



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™



COVID-19

CDC has updated its guidance for people who are fully vaccinated. See [Recommendations for Fully Vaccinated People](#).


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

Updated June 8, 2021

[Print](#)

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.

Summary of Recent Changes

Updates as of 6/8/2021 

- Updated procedures for fully vaccinated people

[View Previous Updates](#)

Key Points

- COVID-19 vaccines are [safe and effective](#), and widely accessible in the United States.
- Everyone aged 12 years and older is recommended to be [vaccinated](#) against COVID-19 as soon as possible to keep from getting and spreading COVID-19.
- This guidance is intended for homeless service providers. The guidance outlines strategies that service providers can use to help maintain healthy environments and operations, lower the risk of COVID-19 spread in their programs, prepare for when someone is sick with COVID-19, and support coping and resilience.
- Consistent and layered use of multiple prevention strategies can help reduce the spread of COVID-19 and protect people who are not fully vaccinated including clients, staff, and their families.
 - Regardless of vaccination status, all clients, staff, and volunteers should continue wearing masks and maintaining physical distance in shelters.
- This CDC guidance is meant to supplement—not replace—any federal, state, local, territorial, or tribal health and safety laws, rules, and regulations with which homeless shelters must comply.

People experiencing homelessness are at risk for infection during community spread of COVID-19. This interim guidance 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.

COVID-19 is caused by a coronavirus. Transmission 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.

Vaccination is the leading prevention measure to keep clients, staff, and volunteers healthy and help your organization maintain normal operations. [COVID-19 vaccines](#) are safe and [effective](#), widely [available](#), and provided at no cost to people living in the United States. Learn more about the [benefits of getting a COVID-19 vaccine](#). See [Interim Guidance for Health Departments: COVID-19 Vaccination Implementation for People Experiencing Homelessness](#) for more information.

CDC's [Interim Public Health Recommendations for Fully Vaccinated People](#) provides guidance for activities people can safely resume once they are fully vaccinated. At this time, people should continue to follow prevention measures like [physical distancing](#) and wearing a [well-fitted mask](#) in homeless shelters even if they are fully vaccinated. The guidance that follows applies to both vaccinated and unvaccinated people in a shelter setting.

Community-based COVID-19 prevention and response

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 whole community approach to prepare for COVID-19 among people experiencing homelessness

<p>Connect to community planning</p>
<p>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:</p> <ul style="list-style-type: none"> • 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
<p>Identify additional sites and resources</p>
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • Overflow sites to accommodate shelter decompression (to reduce crowding) and higher shelter demands • Isolation sites for people who are confirmed to be positive for or have symptoms of 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 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 for isolation. In addition, plan for how to connect clients to housing opportunities after they have completed their stay in these temporary sites.

Communication

- Stay updated on the [local level of transmission of COVID-19](#) through your local and state health departments.
- Find out where [COVID-19 vaccines](#) are available for staff and clients.
- Communicate clearly with staff and clients.
 - [Promote COVID-19 vaccination](#) among staff and clients.
 - 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).
 - Post signs at entrances and in strategic places providing instruction on [hand washing](#), [cough](#) etiquette, [mask wearing](#), and physical distancing.
 - Provide educational materials about COVID-19 for [non-English speakers](#) or hearing impaired individuals, as needed.
 - Keep staff and clients up to date on changes in facility procedures.
 - Ensure communication with clients and key partners about changes in program policies and/or changes in physical location.
- Identify platforms for communications such as a hotline, automated text messaging, or a website to help disseminate information to those inside and outside your organization. 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 clients. Learn more about [reaching people of diverse languages and cultures](#).

Supplies

Have supplies on hand for staff, volunteers, and those you serve, such as:

- Soap
- Hand sanitizers that contain at least 60% alcohol
- Tissues
- Trash baskets
- Masks
- Cleaning supplies
- Personal protective equipment (PPE), as needed by staff (see below)

Considerations for Staff and Volunteers

- Encourage staff and volunteers to [get vaccinated](#) as soon as they can.
- Provide [training](#) and educational materials related to COVID-19 for staff and volunteers.
- Minimize the number of unvaccinated staff members and volunteers who have face-to-face interactions with clients with respiratory symptoms.
- Develop and use contingency plans for staffing disruptions caused by absenteeism due to employee illness, illness in employees' family members, or possible post-vaccination side effects. These plans might include extending hours, cross-training current employees, or hiring temporary employees.
- Regardless of vaccination status, staff and volunteers who are at [increased 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 staff and volunteers at increased risk so they can continue working while minimizing direct contact with clients.
- Put in place plans on how to maintain physical distancing (remaining at least 6 feet apart) between all clients and staff/volunteers, regardless of vaccination status, while still providing necessary services.
- All staff and volunteers should wear a mask regardless of vaccination status. See below for information on laundering washable masks.
- Staff and volunteers who do not interact closely (within 6 feet) with sick clients and do not clean client environments do not need to wear personal protective equipment (PPE).
- Staff and volunteers should avoid handling client belongings, regardless of vaccination status. If staff or volunteers are handling client belongings, they should use disposable gloves, if available. Make sure to train any staff or volunteers using gloves to [ensure proper use](#) and ensure they perform hand hygiene before and after use. If gloves are unavailable, staff should perform [hand hygiene](#) immediately after handling client belongings.
- Staff or volunteers who are checking [client temperatures](#) should use a system that creates a physical barrier between the client and the screener.
 - Screeners should stand behind a physical barrier, such as a glass or plastic window or partition that can protect the staff member's face from respiratory droplets that may be produced if the client sneezes, coughs, or talks.
 - If physical distancing or barrier/partition controls cannot be put in place during screening, PPE (for example, respirator, eye protection [goggles or disposable face shield that fully covers the front and sides of the face], and a single pair of disposable gloves) can be used when within 6 feet of a client. However, given PPE training requirements and because PPE alone is less effective than a barrier, try to use a barrier whenever you can.
- 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 surgical mask if respirators are not available or staff are not fit tested), disposable gown, and disposable gloves. **Cloth masks 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](#).
- Staff should launder work uniforms or clothes after use using the warmest appropriate water setting for the items and dry items completely.
- Provide resources for stress and coping to staff. Learn more about [mental health and coping](#) during COVID-19.



Facility layout considerations

- 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.

- In dining areas, create at least 6 feet of space between seats, and/or allow either for food to be delivered to client rooms or for clients to take food away. If eating throughout the facility (like on their cots), clients should still remain 6 feet apart from others.
 - Members of the same family, or parents with children, can sit closer than 6 feet together when dining in shared spaces but should remain 6 feet from other clients.
- 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.
- 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.
- 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.

Facility ventilation considerations

- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Increase the indoor delivery of outdoor air as much as possible. Do not open windows and doors if doing so poses a safety or health risk (such as risk of falling, triggering asthma symptoms) to clients, staff, volunteers, or visitors using the facility.
- Ensure exhaust fans in kitchens and restroom facilities are functional and operating at full capacity when the building is occupied. Consider running exhaust fans for several hours before and after occupied times when possible.
 - Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to help [enhance air cleaning](#)  (especially in higher-risk areas such as nurse offices or screening rooms). [Generate clean-to-less-clean air movements](#)  by evaluating and repositioning exhaust fans. Increase total airflow supply to occupied spaces, if possible.

- Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
- Consider using natural ventilation (i.e., opening windows if possible and safe to do so) to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow. If temperatures outside make it difficult to leave multiple windows open, consider safely securing window fans or box fans (sealing the perimeter around the box fan) to blow air out of selected windows. The resulting make-up air will come into the building via multiple leak points and blend with indoor air as opposed to a single unconditioned incoming air stream.
- Improve central air filtration:
 - [Increase air filtration](#) to as high as possible without significantly diminishing design airflow.
 - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
- Consider running the HVAC system at maximum outside airflow for 2 hours before and after occupied times.
- HEPA systems not only capture and remove potentially infectious particles in the air, but their clean air discharge is just as beneficial as fresh outdoor air when it comes to diluting contaminants.
- Consider using [ultraviolet germicidal irradiation \(UVGI\)](#) as a supplemental technique to inactivate potential airborne virus in the [upper-room](#) air of common occupied spaces. Seek consultation with a reputable UVGI manufacturer or an experienced UVGI system designer prior to installing and operating UVGI systems.
- Collaborate with the health department and other community partners to identify resources for improving ventilation and air quality. Some potential sources include [Emergency Solutions Grants Program](#), [Emergency Solutions Grants Program COVID-19](#), [Community Development Block Grant COVID-19](#), and [Coronavirus Relief Fund](#).

For more information about ventilation considerations for buildings, see [COVID-19 Ventilation in Buildings](#).

Facility procedure considerations

- Plan to maintain regular operations to the extent possible.
- Limit visitors who are not clients, staff, or volunteers.
- Do not require a negative COVID-19 viral test or proof of COVID-19 vaccination for entry to a homeless services site unless otherwise directed by local or state health authorities.
- Arrange for continuity of and surge support for mental health, substance use treatment services, and general medical care.
- Identify a designated medical facility to refer clients who might have COVID-19 to receive medical care.
- Keep in mind that clients and staff might be infected without showing symptoms.
 - 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.
 - All clients should wear [masks](#) any time they are not in their room or on their bed/mat (in shared sleeping areas), regardless of vaccination status. Masks should not be placed on children under 2 years old, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

Regularly assess clients and staff for [symptoms](#) regardless of vaccination status.

- - 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 until they are able to be tested for COVID-19.
 - An on-site nurse or other clinical staff can help with testing and clinical assessments.
 - Provide all clients and staff with a mask, regardless of symptoms or vaccination status.
 - Facilitate access to testing and non-urgent medical care as needed.
 - Use standard facility procedures to determine whether a client needs immediate medical attention. Emergency signs include:
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion or inability to arouse
 - Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone
 - Notify the designated medical facility and personnel to transfer clients that the client might have COVID-19.
- Prepare [healthcare clinic staff](#) to care for patients with COVID-19, if your facility provides healthcare services, and make sure your facility has an ample supply of [personal protective equipment](#).
- 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.
- Make sure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Provide hand sanitizers that contain at least 60% alcohol at key points within the facility, including registration desks, entrances/exits, and eating areas.
- [Washable masks](#) used by clients and staff should be [laundered regularly](#). Disposable masks should not be laundered. Staff involved in laundering masks should do the following:
 - Masks should be collected in a sealable container (like a trash bag).
 - Staff should wear disposable gloves and a face mask. Use of a disposable gown is also recommended, if available.
 - Gloves should be [properly](#) removed and disposed of after laundering washable masks; clean hands immediately after removal of gloves by washing hands with soap and water for at least 20 seconds or using hand sanitizer with at least 60% alcohol if soap and water are not available.

When to Clean

Cleaning with products containing soap or detergent reduces germs on surfaces and objects by removing contaminants and may weaken or damage some of the virus particles, which decreases risk of infection from surfaces.

[Cleaning high touch surfaces and shared objects once a day is usually enough](#) to sufficiently remove virus that may be on surfaces unless someone with confirmed or suspected COVID-19 has been in your facility. Disinfecting (using disinfectants on [U.S. Environmental Protection Agency \(EPA\)'s List N](#) [↗](#)) removes any remaining germs on surfaces, which further reduces any risk of spreading infection. For more information on cleaning your facility regularly and cleaning your facility when someone is sick, see [Cleaning and Disinfecting Your Facility](#)

When to Disinfect

You may want to either clean more frequently or choose to disinfect (in addition to cleaning) in shared spaces if certain conditions apply that can increase the risk of infection from touching surfaces.

- High transmission of COVID-19 in your community
- Low number of people wearing masks
- Infrequent hand hygiene
- The space is occupied by people at [increased risk for severe illness from COVID-19](#)

If there has been a sick person or someone who tested positive for COVID-19 in your facility within the last 24 hours, you should clean AND disinfect the space.

Use Disinfectants Safely

Always read and follow the directions on how to use and store cleaning and disinfecting products. [Ventilate](#) the space when using these products.

Always follow standard practices and appropriate regulations specific to your facility for minimum standards for cleaning and disinfection. For more information on cleaning and disinfecting, see [Cleaning and Disinfecting Your Facility](#).

Considerations for creating a long-term strategy in homeless service settings

As community transmission levels decline, some homeless service providers might begin to consider when to modify the facility-level COVID-19 prevention measures described above, such as decompression (reducing crowding) or changes to facility layout and procedures. Because of the increased risk of transmission in homeless shelters, it is important for protections to remain in place if possible. People who are fully vaccinated can follow public health recommendations for individual prevention measures listed [here](#). Fully vaccinated residents of non-healthcare congregate settings should be tested following a known exposure but do not need to quarantine. Below is a list of factors to consider if homeless service providers are weighing the modification of *facility-level* prevention measures. Each of the factors listed below should be considered together; no single factor should be used alone to decide on modification of facility prevention measures. Discuss these factors with your local public health partners. Any modifications to procedures should be conducted in a stepwise fashion with careful monitoring for COVID-19 cases in the community and in the facility.

Community Transmission Levels

- *What is the incidence of COVID-19 cases in the surrounding community?*

The incidence of COVID-19 cases in the community will influence the likelihood of introduction of COVID-19 to a shelter. CDC COVID Data Tracker has a [tool](#) that displays the current level of community transmission at the county level. Increasing [COVID-19 vaccination coverage](#) in the surrounding community is important to help reduce community transmission, but community vaccination levels should not be used alone to decide to modify facility-level prevention measures.

Facility Vaccination Levels

- *What proportion of current clients and staff have been vaccinated against COVID-19?*

Currently, not enough information is available to determine the level of vaccination coverage needed in a facility to modify facility-level prevention measures. However, vaccination significantly decreases the likelihood of infection with the virus that causes COVID-19. Guidance for individuals who are fully vaccinated can be found [here](#).

Note: Vaccination status should not be a barrier to accessing homeless services. Being vaccinated should not be a pre-requisite for entrance to homeless service sites unless directed by state or local health authorities.

Facility and Client Characteristics

- *What proportion of the people staying in your shelter are new each week?*

The amount of turnover in a shelter will impact the ability to estimate vaccination coverage and may increase the likelihood of introducing people infected with the virus that causes COVID-19 into the facility.

- *What is the layout of your facility?*

The amount of time that clients are likely to be in close contact with other clients and staff (such as sleeping or eating in one large room versus separate rooms) can influence the likelihood of transmission. The quality of ventilation in your facility can also influence transmission.

- *What proportion of your unvaccinated clients are at [increased risk for severe COVID-19 illness](#)? Facilities with high proportions of unvaccinated clients who are more likely to get severely ill from COVID-19 should maintain facility-level prevention measures for longer durations.*

Even if your facility, in collaboration with the department of health, decides to modify some of the prevention measures, continue to maintain the following key components of a sustainable approach to infectious disease prevention and response:

1. Monitor COVID-19 activity in your area. For the latest updates on local transmission of the virus that causes COVID-19, use this [CDC COVID Data Tracker tool](#) that displays the current level of community transmission at the county level.
2. Create flexible quarantine and isolation locations that are scalable in case the number of COVID-19 cases in the facility or community [increases](#).
3. Have a plan in place to reduce the number of people staying in the shelter and quickly implement infection prevention procedures (cleaning, disinfection, masks) in response to an identified case in the facility or a rise of transmission in the community.
4. To decrease the risk of other [respiratory](#) and [skin](#) conditions, reduce crowded living conditions and continue connecting people experiencing homelessness to permanent housing.
5. Keep a minimum set of infection prevention and control procedures in place at all times, including
 - Routine baseline cleaning and disinfection protocols;
 - Access to handwashing facilities and supplies; and
 - Regular health evaluations and linkage to medical care, including routine vaccinations.

More Information

[COVID-19 Infection Control Inventory and Planning \(ICIP\) Tool for Homeless Service Providers](#)  [426 KB, 20 pages]

[Checklist for Homeless Service Providers During Community Re-opening](#)

Visit [cdc.gov/COVID19](https://www.cdc.gov/COVID19) for the latest information and resources

[Printable Resources for People Experiencing Homelessness](#)

[Guidance Related to Unsheltered Homelessness](#)

[Department of Housing and Urban Development \(HUD\) COVID-19 Resources](#) 

[ASPR TRACIE Homeless Shelter Resources for COVID-19](#) 

Previous Updates



Updates as of 5/21/2021

- Updated considerations for long term planning and modification of facility-level COVID-19 prevention measures

Updates as of 10/31/2020

- Facility Ventilation Considerations
- Long-term planning for COVID-19 infection control and prevention

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