

COVID-19 Guidance for Homeless Shelters in Utah

Who is the guidance for?

This document provides interim guidance for homeless shelters during the outbreak of novel coronavirus disease 2019 (abbreviated “COVID-19”) to ensure the health and safety of residents and staff. Recommendations may need to be revised as more information becomes available.

Why is the guidance being issued?

Information provided is intended to help homeless shelter staff and their partners understand how to prevent the transmission of COVID-19 within homeless shelters and other locations that provide sheltering services. It also aims to help homeless shelters react quickly should a case be identified in their population. The guidance includes considerations to help administrators plan for the continuity of services if there is community spread of COVID-19.

What is the role of homeless shelters during the COVID-19 outbreak?

COVID-19 is a respiratory illness caused by a novel (new) virus, and we are learning more about it every day. There is currently no vaccine to protect against COVID-19. At this point, the best way to prevent infection is to avoid being exposed to the virus that causes it. Stopping transmission (spread) of the virus through everyday practices is the best way to keep people healthy.

Homeless shelters pose special risks and considerations due to the nature of their unique environment. Persons experiencing homelessness are likely to have less access to appropriate hygiene measures (hand washing facilities) and may have higher rates of other conditions (e.g., asthma, diabetes, or heart disease) or be immunocompromised (taking immunosuppressive medications or have HIV). Additionally, in many sheltering facilities, people are often housed in close contact with one another for prolonged periods of time. The focus of this guidance is on general preventive measures for shelters, reducing the risk of COVID-19 into shelters, and identification and management of COVID-19 cases among the sheltered population.

General guidance for homeless shelters:

General prevention recommendations

- Encourage all persons within the shelter to cough and/or sneeze into their elbow/sleeve or cover their cough or sneeze with a tissue. Throw all tissue in the trash after use. Maintain good hand hygiene by washing with soap and water for at least 20 seconds (the amount of time it takes to sing Happy Birthday *twice*), or using an alcohol-based hand sanitizer, especially after coughing or sneezing. Avoid touching eyes, nose and mouth without cleaning hands.
- Ensure that tissues and hand soap are available within the shelter.
- Children should be assisted in washing their hands with soap and water frequently.
- Make the means for appropriate hand cleansing readily available within the facility. The means for hand cleansing are ideally running water, soap, and hand drying machines or paper towels and waste baskets; alternatively, except in lavatories and food preparation areas, alcohol-based hand sanitizers may be used. Ensure that soap is always in adequate supply. Place [posters](#) that encourage good handwashing technique near hand washing stations.

- Clean all common areas within the facility routinely and immediately, when visibly soiled, with the cleaning agents normally used in these areas. Clean “high-touch” surfaces (i.e., tabletops, doorknobs, handrails, bathroom fixtures, toilets, phones, and keyboards) as frequently as possible. Cups and utensils should not be shared until after washing. Eating utensils should be washed either in a dishwasher or by hand with hot water and soap.
- Open sleeping areas should be set up to prevent crowding, ideally with at least 6 feet separating each cot from the next. Persons should be instructed to sleep head-to-toe to increase the distance between their heads.
- Provide ongoing infection control education to sheltered persons and staff. Use a [variety of media](#) (e.g., posters, newsletters, and videos) to increase the likelihood that employees and homeless persons will comply with infection control recommendations.

Reducing risk of COVID-19 spreading within the shelter

- Evaluate incoming homeless persons and provide a mask to wear if they display symptoms of fever, cough and shortness of breath. Consider referring them to healthcare for evaluation.
- If possible, a separate area or room should be identified in advance to be used to house potentially infectious residents awaiting evaluation or transfer. If several shelter residents with similar symptoms are identified, they may be housed together in one area. Separate areas will need to have extra staff members dedicated to monitoring people housed there and ensuring that the area is kept clean and appropriately supplied.
- Staff with fever, cough, or shortness of breath should stay home (or be sent home if they develop symptoms while at the shelter) and remain at home for 24 hours after symptoms resolve.

Protection of the shelter staff

- Strict adherence to general hygiene practices should be followed. See [Hand Hygiene in Healthcare Settings](#) and [Respiratory Hygiene/Cough Etiquette](#).
- Sheltered persons and staff with coughing, fever or shortness of breath should wear a mask to help prevent transmission of COVID-19 or other respiratory pathogens to close contacts.

Guidance for homeless shelters *with suspected or confirmed cases of COVID-19* in their population:

If known or suspected cases of COVID-19 are identified among homeless persons or staff, the homeless shelter administrators may need to take additional steps to prevent the spread of COVID-19 within the shelter. The first step for the shelter in this situation is to make contact with the local health department. The guidance provided here is based on current knowledge of COVID-19. As additional information becomes available about the virus, how it spreads, and how severe it is, this guidance may be updated. Shelter staff and administrators are encouraged to work closely with local health departments to determine a course of action for their shelter.

- If a shelter resident has mild to moderate COVID-19 symptoms (fever, coughing, shortness of breath) that do not require medical treatment, ask them to wear a mask. Ensure that all sick residents are using good respiratory hygiene and washing their hands frequently.
- If feasible, create additional space around the mild/moderately symptomatic person. Ideally they would have more than 6 feet of space between them and other individuals at all times.

- If possible, house the mild/moderately symptomatic individual with other sick residents away from shelter residents that are not sick. The shelter unit/area containing sick individuals should have dedicated staff members to ensure that the area remains clean and well supplied.
- If feasible, sick shelter residents should be kept separate from well residents until 24 hours after their symptoms have resolved.
- Homeless persons with respiratory symptoms should not be arbitrarily excluded from shelters. However, if a special needs shelter that is better equipped to provide appropriate medical care is available, consider arranging for a transfer to that facility.
- If a shelter resident has severe symptoms of COVID-19 (worsening fever, coughing, difficulty breathing), arrange for transport to medical care. Ensure that the ill shelter resident is wearing a facemask while waiting and during transport. Always call the medical provider first before sending the patient to them.

Additional Resources

- Shelter management during natural disasters: <https://www.cdc.gov/disasters/commshelters.html>
- Use and adaptation of faith-based institutions: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html>
- New York City COVID-19 Homeless Shelter Guidance: <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/guidance-for-homeless-shelters-covid19.pdf>
- National Healthcare for the Homeless Guidance: <https://t.e2ma.net/webview/e8jgcl/39270471477b06ca2ade3ef09d164068>
- HUD Infectious Disease Toolkits for Homeless Continuum of Care: <https://www.hudexchange.info/resource/5985/infectious-disease-toolkit-for-cocs/>