



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

UPDATED June 19, 2020

The following guidance was developed by the San Francisco Department of Public Health and will be posted at [www.sfdcp.org/covid19hcp](http://www.sfdcp.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

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 shelters 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

#### Decompress the shelter population:

Move residents from shelter and navigation centers to alternate sites to achieve social distancing of six feet for all life activities including sleeping, eating, toileting, and walking in and out of the facility.

- Prioritize moving [vulnerable individuals](#) such as people over 60 years old and/or have chronic comorbidities.

Develop and implement a plan to assess medical and social needs of clients to ensure they are safe and well supported at Department of Homelessness and Supportive Housing/Department of Human Services (HSH/HSA) locations.

Identify staff to support clients with their medical and social needs at HSH/HSA locations.

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

Sleeping areas:

- In general sleeping areas beds/mats should to be at least 6 feet apart.
- Create temporary physical barriers between beds using sheets or curtains 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.
- Consider placing plexiglass at staff desk/working areas.
- Rearrange seating in shared dining areas so that there is more space (ideally 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, encourage 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
- Make efforts to allow residents to stay in shelters 24/7 if social distancing can be maintained and 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.

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

- Residents should wear a facemask or covering, per San Francisco Health Order No. C19-12b.
- Face coverings should cover the nose and mouth and may be made from a variety of materials, such as bandanas, scarves, t-shirts, sweatshirts or towels.
- Cloth face coverings should be washed frequently with detergent and hot water and dried on a hot cycle.
- 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



5/31/2020, 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 [here](#).
  - 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.sfcddcp.org/covid19hcp](http://www.sfcddcp.org/covid19hcp) under "Personal Protective Equipment."
- Interim PPE recommendations for maintenance staff can be found [here](#).

### **Clean and disinfect:**

Review [SFDPH 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.
- 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.

## Identify and Isolate Potential COVID-19 Cases

Anyone with suspected COVID-19 and should be immediately masked and isolated. Contact the onsite or on-call provider to complete an assessment and consideration for testing if indicated.

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:

- |  |   |
|--|---|
| <input type="radio"/> Fever, Chills, or repeated shaking/shivering | <input type="radio"/> Loss of taste or smell  |
| <input type="radio"/> Cough  | <input type="radio"/> Muscle pain             |
| <input type="radio"/> Sore throat                                  | <input type="radio"/> Headache                |
| <input type="radio"/> Shortness of breath or difficulty breathing  | <input type="radio"/> Runny or congested nose |
| <input type="radio"/> Feeling unusually weak or fatigued           | <input type="radio"/> Diarrhea                |

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

### **Screen residents for COVID-19 symptoms:**

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

- Clients should wear a face mask or cloth face covering when being screened.
- the person being screened has not had any symptoms, take their temperature with a non-touch (infrared) thermometer.
  - For the purpose of screening, SFPDPH defines a fever as a temperature  $\geq 100.0^{\circ}\text{F}$  ( $37.8^{\circ}\text{C}$ )



- 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  $\geq 100^{\circ}\text{F}$  ( $37.8^{\circ}\text{C}$ ), follow the steps for isolation below.
- In addition to regular screening, encourage residents who develop symptoms to report those symptoms to designated staff member(s).

### **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.
- Staff should get tested and isolate at home while waiting results. If staff do not have a private room and bathroom to isolate, they can [access a first responder hotel site](#)
- 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 an essential personnel, you may continue to work after being in contact with a COVID-19 positive or suspected case as long as they have no symptoms and continue to wear a mask;
  - As an essential personnel you can [make an appointment to get tested](#) even if you don't have any symptoms or were not a Close Contact<sup>1</sup> of a case.

### **If a resident has suspected or confirmed COVID-19:**

Identify a space where residents who screen positive may be isolated from other residents (ideally a room separated by a door) while awaiting further evaluation.

If a resident is identified with fever or any symptom above, or has confirmed COVID-19 infection:

- immediately provide a mask to the resident and isolate from other residents, including other residents with possible symptoms of COVID-19, while awaiting evaluation or transport.
- Contact the onsite DPH shelter health staff or call the Homeless Medical Response line at 415-369-7969 between 7 am – 7 pm to complete an assessment and consider COVID-19 testing if indicated. The onsite shelter health staff or on-call provider will evaluate residents who screen positive.
- If the resident does not have severe symptoms and they are willing to relocate:
  - Refer to the Isolation and Quarantine (IQ) intake team at 628-652-2820 between 7 am – 8 pm; OR
  - Place a referral at <https://covid19isorequest.getcare.com/referral>.
- If the resident has severe symptoms or needs a medical visit:

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<sup>1</sup> [Close Contact](#) includes spending more than 10 minutes within 6 feet of someone with Confirmed COVID-19 who was not wearing a face mask, or having direct contact for any amount of time with bodily fluids and/or secretions of someone with Confirmed COVID-19 (e.g., was coughed or sneezed on, shared utensils with, or was provided care by or provided care for them without wearing a mask, gown, and gloves).



- call EMS for transport at 415-487-5046 if 911 activation is not necessary; AND
- include a note with the patient that they cannot return to the shelter if awaiting COVID-19 tests results or confirmed to have COVID-19, and include the IQ intake team phone number 628-652-2820.
- If no DPH shelter health or on-call provider is available call DPH COVID-19 Clinical Consult Line at 415-554-2830 (available 24/7, seven days a week).

### Communication When a Resident has Suspected or Confirmed COVID-19

If the resident is sent out to a clinic or hospital, DPH shelter health on-call provider should call the receiving medical facility and notify them that client cannot return with pending or positive COVID-19 test results and recommend referral to IQ site.

- The above staff member should follow up on the COVID-19 test results of residents sent to medical facilities and verify that the resident was referred to the IQ intake team.
- Staff should also notify the Department of Homelessness and Supportive Housing (HSH) and provide confirmation of any shelter guests moved to DPH IQ hotels: HSH Interim Director, Abigail Stewart Khan (415-314-7902) or HSH/EOC Lead, Dylan Schneider (415-961-8257).

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

- As soon as DPH becomes aware of the case, HSH will be notified, and they will inform shelter or navigation center leadership.
- DPH will work with HSH and shelter or navigation center leadership to notify staff and residents of COVID-19 case.
- DPH contact 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
- All Close Contacts will be offered I/Q beds

### Follow up and Cleaning 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.

#### **HSA and HSH will help provide the following support:**

- Arrange for deep cleaning/disinfection of the shelter or navigation facility and continue enhanced hygiene practices described above. Contact HSH if support is needed for cleaning.
- Prioritize moving [elderly and vulnerable populations](#) to alternate sites if possible when a COVID-19 positive case is identified in a shelter or navigation center.

### Resources

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](#)

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

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