

Guidance for Homeless Shelters & Select Non-healthcare Congregate Settings

This guidance provides information about key infection control measures to prevent COVID-19 outbreaks in homeless shelters, supported housing and other select non-healthcare congregate settings in the District of Columbia¹. This guidance is not intended for use in acute care settings, skilled nursing facilities (SNF), intermediate care facilities (ICF), community residence facilities (CRF chapter 34/35 or mental health), assisted living facilities, supported living, or correctional facilities. For specific guidance for these settings, please visit coronavirus.dc.gov/healthguidance.

General Information

Administrators of homeless shelters and non-healthcare congregate settings are responsible for providing a safe workplace and a safe environment for staff (including volunteers) and clients. Staff and clients of homeless shelters and other congregate settings are at higher risk for contracting COVID-19, and outbreaks in these settings can be difficult to control.

- Multiple factors can contribute to increased risk in homeless shelters including:
 - large numbers of people living and working in close proximity
 - a vulnerable client population with:
 - increased prevalence of chronic medical conditions
 - challenges accessing appropriate medical care and treatments
 - high turnover/transience of clients
 - space constraints
 - difficulty conducting accurate contact tracing

As community transmission declines, administrators of homeless shelters and non-healthcare congregate settings may be wondering when COVID-19 prevention measures may start to be relaxed (e.g., safely increasing capacity). At this time, while some individual-level precautions can be modified (e.g., fully vaccinated staff and clients do not need to quarantine if they are exposed) all facility-level prevention measures should remain in place as much as possible.

Here are some factors that will be important to consider going forward:

- Levels of community spread
- Characteristics of people in the facility:
 - Vaccination coverage
 - High vaccination levels among staff and clients will make de-escalation of prevention measures more feasible.
 - It is not yet known what level of vaccination coverage is needed in order to safely relax precautions.
 - Proportion of clients at increased risk for severe COVID-19
 - Facilities with a high proportion of clients at increased risk for severe COVID-19 should maintain precautions longer.
 - Turnover levels
 - Higher turnover levels increase the likelihood of COVID-19 being introduced into a facility, and make it more difficult to keep track of client information like vaccination coverage and health conditions.
- Characteristics of the facility space (e.g., size, layout, quality of ventilation)

¹ Some recommendations given may not be relevant to all settings.

Multi-layered prevention measures should be employed to prevent COVID-19 in homeless shelters and non-healthcare congregate settings. No individual measure is foolproof, but when used together they are powerful. Even if COVID-19 does occur in a facility, the use of these measures can contain the virus and make it less likely to adversely affect operations. They include:

- **Vaccination**
- **Wearing face masks (or cloth face coverings as appropriate)**
- **Social distancing**
- **Hand hygiene**
- **Preventing sick staff or visitors from entering the facility**
- **Quarantine and isolation**
- **Cleaning and disinfection**
- **Ventilation**

How COVID-19 Spreads

- The main way COVID-19 spreads is from person-to-person when an infected person breathes out droplets and particles that contain the virus.
 - People can become sick with COVID-19 by breathing in infected air, being splashed or sprayed in their eyes, nose, or mouth with infectious droplets (e.g., from a cough), or touching their eyes, nose or mouths with hands that have the virus on them.
- People who are 6 feet or closer to the infected person are most likely to get sick.
- COVID-19 can sometimes spread between people in the air over longer distances, especially in crowded indoor settings with poor ventilation.
- COVID-19 can also spread from environmental surfaces, but this is uncommon.

COVID-19 Prevention Fundamentals

COVID-19 Vaccination

Vaccination is one of the most important actions staff, volunteers, and clients can take to prevent COVID-19 outbreaks and to protect themselves. Vaccines are safe and effective at keeping people from getting sick with COVID-19. They are also very effective at preventing hospitalization and death if someone is infected with COVID-19. There is growing evidence that the vaccines also prevent spread of the virus from infected people who are not showing symptoms. **People who are unvaccinated remain at higher risk for getting COVID-19 and need to take more precautions than people who are vaccinated.** People are considered fully vaccinated 14 days after completion of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine).

Facility administrators should strongly encourage staff, volunteers, and clients to get vaccinated; however, **vaccination should not be a requirement for clients to access services.**

- Consider providing creative incentives for staff and clients to get vaccinated.
- Support staff in getting vaccinated by providing leave options for them to get the vaccine and for if they experience vaccine side effects.
- If available, single-dose vaccines may have special utility for clients, as clients may have challenges returning for the second dose of a two-dose vaccine series. However, clients (as well as staff) should take the first vaccine that is available to them. Administrators should consider ways they can facilitate client compliance with vaccines that require two doses.
- Find out more about the COVID-19 vaccine at coronavirus.dc.gov/vaccine.

Face Masks

Staff, volunteers, clients, and visitors at homeless shelters and non-healthcare congregate settings must continue to wear a cloth face covering or face mask, regardless of vaccination status. This is necessary due to the higher risk of infections among clients in these settings. Masks protect the wearer and protect other people.

- Clients must wear masks at all times unless they are alone in their room (if private rooms), or they are eating, drinking, bathing, or sleeping.
- Staff must wear masks at all times unless they are alone in a private office, eating, or drinking.
- Cloth face coverings or face masks must not be placed on anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Staff **providing medical care** to clients must follow masking and other guidance for ***Required Personal Protective Equipment (PPE) for Healthcare Facilities*** at coronavirus.dc.gov/healthguidance.
- Shelters and non-healthcare congregate settings must provide masks to staff, volunteers, and clients.
 - If cloth face coverings are provided, they must be laundered regularly. Shelters should launder clients' cloth face coverings.

Social distancing

Social distancing remains necessary to help mitigate the spread of COVID-19. Below are recommendations for how to implement social distancing in homeless shelters and non-healthcare congregate settings that facilities can *consider* implementing.

- **All individuals (staff, volunteers, clients, visitors) are recommended to maintain social distancing of at least 6 feet from other people as much as possible, regardless of vaccination status.**
- Have plans in place for how staff can socially distance from clients as much as possible while still providing necessary services.
- Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.
- Install physical barriers (such as sneeze guards and partitions) in areas where it is difficult for staff to remain at least 6 feet from clients (such as check in areas), or for staff to remain at least 6 feet from other staff.
- Arrange furniture in the facility to encourage social distancing (e.g., arranging beds/mats so that clients sleep 'head to toe' to maximize distance between client's faces when sleeping, removing chairs and other furniture in staff or client common areas).
- Post and monitor maximum occupancy for common rooms and bathrooms.
- In meal service areas, create at least 6 feet of space between seats by rearranging seating or removing chairs, staggering mealtimes, and/or allowing either for food to be delivered to clients or for clients to take food away.
- Modify activities by scheduling smaller sessions to ensure clients can sit 6 feet apart.

Hand hygiene

- Encourage frequent hand hygiene with soap and water or hand sanitizer with at least 60% alcohol.
 - Soap and water should be used whenever hands are visibly dirty and after using the restroom.
- Facilities are strongly encouraged to provide adequate supplies for good hygiene.
 - Supplies include soap and water, alcohol-based hand sanitizers with at least 60% alcohol (place at entrance and at convenient areas throughout the facility), paper towels, tissues, disinfectant wipes and no-touch/foot pedal trash cans.

- Staff should avoid handling client belongings as much as possible, regardless of their vaccination status. If staff handle client belongings, they should wear disposable gloves, if available, and perform hygiene immediately afterwards.

Communication

It is important to communicate COVID-19 prevention policies to all staff, volunteers, clients, and visitors who plan to enter the facility.

- Consider posting signage at entrances stating that no **visitors or staff** with a fever or symptoms of COVID-19 is permitted to enter the facility, and that **all people** must wear a mask or face covering.
- Provide clear communication of COVID-19 policies and keep them updated regarding any changes.
- When provided, make sure all communications are in clear language and in appropriate primary languages for the setting.

Prevent Introduction of COVID-19 into the Facility

Facility Entry

Facilities must screen everyone entering the facility (staff, volunteers, clients, visitors) for symptoms of COVID-19²

- Staff and volunteer screening (e.g., symptom questionnaires) should occur before they start their shifts.
 - Screening may occur either on entry to the facility or prior to arrival (i.e. via phone or electronic format).
 - Active temperature checks are optional, but are encouraged for facilities during times of increased community transmission of COVID-19 (Phases 0, 1, or 2 in DC), or that may have lower vaccination rates or support populations at higher risk of severe illness due to COVID-19.
 - For **Screening Tool Guidance**, visit coronavirus.dc.gov/healthguidance.
 - For more information about screening homeless shelter clients please see *Screening Clients for COVID-19 at Homeless Shelters or Encampments* at cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html#print
- **Except for clients**, all those who screen positive for COVID-19 symptoms, exposure, or infection, must not enter the facility.
 - Clients in need of support should not be turned away on the basis of screening positive.
 - Facility must have a procedure in place to appropriately test, quarantine, or isolate clients that screen positive for COVID-19 symptoms, exposure, or infection.
- Limit visitors to the facility who are not staff, volunteers, or clients.
- Facilities must maintain a daily record of those entering the facility for at least 30 days to facilitate contact tracing.
 - Information collected must include name, date and time of visit, phone number, and email (if available).

² **Symptoms of COVID-19** may include fever (subjective or 100.4 degrees Fahrenheit), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or otherwise feeling unwell

Management of COVID-19 in the Facility

- Facilities must have procedures in place to rapidly identify and manage clients in the facility who require:
 - Testing due to symptoms or exposure to a confirmed COVID-19 positive individual
 - Isolation due to symptoms of COVID-19 infection while awaiting test results
 - Isolation after testing positive for COVID-19 infection
 - Quarantine after exposure to a confirmed COVID-19 positive individual (unvaccinated)
- Facilities that do not have the resources to manage testing, quarantine and isolation of clients on site, must have procedures in place to safely transport clients to offsite testing, quarantine and isolation facilities.
- Facilities must ensure that all individuals wear a mask whenever anyone else (including staff) enters the quarantine/isolation space.
- Facilities must ensure that clients in quarantine or isolation keep their movements outside the quarantine/isolation space to a minimum:
 - Serve meals inside the quarantine/isolation space.
 - Exclude quarantined/isolated clients from common areas and group activities.
 - Ideally, provide private bathrooms for clients in isolation or quarantine
 - If private bathrooms are limited in the facility, at minimum designate separate bathroom facilities for use by:
 - ❖ the general client population
 - ❖ clients in quarantine
 - ❖ clients in isolation for suspected COVID-19
 - ❖ clients in isolation for confirmed COVID-19
 - Any needed medical evaluation of quarantined/isolated clients should be conducted inside the quarantine space, as much as possible.

Quarantine recommendations for close contacts of a confirmed case of COVID-19

Staff/volunteers

- Exposed staff members/volunteers who do not meet quarantine exemption criteria below must complete a full 14-day quarantine before returning to work.
 - Testing negative during the quarantine period does not exempt staff from having to complete the full 14-day quarantine (e.g., there is no “testing out of quarantine”).
 - Quarantine is required regardless of whether a staff member is an essential worker

Clients

- Exposed clients who do not meet quarantine exemption criteria below must complete a full 14-day quarantine.
- Facilities should monitor clients in quarantine for COVID-19 symptoms at least daily.
- Clients under quarantine can be given private rooms or cohorted³ with other exposed clients.
 - If any cohorted clients develop symptoms or test positive for COVID-19 during the quarantine period, they must be immediately removed from the cohort group and placed in isolation.

³ **Cohorting** in this context refers to the practice of isolating multiple clients with laboratory-confirmed COVID-19 OR suspected COVID-19 together OR quarantining close contacts of an infected person together as a group when supply of private rooms is limited.

Quarantine exemption criteria

- **Staff, volunteers, and clients who are fully vaccinated, or who have a history of confirmed COVID-19 and recovery within the past 90 days, are not required to quarantine or be excluded from work after exposure to a person with COVID-19.**
- All staff, volunteers, and clients (regardless of vaccination status) who were exposed to a person with COVID-19 must monitor themselves for symptoms for 14 days and should be tested for COVID-19 three to five (3-5) days after exposure, unless they have a history of confirmed COVID-19 and recovery within the past 90 days.
- For more information, please see the following guidance documents at coronavirus.dc.gov/healthguidance:
 - *Guidance for Fully Vaccinated People*
 - *Guidance for Quarantine after COVID-19 Exposure*

Isolation recommendations for staff or clients with confirmed or suspected COVID-19

Anyone with symptoms of possible COVID-19, regardless of vaccination status, must isolate, be evaluated by a healthcare provider, and get tested for COVID-19.

- For most people, isolation can be discontinued 10 days after onset of symptoms (or 10 days after positive test date for people with asymptomatic infection). For more information about duration of isolation for staff and clients, refer to the Centers for Disease Control and Prevention (CDC) guidance:
 - *Ending Home Isolation for Persons with COVID-19 Not in Healthcare Settings* at cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html
- For guidance on first steps that facilities can take if a staff member, volunteer, client, or visitor reports testing positive for COVID-19, please see *First Steps for Businesses when an Employee or Patron Tests Positive for COVID-19* at coronavirus.dc.gov/healthguidance.

Staff/volunteers

- **Staff who develop symptoms of COVID-19 while at the facility must be immediately sent home** and advised to get evaluated by a healthcare provider and tested.
- Staff who have confirmed COVID-19 must not return to work until they meet criteria for ending home isolation. **This applies to all workers regardless of whether they are considered essential.**
- For more information, see *Guidance for Persons Who Tested Positive for COVID-19* at coronavirus.dc.gov/healthguidance.

Clients

- If a client develops symptoms of COVID-19 or tests positive, they should be given a mask (if not already wearing one) and must be immediately placed in isolation. Follow facility protocol for medical evaluation of ill clients.
- Clients with suspected or confirmed COVID-19 should be prioritized for private rooms.
 - If private rooms are not available:
 - Large, well-ventilated rooms should be used for cohorting
 - Clients with suspected COVID-19 can be cohorted³
 - Clients with confirmed COVID-19 can be cohorted
 - If a client in a room designated for group isolation of clients with suspected COVID-19 subsequently tests positive for COVID-19, the client must immediately be moved to a room designated for confirmed COVID-19 clients only.
- **Do not cohort clients with confirmed COVID-19 with those who are suspected to have COVID-19 (in whom the diagnosis is not confirmed) or with close contacts of**

individuals with confirmed COVID-19. Mixing cohorts is not acceptable due to high risk of transmission from infected to uninfected clients.

- Provide clients in isolation with tissues and a lined no-touch trash receptacle. Instruct them to:
 - Cover their mouth and nose with a tissue when they cough or sneeze.
 - Dispose of used tissues immediately in the lined trash receptacle.
 - Wash hands immediately with soap and water for at least 20 seconds.

PPE

- Staff/volunteers required to interact with clients under quarantine or isolation must use appropriate PPE to include:
 - **N95 respirator**
 - **Eye protection:** Goggles or disposable face shield that fully covers the front and sides of the face.
 - **Disposable patient examination gloves:** Gloves must be changed if they become torn or heavily contaminated.
- Train all staff/volunteers who may have contact with clients with COVID-19, or potentially infectious materials in the course of their work duties to correctly don, doff, and dispose of PPE.
 - Ensure strict adherence to OSHA PPE requirements.
 - Ensure that staff who require respiratory protection (e.g., N95 respirator) for their work responsibilities have been medically cleared, trained, and fit-tested in the context of an employer's respiratory protection program. For more information on a respiratory protection program, visit [cdc.gov/niosh/nppt/topics/respirators/disp_part/respsource3respirator.html](https://www.cdc.gov/niosh/nppt/topics/respirators/disp_part/respsource3respirator.html)

Cleaning and Disinfection

The virus that causes COVID-19 can land on surfaces. While it is not the primary way of spread, it is possible for people to become infected if they touch those surfaces and then touch their nose, mouth, or eyes. The most reliable way to prevent infection from surfaces is to frequently perform hand hygiene by washing hands or using alcohol-based hand sanitizer. Cleaning and disinfecting surfaces can also reduce the risk of infection. **If no people with confirmed or suspected COVID-19 are known to have been in a space, cleaning high-touch surfaces once a day is usually sufficient to remove virus that may be on surfaces.**

- Facilities should develop a comprehensive plan for increased routine cleaning (and disinfection as needed) of common spaces and frequently-touched surfaces within the facility (e.g., countertops, computer equipment, telephones, handrails, drinking fountains, door handles, sink handles, workstations, light switches, recreation equipment).
- Facilities should implement the following practices:
 - Train staff on cleaning procedures and monitoring cleaning schedules to ensure compliance.
 - Clean frequently touched surfaces at least daily.
 - Clean any shared objects and equipment frequently, based on level of use.
 - Clean and disinfect restrooms frequently, with special attention to high-touch surfaces (such as faucets, toilets, stall doors, door handles, countertops, and light switches). Adequate supplies of soap and paper towels should always be present.
 - Provide workers with appropriate PPE, such as disposable gloves for cleaning activities and handling trash. Hand hygiene should be performed before and after wearing gloves.
- **If a sick person, or someone with COVID-19, has been in the facility (or in a space within a facility) within the last 24 hours, cleaning and disinfection should be**

- performed.** If it has been more than 24 hours, **cleaning** should take place. If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practices) is necessary.
- **Clean and disinfect areas used by infected persons on an ongoing basis during isolation.**
 - Clients in isolation should throw disposable food service items in the trash in their isolation room. Non-disposable food service items should be handled with gloves and washed following food safety requirements. Individuals handling used food service items should clean their hands immediately after removing gloves.
 - Laundry from individuals with COVID-19 can be washed with other people's laundry.
 - Individuals handling laundry from those with COVID-19 should wear a mask, disposable gloves, discard gloves after each use, and clean their hands immediately afterwards.
 - **For comprehensive guidance on cleaning and disinfection, including if someone with COVID-19 was or is at the facility,** please see the DC Health *Guidance on Cleaning and Disinfection for Community Facilities* at coronavirus.dc.gov/healthguidance.

Staff/Volunteer Considerations

- Facilities must provide staff and volunteers with appropriate personal protective equipment (e.g., masks, gloves) and cloth face coverings.
- Facilities should educate staff and volunteers about COVID-19 and provide resources for stress and coping.
 - For more information about mental health and coping during COVID-19, visit coronavirus.dc.gov/MaintainingYourMentalHealth
- Consider offering revised duties to staff who notify you that they are at increased risk for illness from COVID-19. Minimize direct contact with clients for these staff members and regardless of their vaccination status, avoid having them be responsible for providing care to ill clients.
- Staff assignments to quarantine and isolation spaces should remain as consistent as possible.
- Avoid the use of unvaccinated staff or volunteers in quarantine and isolation spaces.
- **Actively encourage staff/volunteers to stay at home if they are sick.** Those with symptoms consistent with COVID-19 should be encouraged to talk to their healthcare provider and seek testing.
- Implement leave policies that are flexible and non-punitive. Leave policies should account for the following:
 - Staff who report COVID-19 symptoms,
 - Staff who were tested for COVID-19 due to symptoms, exposure, or travel and test results are pending,
 - Staff who are isolating due testing positive for COVID-19,
 - Staff who need to quarantine due to close contact exposure to someone who tested positive for COVID-19,
 - Staff who need to stay home with their children if there are school or childcare closures, or to care for sick family members,
 - Staff who need to get the COVID-19 vaccine,
 - Staff who are experiencing side effects from the COVID-19 vaccine
- **Plan for absences.**
 - Identify critical job functions and plan for alternative coverage.
 - Determine minimum levels of staff in all categories required for the facility to function safely. If possible, develop a plan to secure additional staff if absenteeism due to COVID-19 threatens to bring staffing to minimum levels.

Ventilation and Building Considerations

Particles of the virus that cause COVID-19 can cause someone to get sick by inhalation or splash/spray in the eyes, nose, or mouth. This can happen more easily in an indoor environment, particularly if there is poor ventilation, allowing for increased concentration of viral particles to build up if an infected person is in the space, as opposed to outdoors where air movement can rapidly decrease concentrations. The lower the concentration of particles and droplets in the air, the less risk there is that the virus can be transmitted by inhalation or spray, or deposited on surfaces. Outdoor activities are safer than indoors. Improving ventilation systems indoors can provide an additional layer of protection in addition to other mitigation strategies to decrease the risk of spread of COVID-19 in a facility.

- Consider making the following improvements to improve building ventilation ([cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html)).
 - Increase circulation of outdoor air as much as possible, for example by opening windows and doors. Use fans to increase the effectiveness of open windows.
 - Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms).
 - Verify ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
 - Decrease occupancy of spaces with poor ventilation.
 - Improve central air filtration to the highest level compatible with the filter rack, and seal edges of the filter to limit bypass.
 - Check filters to ensure they are within service life and appropriately installed.
 - Turn off any demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours.
 - Consider portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas).
 - Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
 - Consult with a specialist to see what works for your building.

Reporting

- Facilities are required to report to DC Health anytime there are two or more positive COVID-19 cases in staff, volunteers, or clients within a 14-day period.
- Identify a point of contact at the facility that staff members, volunteers, clients, and visitors can notify if they test positive for COVID-19.
- Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website dchealth.dc.gov/page/covid-19-reporting-requirements:
 - Submit a **Non-Healthcare Facility COVID-19 Consult Form**.
 - An investigator from DC Health will follow-up within 24-48 hours to all appropriately submitted notifications.

The guidelines above will continue to be updated as the pandemic evolves. Please visit coronavirus.dc.gov regularly for the most current information.