- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Clean and disinfect frequently touched surfaces daily.
- Try to avoid crowded public settings and use of crowded public transportation.
- Do not touch your eyes, nose, or mouth.



Planning and Partnerships for Homeless Services

Coronavirus Disease 2019 (COVID-19)



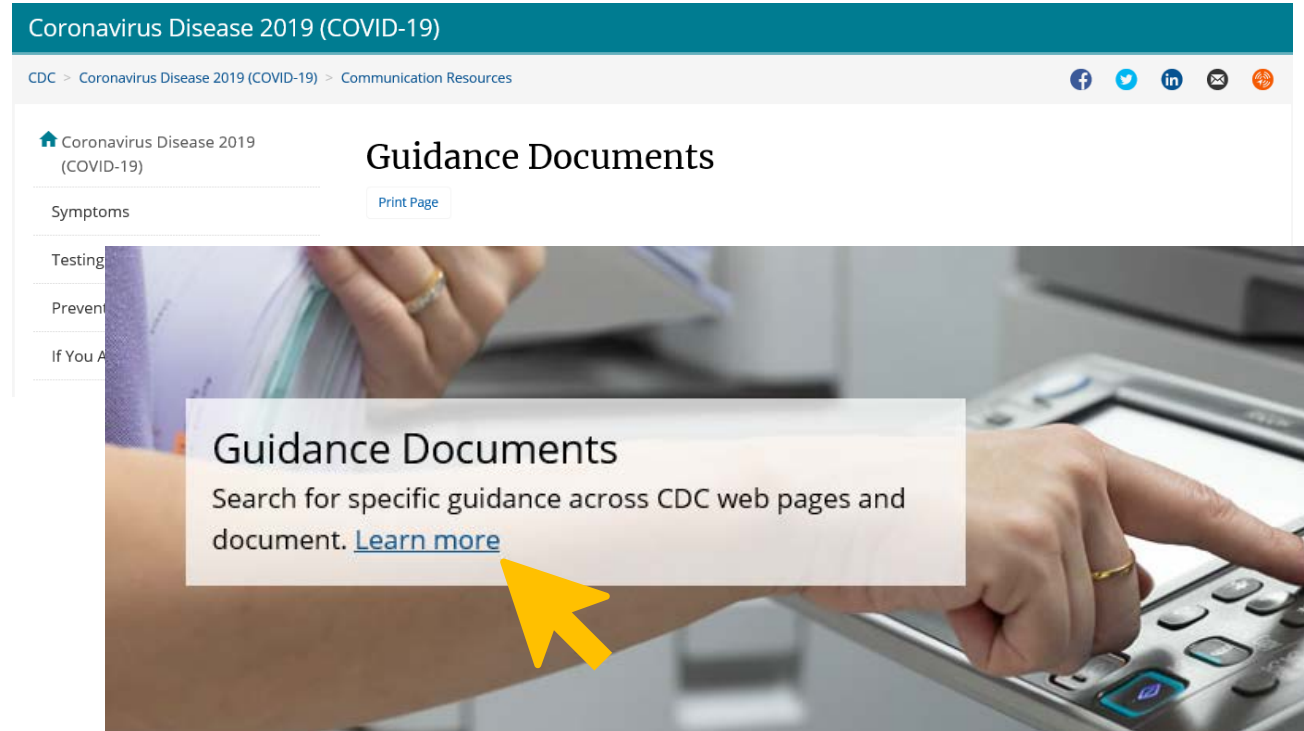
Finding guidance and other CDC resources

[CDC: COVID-19/Guidance](#)

- ✓ You can find guidance considerations using the Guidance search tool.

[CDC: COVID-19/Communities, Schools, Workplaces, and Events/Shared Housing and Institutions](#)

- ✓ Guidance for homeless populations and other types of group settings can be found in this section.



Resources to support people experiencing homelessness

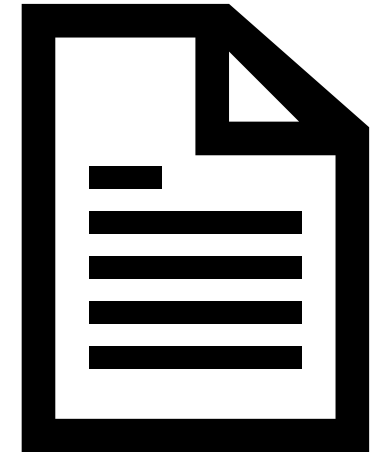
[Resources to Support People Experiencing Homelessness](#)

- ✓ FAQs, symptom screening tool for clients at homeless shelters, and helpful communication products.

[Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)

- ✓ Web and PDF formats of the guidance are available.
- ✓ Information for [state and local health departments](#) is also available for responding to COVID-19 cases at homeless service provider sites.

[Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 \(COVID-19\) for Homeless Service Providers and Local Officials](#)



Homeless services

- Continuing homeless services during community spread of COVID-19 is critical.
- People experiencing homelessness are at risk for infection during community spread of COVID-19.
- **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 (e.g., identifying additional temporary housing and shelter sites).**
- Coordinate with local health authorities when making 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.



Community approach to COVID-19 response

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



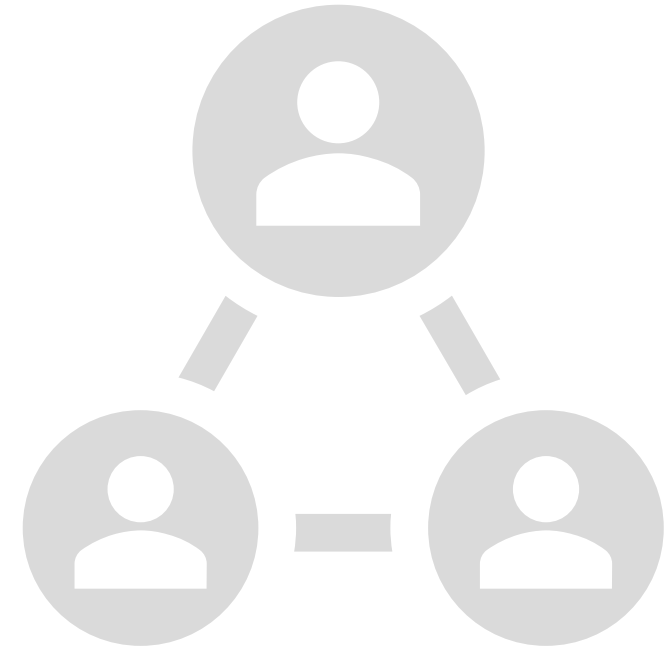
Additional sites needed during COVID-19 spread

- Community coalitions should identify **additional temporary housing and shelter sites** that can provide appropriate services, supplies, and staffing:
 - **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 [increased risk for severe COVID-19](#)



Additional sites

- Depending on resources and staff availability, consider **individual rooms** for the overflow, quarantine, and protective housing sites.
 - e.g., hotels, motels
- Provide linkages to respite (temporary) care for clients who were hospitalized with COVID-19 but have been discharged.
- Plan for how to connect clients to housing opportunities after they have completed their stay in these temporary sites.



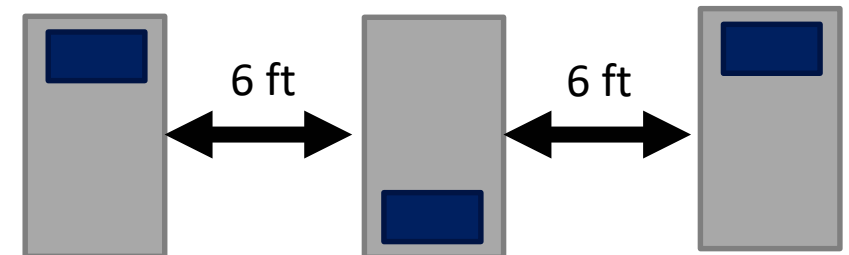
Changes to Facility's Layout and Procedures

Coronavirus Disease 2019 (COVID-19)



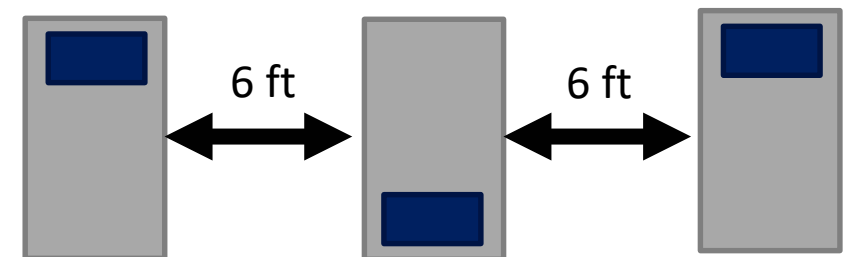
Facility layout – General

- Use physical barriers to protect staff who will interact with clients with unknown infection status (e.g., check-in staff).
- In meal service areas, create at least 6 feet of space between seats and/or allow food to either be delivered to clients or taken away by clients to eat at least 6 feet away from one another.
- In general sleeping areas (for those who are not experiencing respiratory symptoms), try to make sure clients' faces are at least 6 feet apart and align mats/beds so clients sleep head-to-toe.



Facility layout – An area for clients with mild respiratory symptoms

- Prioritize clients with mild symptoms for individual rooms.
- If individual rooms are not available, consider using a large, well-ventilated room for people with symptoms.
- Keep mats/beds at least 6 feet apart.
- Align mats/beds so clients sleep head-to-toe.
- Use temporary barriers between mats/beds, such as curtains.
- If possible, designate a separate bathroom for these clients.
- If suitable areas are not available in the facility, help transfer clients to a quarantine site.



Facility layout – Clients with confirmed COVID-19

- Prioritize clients with confirmed COVID-19 for individual rooms.
- If more than one person has tested positive for COVID-19, these clients can stay in the same area.
- Designate a separate bathroom for these clients.
- Follow CDC [recommendations](#) for how to prevent further spread of COVID-19 in your facility.
- If areas where these clients can stay are not available in the facility, help transfer them to an isolation site.



Modifications to facility procedures (1)

- Limit visitors who are not clients, staff, or volunteers.
- **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.
- Make sure bathrooms and other sinks are consistently and adequately stocked with soap and disposable drying materials (e.g., paper towels) for handwashing.
- Provide alcohol-based hand sanitizers that contain at least 60% alcohol at key points within the facility (e.g., registration desks, entrances/exits, eating areas).



Modifications to facility procedures (2)

- Regularly assess clients and staff for [symptoms](#), including at intake.
- Identify clients who could be at [increased risk](#) for complications from COVID-19, or from other chronic or acute illnesses, and encourage them to take extra precautions.
- If your facility provides healthcare services, prepare [healthcare clinic staff](#) to care for patients with COVID-19, and make sure your facility has a supply of [personal protective equipment](#) (PPE).
- Arrange for continuity of and surge support for mental health services, substance use treatment services, and general medical care to manage chronic health conditions and to reduce the risk of severe illness from COVID-19.
- Identify a designated medical facility to refer clients who might have COVID-19.



Keep in mind: Clients and staff might be infected without showing symptoms

- Consider ways to make **physical distancing between clients and staff easier**, such as staggering meal services or having maximum occupancy limits for common rooms and bathrooms.
- **All staff should wear a cloth face covering**, consistent with CDC guidance for general public.
- **All clients should wear a cloth face covering 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, is unconscious, or is incapacitated or otherwise unable to remove the mask without assistance.



Helping Sick Clients

Coronavirus Disease 2019 (COVID-19)



Screening clients for COVID-19

- Homeless shelters can [screen clients for symptoms](#) of COVID-19.
- Although not every person who has symptoms will have COVID-19, conducting daily screenings can help identify people who may need medical care or isolation.
- If available, a nurse or other clinical staff can help with clinical assessments; these clinical staff should follow [personal protective measures](#).
- If a client screens positive for symptoms, they should be directed to a place to stay according to a predesignated plan developed with the local CoC, public health department, and community leadership.



Step 1: Determine if the client has a fever

- Use a system that creates a physical barrier between the client and the screener, as described [here](#).
 - If this is not possible during screening, staff can wear PPE when within 6 feet of a client.
 - Given PPE shortages, training requirements, and because PPE alone is less effective than a barrier, try to use a barrier whenever you can.
- Take their temperature using a temporal thermometer, AND ask “**Have you felt like you had a fever in the past day?**”
- To use the temporal thermometer:
 - Turn on the thermometer.
 - Gently sweep the thermometer across the client’s forehead.
 - Remove the thermometer and read the number (100.4°F or greater is considered a fever).
 - People with no fever (at or below 100.3°F) may continue into the shelter using normal procedures.
 - Between each client, clean the thermometer with an alcohol wipe (or isopropyl alcohol on a cotton swab).



Step 2: Ask the client about symptoms

- Ask the client, “Do you have a new or worsening cough today?” AND “Do you have any of these [other symptoms](#)*?”

*Other symptoms may include:

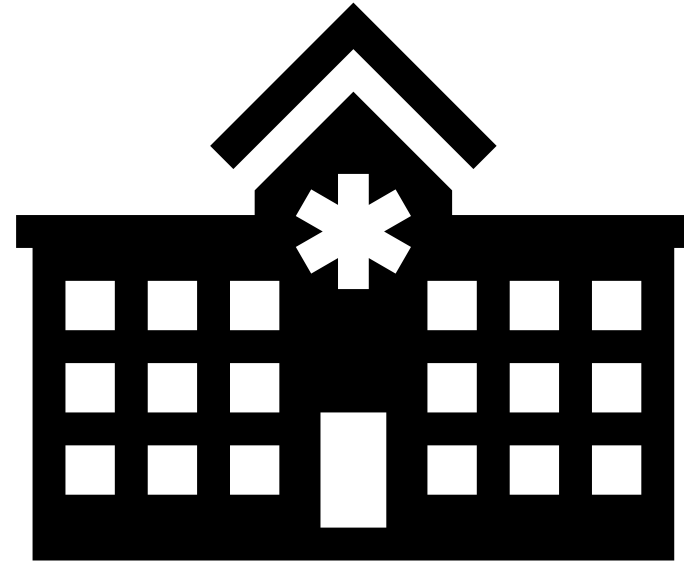
-Shortness of breath or difficulty breathing	-Headache	-Congestion or runny nose
-Fatigue	-New loss of taste or smell	-Nausea or vomiting
-Muscle or body aches	-Sore throat	-Diarrhea

- If the client has a fever **OR** a new/worsening cough **OR** any of the other symptoms*:
 - Provide a [cloth face covering](#), if available and if the client can tolerate it.
 - Advise client on: **cough etiquette** (provide tissues and trash containers for tissue disposal), **hand hygiene**, **remaining in their room**/symptomatic area except to use the restroom, **wearing a cloth face covering** when they leave their room/symptomatic area, and **notifying staff** immediately if symptoms worsen.
 - Direct sick client to an isolation room if available; if no area exists for persons with symptoms of COVID-19, redirect the person to the prespecified location.



Linking sick clients to medical care

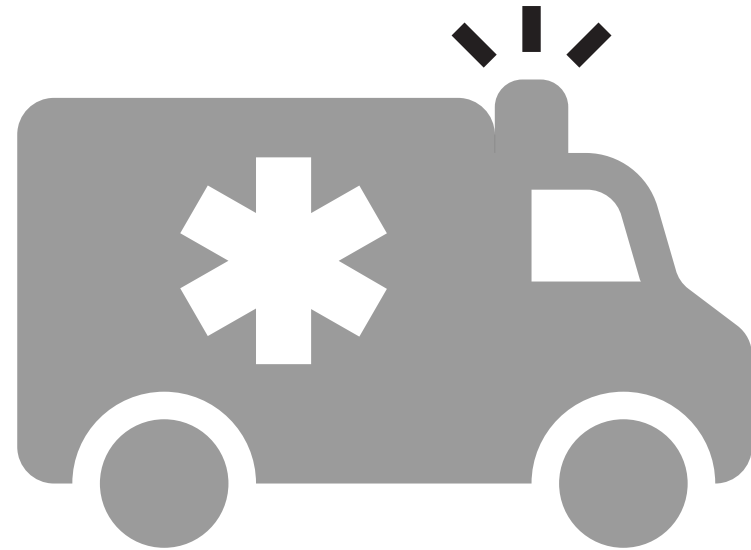
- Facilitate access to non-urgent medical care as needed.
- Use standard facility procedures (or standard outreach protocols) to determine whether a client needs immediate medical attention.
- Notify the designated medical facility and personnel who transfer clients that the client might have COVID-19.



When to seek emergency medical attention

- Seek medical care immediately if someone has [emergency warning signs](#)* of COVID-19.
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion
 - Inability to wake or stay awake
 - Bluish lips or face

*This list is not all possible symptoms. Call a medical provider for any other symptoms that are severe or concerning to you.



When does medical isolation end?

Symptom -based strategy

- At least 10* days have passed since symptoms first appeared **AND**
- No fever for ≥ 24 hours without fever-reducing medications **AND**
- Other symptoms have improved

OR

If the person had a positive test but never had symptoms

- At least 10 days have passed since the first positive COVID-19 viral test (RT-PCR) **AND**
- The person has had no subsequent illness

*Might need to extend the duration up to 20 days for some people with severe COVID-19 illness.
Consider consultation with infection control experts.



Can testing be used to end isolation?

- In consultation with infectious disease experts, a test-based strategy could be considered for people who are *severely immunocompromised*.
- For all others, a test-based strategy is no longer recommended except to end isolation *earlier* than the symptom-based strategy.

Test-based strategy

- No fever for ≥ 24 hours without fever reducing medications **AND**
- Other symptoms have improved **AND**
- Tested negative in ≥ 2 consecutive respiratory specimens collected ≥ 24 hours apart

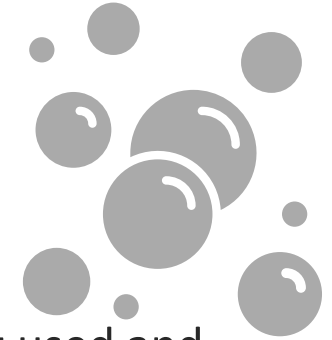


Cleaning and Disinfection

Coronavirus Disease 2019 (COVID-19)



Cleaning and disinfecting your facility



Clean

- Wear disposable gloves to clean and disinfect.
 - Additional PPE might be required based on the cleaning/[disinfectant products](#) being used and whether there is a risk of splash.
- Clean surfaces using soap and water before disinfectant use.
- Clean and disinfect frequently touched surfaces at least daily.
 - E.g., tables, chairs, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.
- More frequent cleaning and disinfection may be required based on level of use.
- Surfaces and objects in public places should be cleaned and disinfected before each use.
- Ensure cleaning staff are trained on appropriate use of cleaning and disinfection chemicals.



<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfecting-decision-tool.html>

Cleaning and disinfecting your facility

Disinfect

- Recommend use of [EPA-registered household disinfectant](#) on List N.
- Follow the instructions on the label to ensure safe and effective use and storage of the product.
 - Wash your hands immediately after removing gloves with soap and water.
 - **You should never eat, drink, breathe or inject these products into your body or apply directly to your skin as they can cause serious harm.**
- Many products recommend:
 - Keeping surface wet for a period of time (see product label).
 - Wearing gloves and making sure you have good ventilation during use of the product.
- [Diluted household bleach solutions](#) may also be used if appropriate for the surface.
 - Never mix household bleach with ammonia or any other cleanser.
 - Bleach solutions will be effective for disinfection up to 24 hours.
 - Leave solution on the surface for at least 1 minute.
- Alcohol solutions with at least 70% alcohol may also be used.



Cleaning and disinfecting outdoor areas

- Outdoor areas (e.g., patio) generally require routine cleaning but do not require disinfection.
- Often or frequently touched surfaces made of plastic or metal, such as grab bars and railings, should be cleaned routinely.
- Cleaning and disinfection of wooden surfaces (benches, tables) or groundcovers (mulch, sand) is not recommended.
- Sidewalks and roads should not be disinfected.
 - Spraying disinfectant on sidewalks and roads is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public.



Laundering face coverings

- Cloth face coverings used by clients and staff should be laundered regularly.
- Face coverings should be collected in a sealable container (like a trash bag).
- Staff involved in laundering client face coverings should wear disposable gloves and a face mask. Use of a disposable gown is also recommended, if available.
- Use the warmest appropriate water setting and dry items completely.
- Gloves should be properly removed and disposed of after laundering face coverings; clean hands immediately after removal of gloves by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available.



Considerations for Unsheltered Homelessness

Coronavirus Disease 2019 (COVID-19)



Unsheltered homelessness

- Make plans to maintain services for all people experiencing unsheltered homelessness.
- People experiencing unsheltered homelessness (those sleeping outside or in places not meant for human habitation) may be at risk for infection when there is community spread of COVID-19.
- Outdoor settings may allow people to increase physical distance between themselves and others; however, sleeping outdoors often does not provide protection from the environment, adequate access to hygiene and sanitation facilities, or connection to services and healthcare.
- Lack of housing contributes to poor physical and [mental](#) health outcomes, and linkages to permanent housing for people experiencing homelessness should continue to be a priority.



Considerations for encampments

- If individual housing options are not available, allow people who are living unsheltered or in encampments to remain where they are.
- Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious diseases to spread.
- Identify resources to support people sleeping outside as well as additional temporary housing, including sites with individual rooms that can provide appropriate services, supplies, and staffing.



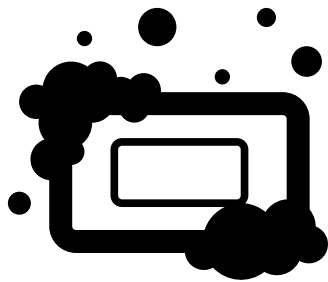
Considerations for encampments

- Encourage those staying in encampments to set up their tents/sleeping quarters with at least 12 feet x 12 feet of space per individual.
- If an encampment is not able to provide sufficient space for each person, allow people to remain where they are but help decompress the encampment by linking those at increased risk for severe illness to individual rooms or safe shelter.
- Communicate clearly with people sleeping outside about changes in homeless services policies and any changes in the physical location of services such as food, water, hygiene facilities, regular healthcare, and behavioral health resources.



Encampment hygiene and sanitation

- Work together with community coalition members to improve sanitation in encampments.
- If possible, ensure nearby restroom facilities have functional water taps, are stocked with hand hygiene materials (soap, disposable drying materials) and bath tissue, and remain open to people experiencing homelessness 24 hours per day.
- If toilets or handwashing facilities are not available nearby, assist with providing access to portable latrines with handwashing facilities for encampments of more than 10 people. These facilities should be equipped with hand sanitizer containing at least 60% alcohol.



When an unsheltered client tests positive for COVID-19

- If immediate medical attention is not required, facilitate [transportation](#) to an isolation site.
- Notify designated medical facility and personnel that the client has tested positive for COVID-19.
- If medical care is not necessary, and if no other isolation options are available, advise the individual how to isolate themselves while efforts are under way to provide additional support.
- During isolation, ensure continuation of behavioral health support for people with substance use or mental health disorders.
- Ensure the client has a safe location to recuperate (e.g., respite care) after isolation requirements are completed, and follow up to ensure the client's medium- and long-term medical needs are met.



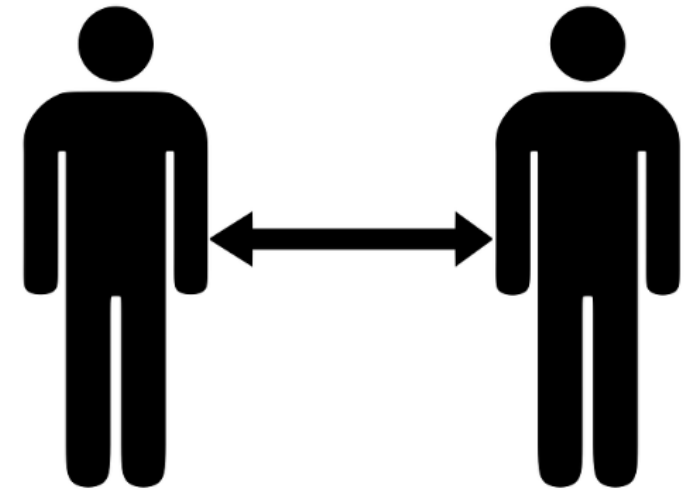
Reminders for Staff Protection

Coronavirus Disease 2019 (COVID-19)



Prevention measures for staff

- Maintain good [hand hygiene](#) on a regular basis, including before and after each client interaction.
- Maintain at least 6 feet of distance while interacting with clients and other staff, where possible.
- Wear [cloth face coverings](#) when working in public settings or interacting with clients.
- Healthcare providers should follow infection control [guidelines](#).



Additional Materials

Coronavirus Disease 2019 (COVID-19)



Important considerations for service delivery during community re-opening

- Stay aware of the local COVID-19 situation and communicate clearly with clients and staff
- Maintain basic prevention strategies for clients and staff
 - [Social distancing measures](#)
 - [Cloth face coverings](#)
 - [Handwashing](#)
 - [Clean and disinfect](#) facilities regularly
- Continue to connect clients to care
 - Continue taking [additional precautions](#) for clients and staff who are at [increased risk for severe illness](#).
- Provide services while being aware of changes in the community



Youth-focused information

Page is available in Spanish, Korean, Chinese, Vietnamese



Coronavirus Disease 2019

Youth Experiencing Homelessness

How to Protect Yourself and Others from COVID-19

COVID-19 is the short name for “coronavirus disease 2019.” It is caused by a new virus that is mainly spread from person to person. Doctors and scientists are still learning about it. Recently, this virus has made many people sick. Here’s what you need to know to help protect yourself and people you care about from COVID-19.

- Stay in touch with your case workers, group home staff, or shelter staff. They can help you to know what’s happening with COVID-19 in your community.
- **Wash your hands** often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing.

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/homeless-youth.html>



STOP **Feeling Sick?**
Stay home when you are sick!

If you feel unwell or have the following symptoms please leave the building and contact your health care provider. Then follow-up with your supervisor.

DO NOT ENTER if you have:

FEVER **COUGH** **SHORTNESS OF BREATH**

 [cdc.gov/CORONAVIRUS](https://www.cdc.gov/CORONAVIRUS)


SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms* can include **FEVER** **COUGH** **SHORTNESS OF BREATH**


*Symptoms may appear 2-14 days after exposure.

Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

 For more information: www.cdc.gov/COVID19-symptoms

GERMS are all around you.

Stay healthy. Wash your hands.

 www.cdc.gov/handwashing

Wash YOUR HANDS!

Hands that look clean can still have 100 germs!

Washing your hands is the best way to prevent the spread of germs.

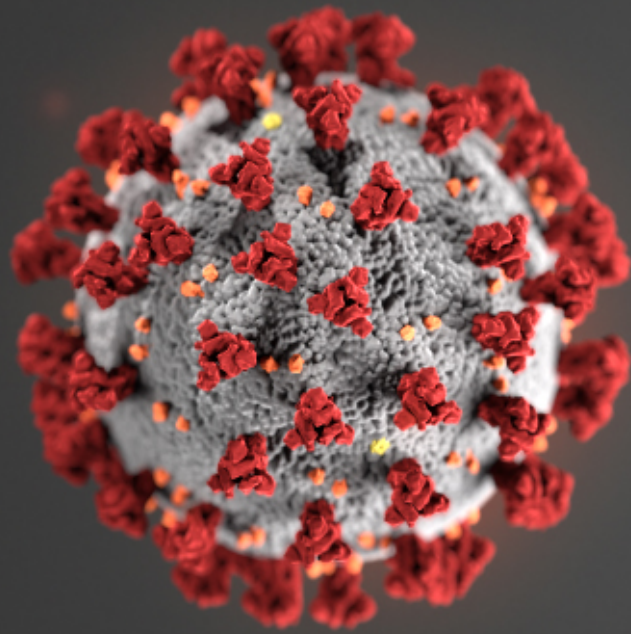
1. Wet
2. Get Soap
3. Scrub
4. Rinse
5. Dry



Communications Resources

<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>





For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

