

Interim guidance for homeless service providers to plan and respond to coronavirus disease 2019 (COVID-19)

This interim guidance is based on what is currently known [about Coronavirus Disease 2019 \(COVID-19\)](#). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

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.

COVID-19 is caused by a new virus. There is [much to learn about the transmissibility, severity, and other features of the disease](#). Everyone can do their part to help plan, prepare, and respond to this emerging public health threat.

CDC has developed recommendations for homeless service providers about how to protect their staff, clients, and guests. The **Before**, **During**, and **After** sections of this guidance offer suggested strategies to help homeless service providers plan, prepare, and respond to this emerging public health threat.

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Before a COVID-19 outbreak occurs in your community: Plan

Although it is not possible to know the course of the outbreak of COVID-19 in the United States, preparing now is the best way to protect people experiencing homelessness, homeless service provider staff, and volunteers from this disease. An outbreak of COVID-19 in your community could cause illness among people experiencing homelessness, contribute to an increase in emergency shelter usage, and/or lead to illness and absenteeism among homeless service provider staff.

Establish ongoing communication with your local public health department to facilitate access to relevant information before and during an outbreak.

Having an emergency plan in place can help reduce the impact of the outbreak. During your planning process, homeless service providers should collaborate, share information, and review plans with community leaders and local public health officials to help protect their staff, clients, and guests. Set a time to discuss what homeless service providers should do if cases of COVID-19 are suspected in their facility, if a confirmed case of COVID-19 is identified in a client, or if a confirmed case of COVID-19 in a person experiencing homelessness is discharged from a local hospital. Identify if alternate care sites are available for clients with confirmed COVID-19 or if service providers should plan to isolate cases within their facility.

Connect to community-wide planning

Find out if your local government has a private-public emergency planning group that meets regularly. Building strong alliances before an outbreak may provide your organization with the support and resources needed to respond effectively. Also, in recognition of the ["whole community"](#) approach to emergency planning and management, your input as community leaders and stakeholders helps ensure that your local government's emergency operations plan is complete and represented.

Develop or update your emergency operations plan

- ✓ **Identify a list of key contacts** at your local and state health departments.
- ✓ **Identify a list of healthcare facilities** and alternative care sites where clients with respiratory illness can seek housing and receive appropriate care.
- ✓ **Include contingency plans** for increased absenteeism caused by employee illness or by illness in employees' family members that requires employees to stay home. These plans might include extending hours, cross-training current employees, or hiring temporary employees.

Address key prevention strategies in your emergency operations plan

- ✓ **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](#).

- ✓ **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 [facemasks](#). Plan to have extra supplies on hand during a COVID-19 outbreak.

Note: Disposable facemasks 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 facemask to wear while staying at the shelter.

- ✓ **Plan for staff and volunteer absences.** Develop flexible attendance and sick-leave policies. Staff (and volunteers) may need to stay home when they are sick, caring for a sick household member, or caring for their children in the event of school dismissals. Identify critical job functions and positions, and plan for alternative coverage by cross-training staff members.

Note: Use a process similar to the one you use when you cover for staff workers during the holidays.

- ✓ **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.
- ✓ **If possible, identify space that can be used to accommodate clients with mild respiratory symptoms and separate them from others.** Most persons with COVID-19 infections will likely have mild symptoms and not require hospital care. Furthermore, it might not be possible to determine if a person has COVID-19 or another respiratory illness. Designate a room and bathroom (if available) for clients with mild illness who remain at the shelter and develop a plan for cleaning the room daily.
- ✓ **Identify clients who could be at [high risk](#) for complications** from COVID-19 (those who are older or have underlying health conditions) to ensure their needs are taken into consideration.

- ✓ Prepare [healthcare clinic staff](#) to care for patients with COVID-19, if your facility provides healthcare services and ensure facility has supply of [personal protective equipment](#).
- ✓ **Plan for higher shelter usage during the outbreak.** Consult with community leaders, local public health departments, and faith-based organizations about places to refer clients if your shelter space is full. Identify short-term volunteers to staff shelter with more usage or alternate sites. Consider the need for extra supplies (e.g., food, toiletries, etc.) and surge staff, ensuring they have personal protective equipment.

Communicate about COVID-19 and everyday preventive actions

- ✓ **Create a communication plan for distributing timely and accurate information during an outbreak.** Identify everyone in your chain of communication (for example, staff, volunteers, key community partners and stakeholders, and clients) and establish systems for sharing information. Maintain up-to-date contact information for everyone in the chain of communication. Identify platforms, such as a hotline, automated text messaging, and a website to help disseminate information to those inside and outside your organization. You also can learn more about [communicating to workers in a crisis](#).
- ✓ **Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers, volunteers, and those you serve.** Learn more about [reaching people of diverse languages and cultures](#).
- ✓ **Help counter [stigma and discrimination](#) in your community.** Speak out against negative behaviors and engage with stigmatized groups.
- ✓ **People experiencing homelessness may be at increased risk of adverse mental health outcomes,** particularly during outbreaks of infectious diseases. Learn more about [mental health and coping](#) during COVID-19.

Get input and support for your emergency operations and communication plans

- ✓ **Share your plans** with staff, volunteers, and key community partners and stakeholders and solicit feedback on your plans.
- ✓ **Develop training and educational materials** about the plans for staff and volunteers.

During a COVID-19 outbreak in your community: Act

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.

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

Put your emergency operations and communication plans into action

- ✓ **Stay informed about the local COVID-19 situation.** Get up-to-date information about local COVID-19 activity from public health officials. Be aware of [temporary school dismissals in your area because these may affect your staff, volunteers, and families you serve.](#)
Note: Early in the outbreak, local public health officials may recommend schools be dismissed temporarily to allow time to gather information about how fast and severe COVID-19 is spreading in your community. Temporary school dismissals also can help slow the spread of COVID-19.
- ✓ **Implement everyday preventive actions and provide [instructions to your workers](#) about actions to prevent disease spread.** Meet with your staff to discuss plans to help clients implement personal preventive measures.
- ✓ **Communicate with your local health department** if you are concerned that clients in your facility might have COVID-19. Learn more about COVID-19 symptoms at: <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>.
- ✓ **Download [COVID-19 posters and CDC Fact Sheets](#) and keep your clients and guests informed about public health recommendations** to prevent disease spread and about changes to services that might be related to the outbreak. Messaging may include:
 - Posting signs at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
 - Providing educational materials about COVID-19 for non-English speakers, as needed.
 - Encouraging ill staff and volunteers to stay home (or be sent home if they develop symptoms while at the facility), to prevent transmitting the infection to others.
- ✓ **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.

Note: Disposable facemasks should be reserved for use by clients who exhibit respiratory symptoms. Clients who become sick should be given a clean disposable facemask to wear while staying at the shelter.

- ✓ Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the shelter.
- ✓ If staff are handling client belongings, they should use disposable gloves. Make sure to train any staff using gloves to [ensure proper use](#).
- ✓ Limit visitors to the facility.

Ensure that clients receive assistance in preventing disease spread and accessing care, as needed

- ✓ In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 3 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.
- ✓ 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.
- ✓ Monitor clients 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.
- ✓ 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.
 - If individual rooms for sick clients are not available, consider using a large, well-ventilated room.

- In areas where clients with respiratory illness are staying, keep beds at least 3 feet apart and use temporary barriers between beds, such as curtains, and request that all clients sleep head-to-toe.
- If possible, designate a separate bathroom for sick clients with COVID-19 symptoms.
- 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. 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

- ✓ **Ensure that all common areas within the facility follow good practices for environmental cleaning.** Cleaning should be conducted in accordance with CDC [recommendations](#).

After a COVID-19 outbreak has ended in your community: Follow Up

Remember, a COVID-19 outbreak could last a long time, and the impact on your facility may be considerable. When public health officials determine the outbreak has ended in your community, take time to talk over your experiences with your clients and staff. As public health officials continue to plan for COVID-19 and other disease outbreaks, you and your organization have an important role to play in ongoing planning efforts.

Evaluate the effectiveness of your organization's plan of action

- ✓ **Discuss and note lessons learned.** Were your COVID-19 preparedness actions effective at your organization? Talk about problems found in your plan and effective solutions. Identify additional resources needed for you and your organization.
- ✓ **Participate in community discussions about emergency planning.** Let others know about what readiness actions worked. Maintain communication lines with your community (e.g., social media and email lists).
- ✓ **Continue to practice everyday preventive actions.** Stay home when you are sick; cover your coughs and sneezes with a tissue; wash your hands often with soap and water; and clean frequently touched surfaces and objects daily.

Maintain and expand your emergency planning. Look for ways to expand community partnerships. Identify agencies or partners needed to help you prepare for an infectious disease outbreak in the future.

COVID-19 Readiness Resources

- Visit www.cdc.gov/COVID19 for the latest information and resources
- COVID 2019 Situation Summary <https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>
- Prevention and Treatment <https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>
- What to Do If You Are Sick <https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>
- Pregnant Women and COVID FAQs <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-faq.html>
- Stigma Related to COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/about/related-stigma.html>
- Mental Health and coping during COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html>
- Handwashing: A Family Activity <https://www.cdc.gov/handwashing/handwashing-family.html>

- Handwashing: Clean Hands Save Lives <http://www.cdc.gov/handwashing>

CDC Interim Guidance for Specific Audiences

- Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>

CDC Communication Resources

- Communication Resources <https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html>
- Print Resources <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>
- Buttons and Badges <https://www.cdc.gov/coronavirus/2019-ncov/communication/buttons-badges.html>

Additional Resources Specific to Homeless Shelters

- Infection Control in Homeless Shelters in the State of Alaska. July 2018 (http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/Homelessness-and-Health/Alaska%20Homeless%20Shelter%20Infection%20Control%20Recommendations_Nov%202018.pdf)
- City of Toronto. Infection Prevention & Control Resources for Homelessness Service Settings (<https://www.toronto.ca/community-people/health-wellness-care/health-info-for-specific-audiences/infection-prevention-and-control-guide-for-homelessness-service-settings/>)
- U.S. Department of Veterans Affairs. Disaster Preparedness Toolkit. Disaster Preparedness to Promote Community Resilience: Information and Tools for Homeless Service Providers and Disaster Professionals (<https://www.va.gov/HOMELESS/nchav/education/VEMEC-Toolkit.asp>)