



Interim Guidance: Guidance for People Experiencing Homelessness in Shelters and Navigation Centers to Reduce the Risk of COVID-19

Updated December 11, 2020

The following guidance was developed by the San Francisco Department of Public Health and will be posted at www.sfgdcp.org/covid19hcp. This interim guidance may change as knowledge, community transmission, and availability of PPE and testing change.

AUDIENCE: Staff working with people experiencing homelessness in homeless shelters and navigation centers.

Summary of Changes to the Guidance from the 05/23/2020 Version

Guidance has been updated to reflect [CDC Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#), and to include revised recommendations on:

- Wearing of face masks or face coverings by residents
- Prevention measures for staff
- Testing of asymptomatic close contacts of people with COVID-19
- Screening residents and staff for symptoms of COVID-19

Summary of Changes to the Guidance from the 06/19/2020 Version

- Ventilation considerations
- Instructions for managing COVID-19 cases on site

Please see additional [interim guidance documents for people experiencing homelessness](#) and staff in unsheltered settings, including guidance for [Safe Sleeping for Unsheltered Persons](#) and [Safe Sleeping Villages](#).

BACKGROUND: People experiencing homelessness may have an elevated risk of COVID-19 transmission and be especially vulnerable to outbreaks of COVID-19. People experiencing homelessness in shelters and navigation centers may have difficulty isolating from others and may have higher prevalence of underlying conditions associated with severe illness if they develop COVID-19. Transmission of COVID-19 in these settings could also lead to illness and absenteeism among homeless service provider staff. This interim guidance is intended to support staff working in homeless shelters and navigation centers and to help prevent COVID-19 transmission in these settings.

Steps to Prevent COVID-19 Transmission

Put in place social distancing measures to reduce risk of transmission:

Sleeping areas:

- In general sleeping areas beds/mats should be at least 6 feet apart.
- Create temporary physical barriers between beds using sheets or curtains or other materials when possible.
- Arrange beds so that individuals lie head-to-toe relative to each other.
- Move all staff desks so they are at least 6 feet from sleeping areas.



Common areas:

- Allow only one resident in entry or check in at a time.
- Place plexiglass at staff desk/working areas, if possible.
- Rearrange seating in shared dining areas so that there is 6 feet between individuals (e.g., remove every other chair and use only one side of the table).
- Eliminate shared serving utensils when possible.
- Place hand sanitizer or washing stations at entry of eating areas.
- Allow eating outdoors and encourage group activities to take place outdoors as much as possible.

Change or stagger schedules to reduce number of people using facilities at the same time:

- Deliver food or stagger mealtimes
- Stagger the schedule for use of kitchens, living spaces, and recreation areas.
- Create a staggered showering schedule
- Eliminate non-essential group activities; if group activities are conducted, ask residents and staff to remain at least 6 feet apart from one another.

Limit resident movement in and out of the facility:

- Place hand sanitizer at entrance of shelter, and encourage handwashing frequently
- Allow residents to stay in shelters 24/7 if the site and staff can support this AND if social distancing can be maintained.
- Encourage residents to leave only for essential needs.
- Obtain all residents' contact information, including phone, email and emergency contact.
- Document when residents enter and exit the shelter or navigation center.
- Residents cannot enter without appropriate face covering.

Encourage residents and staff to take steps to reduce risk of transmission:

Residents must wear a facemask or covering, per San Francisco Health Order No. C19-12c.

- All clients must wear face coverings any time they are not actively eating, drinking, or in their room and/or on their bed/mat (in shared sleeping areas).
- Face coverings must cover the nose and mouth and may be made from a variety of materials. The most effective fabrics for cloth masks are tightly woven fabrics that are breathable and 2-3 layers.
- Do not wear masks with ventilation valves or vents.
- Cloth face coverings should be washed frequently with detergent and hot water and dried on a hot cycle.
- Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Place [signs](#) throughout the facility with reminders about hand hygiene, cough etiquette, and reporting any symptoms to staff.
- Encourage residents and staff to wash their hands often with soap and water for at least 20 seconds before eating, after going to the bathroom, after blowing their nose, coughing, or sneezing, and before and after touching face or face coverings.



- If soap and water are not easily available, use an alcohol-based hand sanitizer with at least 60% alcohol

Use Personal Protective Equipment (PPE) in accordance with CDC recommendations:

CDC recommendations for Personal Protective Equipment (PPE) for homeless service providers are included in the [CDC Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#). Sites should refer to the CDC webpage for the most up-to-date guidance. As of 10/31/2020, CDC recommendations for homeless service providers include the following:

- Advise staff to avoid handling client belongings if possible. If staff must handle client belongings, they should use disposable gloves.
- Train staff 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 who are checking client temperatures should use a system that creates a physical barrier between the client and the screener as described by the CDC at www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren.
 - 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 social distancing or barrier/partition controls cannot be put in place during screening, CDC recommends the following PPE when staff must be within 6 feet of a resident:
 - Facemask (surgical or procedural mask)
 - Eye protection (goggles or disposable face shield that fully covers the front and sides of the face)
 - Disposable gloves.
- Staff should launder work uniforms or clothes after use using the warmest appropriate water setting for the items and dry items completely.
- For an interim framework of PPE recommendations based on potential exposure risk, the City and County of San Francisco has developed a framework for PPE use for CCSF personnel working in settings with significant commingling of individuals of varying COVID-19 status that takes into account the risk of COVID-19 virus transmission during various activities and limitations in PPE resources. "Interim Framework During the COVID-19 Pandemic for PPE Use by City and County of San Francisco (CCSF) Disaster Service Workers and Contractors Working in Settings with Significant Commingling of Individuals with Varying COVID-19 Status" can be found at www.sfgdcp.org/covid19hcp under "Personal Protective Equipment."
- See [Interim PPE recommendations](#) for maintenance staff posted at www.sfgdcp.org/covid19.

Clean and disinfect:

Review [SFPDH guidelines on cleaning and disinfectant safety](#). Non-disposable dishes and silverware may be used and washed according to routine procedures.

Supplies:



- Maintain adequate supplies of hygiene materials
- Ensure all sinks are well-stocked with soap and drying materials.
- Make alcohol-based hand sanitizer and tissue widely available throughout the facility (i.e. registration desks, entrances/exits, and eating areas)
- Place facial tissues at entrances and community areas.
- Ensure there are enough plastic-lined wastebaskets for proper disposal of used tissues.
- Make cleaning supplies readily available to staff to clean frequently touched surfaces as needed.
- Use [EPA-approved cleaning/disinfectant product](#) effective against coronavirus (CDC List N).

Schedule:

- Update the cleaning schedule and procedures.
- Follow wet contact time on the disinfectant label and other manufacturer instructions for use.
- Clean and disinfect frequently touched surfaces in common areas, staff areas, and resident living and sleeping areas at least daily.
- Increase frequency of cleaning and disinfection for shared bathrooms.

When handling waste:

- Wear gloves.
- Only handle trash bags by their empty upper sections. Do not hold the trash bag against your body.
- Tie the trash bag off before placing it into the conventional (municipal) waste.

When doing laundry:

- Do not shake dirty laundry; this minimizes the possibility of dispersing virus through the air.
- Wash items as appropriate in accordance with the manufacturer's instructions.
- Launder items using the warmest appropriate water setting for the items and dry items completely.
- Dirty laundry that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

Ventilation

All establishments must comply with the ventilation protocols at Section 4.i of the [Stay-Safer-At-Home Order](#), including reviewing SFPDH's guidance for improved ventilation available at: www.sfgdcp.org/COVID-ventilation.

The Role of Ventilation

Good ventilation controls droplets and infectious particles to prevent COVID-19 transmission by:

- removing air containing droplets and particles from the room
- diluting the concentration of droplets and particles by adding fresh, uncontaminated air,
- filtering room air, removing droplets and particles from the air



Make Necessary Ventilation Improvements, if Feasible, Including:

- Open windows to increase natural ventilation with outdoor air when health and safety allow. When possible, consider also leaving room doors slightly open to promote flow of outdoor air through the indoor space.
 - Do not prop or wedge open fire doors. Continue to follow fire and building safety requirements.
 - If open windows pose a risk of falls for children, use window locks to keep windows from opening more than 4 inches, or other safety devices to prevent falls.
- If your program has an HVAC system (sometimes called mechanical ventilation, forced air, or central air), follow the recommendations in [SFDPH Ventilation Guidance](#). Prioritize maximizing the intake of outdoor air and minimizing recirculated air during the COVID-19 pandemic. Recommendations include:
 - Make sure the HVAC system is checked by a professional and is working properly.
 - Open outdoor air dampers and close recirculation dampers (“economizers”). This will maximize the amount of outdoor air that the HVAC system takes in and minimize the amount of indoor air that is recirculated.
 - If you can use higher-efficiency air filters without reducing airflow or damaging your HVAC system, use air filters rated MERV13 or better.
 - Disable “demand-control ventilation controls” so fans keep running even when a room doesn’t need to be heated or cooled.
 - Keep the HVAC system running even when the building is not being used, if you can. If your HVAC system has a timer, set it to run, at a minimum, from 1-2 hours before the building opens until 2-3 hours after everyone has left the building, including custodial staff.
- Consider using portable air cleaners (“HEPA filters”).
- If the establishment uses pedestal fans or hard mounted fans, adjust the direction of fans to minimize air blowing from one individual’s space to another’s space.

For more information and additional resources, please see the following: San Francisco Department of Public Health (SFDPH): www.sfdcp.org/COVID-ventilation

Identify and Isolate Potential COVID-19 Cases

Screening overview:

Anyone reporting one or more NEW symptoms of COVID-19 (that cannot be explained by a pre-existing condition) should be immediately masked and isolated. Let your direct supervisor know that you have identified a resident who is exhibiting symptoms of COVID-19.



Designate a limited number of [staff members to conduct screening and use appropriate PPE](#). Ask the person being screened if they have any one of the [following signs or symptoms](#), which are new or not explained by a pre-existing condition:

- Fever, Chills, or repeated shaking/shivering
- Cough
- Sore throat
- Shortness of breath or difficulty breathing
- Feeling unusually weak or fatigued
- Loss of taste or smell
- Muscle pain or body aches
- Headache
- Runny or congested nose
- Diarrhea
- Nausea or vomiting

For detailed instructions on screening, [see SFDPH symptom screening guidance](#)

Screen staff for COVID-19 symptoms:

Perform daily temperature and [symptom screening](#) of staff prior to start of shift and keep a log. Communicate clearly to staff that they should not report to work if they feel ill with cold or flu-like symptoms.

- Instruct staff who develop any symptom of COVID-19 while at work to immediately stop work, alert their supervisor, and leave the facility.
- Symptomatic staff should call their doctor, SFDPH Communicable Disease Control 415-554-2830, or [make an appointment to get tested](#).
- Staff of shelters and navigation centers are essential personnel and:
 - As essential personnel, you might be able to continue to work after being in contact with a COVID-19 positive or suspected case as long as you have no symptoms and continue to wear a mask. This depends on your specific employer's policy. In addition, this may not be the case if your contact is ongoing (e.g. if you live with a person who tested COVID-19 positive and cannot remain isolated from that person). You would also need to follow home quarantine steps while not work.
 - As essential personnel, you can [make an appointment to get tested](#) even if you don't have any symptoms or were not a Close Contact¹ of a case.

Screen residents for COVID-19 symptoms:

Implement a protocol for at-least daily monitoring of residents for COVID-19 symptoms.

- Clients must wear a face mask or cloth face covering when being screened.
- Take their temperature with a non-touch (infrared) thermometer.
 - For the purpose of screening, SFDPH defines a fever as a temperature $\geq 100.4^{\circ}\text{F}$ (38.0°C)
 - If the individual says they felt like they had a fever, consider this a symptom even if the measured temperature was normal.
- If an individual reports any symptoms or has a temperature $\geq 100.4^{\circ}\text{F}$ (38.0°C), follow the steps for isolation below.

¹ **Close Contact** refers to people in your home, your sex partners, and people who take care of you or who you take care of. Also considered close contacts are people who stayed within 6 feet of you for more than 15 minutes in a 24-hour period, regardless of masking.



- If an individual has a temperature <100.4, they may remain in the shelter or navigation center if no other symptoms.
- In addition to regular screening, encourage residents who develop symptoms to report those symptoms to designated staff member(s).

If a resident has suspected or confirmed COVID-19:

If a resident is:

1. Identified with fever or any symptom above
OR
2. Has confirmed COVID-19 infection
OR
3. Is an identified CLOSE CONTACT to someone with COVID-19

Then identify a space where the resident may be isolated from other residents (ideally a room separated by a door) while awaiting further evaluation.

- Immediately provide a mask to the resident and isolate from other residents.
- If this is a medical emergency or the resident has trouble breathing, persistent pain or pressure in the chest, new confusion, or blue lips/face, call 911 for further evaluation.
- Notify your direct supervisor and onsite DPH shelter health staff (if onsite).

Normal Business hours; 7 days a week

- From 7am-7pm, (if the resident does not have trouble breathing, is alert, and has normal skin color) use the link below to refer the resident to an Isolation and Quarantine hotel.
<https://covid19isorequest.getcare.com/referral>
- From 7am-7pm, you may call **628-652-2820** to talk with a nurse if you have questions about the referral.

After Hours; 7 days a week

- From 7pm-7am, you may call the DPH Clinical Consult line at **415-554-2830** for medical support.
- From 7pm-7am, identified **close contacts with NO symptoms** in congregate and non-congregate settings may isolate in the designated isolation room until morning, when they can be referred to the Isolation and Quarantine Hotel.
- From 7pm-7am, a resident with COVID-19 or who is symptomatic should be given a mask and isolated in room with a private bathroom while next steps are being determined by staff. Next steps are determined by community transmission rates.
 - Surge level green, orange, yellow: During low rates of community transmission resident with COVID-19 or who is symptomatic should be sent out of the facility for testing and/or isolation.



- Surge level red, purple: During high rates of community transmission a resident who is symptomatic should isolate in a private room and, if possible, a separate bathroom should be designated for these clients.
- Surge level red, purple: During high rates of community transmission a resident with COVID-19 should be isolated away from others with a private room and a designated bathroom onsite.
- At 7am, the resident can be referred to isolation and quarantine through <https://covid19isorequest.getcare.com/referral>

Communication When a Resident has Suspected or Confirmed COVID-19

SHELTER STAFF

- Staff should notify their direct supervisor.
- Before the resident leaves the shelter, shelter staff should inform them that they cannot return to any congregate shelter while awaiting COVID-19 test results or if they are confirmed to have COVID-19.

SHELTER SUPERVISOR

- Shelter supervisor should notify their direct city program manager and/or CCC Program manager and direct city supervisor.
- Shelter supervisor should notify outbreak management at PEHoutbreak@sfdph.org
- Shelter supervisor should notify onsite DPH shelter health staff (if applicable).
- Shelter supervisor will work DPH on general exposure notification of COVID-19 case to site.

If a shelter resident tests positive for COVID-19, DPH will take the following steps in partnership with shelter or navigation center.

- DPH will work with CCC leadership and shelter/navigation center leadership to notify staff and residents of COVID-19 case.
- DPH Outbreak Management will be available to answer questions from residents or staff.
- DPH will conduct a case investigation including identification of Close Contacts.
- DPH may recommend testing of residents and staff.

Follow up After Suspected or Confirmed COVID-19

Increase frequency of resident and staff symptom screening:

- Augment symptom and temperature screening of all staff and residents to twice daily if possible.
- Refer symptomatic residents to the I/Q team.



Resources

[Preventing Aerosol Transmissible Disease: A Reference Guide for Homeless Shelters and Residential Treatment Facilities](#)

San Francisco Department of Public Health (SFDPH):

- [Guidance for Persons Experiencing Homelessness](#)
- [PPE During the COVID-19 Pandemic](#)
- [Health Order C19-12b requiring Face Coverings](#)

Centers for Disease Control and Prevention

- [Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)
- [Resources to Support People Experiencing Homelessness](#)

California Department of Public Health:

- [General COVID-19 Information from CDPH](#)
- [Flowchart for triage and placement](#)
- Guidance on [screening, triage, and placement](#)

National Health Care for the Homeless Council [Pandemic Flu Guidance](#)