COVID-19

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

Updated Feb. 10, 2022

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.

Updates as of 2/10/2022

- Updated quarantine and isolation guidance for clients and staff of homeless service sites.
- Modified recommendations for individuals who are "up to date" on COVID-19 vaccination.

View Previous Updates

Key Points

- COVID-19 vaccines are safe and effective, and widely accessible in the United States.
- Everyone ages 5 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 prevention strategies can help reduce the spread of COVID-19, including among clients, staff, and their families.
  - Regardless of COVID-19 vaccination status, all clients, staff, and volunteers should continue wearing well-fitting masks or respirators and maintain 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.

At this time, people should continue to follow prevention measures in homeless shelters, such as physical distancing and wearing well-fitting masks or respirators, even if they are up to date on vaccination. The guidance that follows applies to people in shelter settings, regardless of vaccination or booster status.

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

Connect to community planning
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: • 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
Identify additional sites and resources
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. 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: • 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 or Respirators
- Cleaning supplies
- Personal protective equipment (PPE), as needed by staff (see below)

Considerations for Staff and Volunteers

- Encourage staff and volunteers to get vaccinated or boosted as soon as they can, and stay up to date on COVID-19 vaccinations.
- If staff and volunteers are not up to date on COVID-19 vaccination, minimize the amount of time they spend in face-to-face interactions with clients.
- Provide training and educational materials related to COVID-19 for staff and volunteers.
- 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 well-fitting mask or respirator 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 (KN95 respirators or surgical mask can be used if respirators are not available), 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.
- Following close contact to someone with COVID-19, staff at homeless shelters should quarantine away from the workplace for 10 days from the date of their last known close contact, regardless of their vaccination and booster status. Staff who have come into close contact with someone with COVID-19 should be tested at least 5 days after last known close contact, regardless of vaccination and booster status.
- All homeless shelter staff who have symptoms of COVID-19 or test positive for SARS-CoV-2, the virus that causes COVID-19, should isolate away from work for 10 days from the date symptoms began or the date of the positive test if they do not have symptoms, regardless of their vaccination and booster status.
- Staff may follow general population guidance to end isolation or quarantine in other community settings. For example, staff can follow general population guidance for activities other than returning to work, such as grocery shopping.
- During crisis situations (i.e., staffing shortages that threaten the continuity of essential operations), homeless service providers should consult their state, tribal, local, or territorial health department to consider options for shortening the duration of quarantine or isolation for staff.
  - Reducing quarantine or isolation duration may be recommended for groups at lower risk of infection first (e.g., those who are up to date on their COVID-19 vaccines).
- Maintaining appropriate staffing in homeless shelters is essential to providing a safe work environment for staff and clients. As the COVID-19 pandemic progresses, staffing shortages may occur due to ongoing exposures, illness, or the need to care for family members at home. Homeless shelters must be prepared for potential staffing shortages and have plans and processes in place to mitigate these shortages.
- 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.
  - Clients should isolate for 10 days from the date symptoms began or the date of the positive test if they do not have symptoms, regardless of their vaccination and booster status.
  - In some circumstances, such as severely constrained availability of isolation spaces, it might be necessary to decrease the duration of isolation.
  - Decisions to shorten isolation should be made in coordination with the state, local, territorial, or tribal health department. Clients may follow general population guidance to end isolation or quarantine in other community settings. For example, if a client is working in a setting other than the homeless service site (and it is not a high-risk congregate setting at higher risk for transmission), they may return to work in accordance with the general population guidance.

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 areas at higher risk for transmission, 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 well-fitting masks or respirators over their nose and mouth any time they are not in their room or on their bed/mat (in shared sleeping areas), regardless of vaccination status. Masks or respirators 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 or respirator 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 well-fitting mask or respirator, 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.

- Is a high traffic area, with a large number of people
- Is poorly ventilated
- Does not provide access to handwashing or hand sanitizer
- 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. 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 are up to date with vaccination 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 severe disease and hospitalization. Guidance for individuals who are up to date on vaccination 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 clients are at increased risk for severe COVID-19 illness?*

Facilities with high proportions of clients who are more likely to get severely ill from COVID-19 should maintain facility-level prevention measures even as case counts decline.

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 or respirators) 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
   • 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]

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 11/3/2021

- Updated guidance to reflect authorization of COVID-19 vaccines for children ages 5–11.

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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