Interim Guidance: 
Preventing and Managing COVID-19 Transmission in Shelters and Navigation Centers
Updated May 23, 2020

Note: This document was updated from the document “Preventing COVID-19 among Persons Experiencing Homelessness,” to reflect ongoing community transmission in San Francisco.

AUDIENCE: The following guidance was developed by the San Francisco Department of Public Health for use by people experiencing homelessness, homeless shelters, and navigation centers.

If you are experiencing homelessness, you are at higher risk for COVID-19 because you may not be able to isolate yourself from others. If you have chronic medical problems, you may be at higher risk for severe disease. You can decrease your risk!

Please see our interim guidance documents for people experiencing homelessness and staff in unsheltered settings:

- Safe Sleeping for Unsheltered Persons
- Safe Sleeping Villages

All of these guidance documents can be found at www.sfcdcp.org/covid19 under “Persons Experiencing Homelessness.”

BACKGROUND: Novel coronavirus disease, or COVID-19, is a new respiratory disease that can spread from person to person. Most people who get the infection have no symptoms or mild symptoms of a cold. Some people have gotten very sick from it and need to be hospitalized – especially people who are older and have chronic medical conditions. The most common signs and symptoms of infection include fever, cough, difficulty breathing, fatigue, muscles aches, sore throat, and headache. Nausea, vomiting, or diarrhea are less-common symptoms of COVID-19. At present, there is no vaccine to prevent COVID-19 and no treatment after someone has been exposed to COVID-19. The best way to prevent the spread of the virus is to avoid being exposed to the virus.

GUIDANCE FOR SHELTERS AND NAVIGATION CENTERS

STEPS TO PREVENT COVID-19 TRANSMISSION:

1. 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.
• 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 (HSA/HSH) locations.

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

• Prioritize moving individuals who are over 60 years old and/or have chronic co-morbidities (cardiovascular disease, pulmonary disease, cancer, HIV, or other immunosuppressive conditions) to alternate HSA/HSH locations when it is safe to do so.

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

• Sleeping areas
  o In general sleeping areas beds/mats should to be at least 6 feet apart.
  o Create temporary physical barriers between beds using sheets or curtains when possible.
  o Arrange beds so that individuals lie head-to-toe relative to each other.
  o Move all staff desks so they are at least 6 feet from sleeping areas.
  o If feasible, encourage people staying in encampments to set up their tents/sleeping quarters with at least 12 feet x 12 feet of space per individual

• Common areas
  o Allow only one resident in entry or check in at a time.
    - Consider placing plexiglass at staff desk/working areas.
  o Deliver food or stagger mealtimes to reduce crowding in shared dining areas and eliminate shared serving utensils when possible. Allow eating in outdoor space if possible.
  o 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).
  o Place hand sanitizer or washing stations at entry of eating areas.
  o Encourage dining and other group activities to take place outdoors as much as possible.
  o Stagger the schedule for use of common areas such as kitchens, living spaces, and recreation areas.
  o Create a staggered showering schedule to reduce number of people using facilities at the same time.
  o Eliminate non-essential group activities; if group activities are conducted, encourage residents and staff to remain at least 6 feet apart from one another.

3. Limit resident movement in and out of the facility:

• Place hand sanitizer at entrance of shelter, and encourage handwashing frequently, particularly before going to common areas and when returning to shelter.

• 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. Navigation centers are already 24/7 facilities and should encourage residents to shelter in place if social distancing can be achieved and only leave 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.

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

   • **Educate residents and staff**
     - Place signs throughout the facility with reminders about hand hygiene, cough etiquette, and reporting any symptoms to staff. Printable resources in multiple languages can be found at: [https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html](https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html) and [https://sf.gov/get-coronavirus-posters-and-flyers](https://sf.gov/get-coronavirus-posters-and-flyers)
     - Educate residents and staff on basic infection control measures for respiratory infections, including hand hygiene, respiratory hygiene, cough etiquette, and wiping down and sanitizing sinks after use.
     - Encourage residents and staff to wash their hands often with soap and water for at least 20 seconds:
       - Especially before eating, after going to the bathroom, or after blowing their nose, coughing, or sneezing.
       - If soap and water are not easily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
     - Ensure shelter leadership and staff know who their occupational health contact will be in case of an exposure.
     - Encourage all staff and clients to get the influenza vaccine to prevent illness similar to COVID-19.

   • **Use personal protective equipment (PPE)**
     - Clients and staff should wear face masks or coverings at all times when they might encounter other people.
       - 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. Always wash your hands, or use hand sanitizer, before and after touching your face or face coverings. Cloth face coverings should be washed frequency with detergent and hot water and dried on a hot cycle.
     - Staff should wear disposable gloves when handling necessary to handle clients’ belongings.
     - 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 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.sfcdcp.org/covid19hcp](http://www.sfcdcp.org/covid19hcp) under “Personal Protective Equipment.”
5. Clean and disinfect the environment:

- 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.

- Update the cleaning schedule and procedures
  - Review SFDPH guidelines on cleaning and disinfectant safety (posted at www.sfcdcp.org/covid19 under “Cleaning Recommendations”).
    - Use hospital-grade EPA-approved cleaning/disinfectant product effective against coronavirus (CDC List N) or with emerging viral pathogens claim.
    - 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.
  - Maintenance staff should wear barrier masks or fitted or unfitted N95s depending on facility policy during cleaning at shelters and navigation centers. Face shields should be used if cleaning involves splashing of water or cleaning product during cleaning.
  - Non-disposable dishes and silverware may be used and washed according to routine procedures.
  - 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. If possible, 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 POTENTIAL COVID-19 CASES:
At this time, given sustained community transmission of COVID-19 in San Francisco, anyone who feels ill with cold or flu-like symptoms (such as fever, cough, sore throat, runny nose, sneezing, new shortness of breath, or muscle aches) is considered to have 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.

1. Screen residents and staff for respiratory symptoms:
   - **Residents**
     - Implement a protocol for at least daily monitoring of residents for acute respiratory illness. Screening should include temperature measurement and assessment for symptoms including fever (subjective fever or measured temperature of 100.4°F/38°C or higher), cough, new shortness of breath, sore throat, runny nose, or muscle aches.
     - Designate a limited number of staff members to conduct screening (including temperature measurement with a non-contact thermometer). Staff members conducting screening should wear surgical masks or either fitted or unfitted N95 respirators.
     - If a resident screens positive, immediately mask and isolate the person. Contact the onsite or on-call provider to complete an assessment and consider testing for COVID-19 if indicated.
     - 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.
     - In addition to regular screening, encourage residents who develop symptoms to report those symptoms to designated staff member(s).
   - **Staff**
     - Shelter staff are considered first responders in San Francisco, and will have access to first responder support and privileges.
     - Close contact is considered at least 10 minutes of time, within 6 feet of space without a face covering. Staff who keep 6 feet apart, with a face covering, have a low risk of exposure. Public health experts are not recommending testing for asymptomatic contacts of people with COVID-19.
     - Communicate clearly to staff that they should not report to work if they feel ill with cold or flu-like symptoms.
     - Perform daily temperature and symptom screening of staff prior to start of shift and keep a log.
       - As for residents, designate a limited number of staff to conduct screening.
     - Instruct staff who develop signs and symptoms of a respiratory infection while at work to immediately stop work, alert their supervisor, and leave the facility. They should self-isolate at home while awaiting testing, or if this is not safely possible, they will be offered I/Q sites for self-isolation.
       - Advise symptomatic staff to call their primary care physician or the SFDPH Communicable Disease Control at 415-554-2830 for referral to expedited testing.
     - Staff of shelters and navigation centers are considered essential personnel. Thus, staff with known exposures to COVID-19 positive persons can continue to work as long as they have no symptoms and continue to wear a surgical mask.
2. Isolate residents with acute respiratory illness or confirmed COVID-19:
   - If a resident is identified with fever or respiratory symptoms, or with confirmed COVID-19 infection, they should be masked immediately and isolated from other residents while awaiting evaluation or transport.
   - Contact the onsite or on-call provider to complete an assessment and consider COVID-2019 testing if indicated.
   - The onsite shelter health nurse or mobile outreach provider will evaluate residents who screen positive. If the resident does not have severe symptoms, a designated staff member will contact the Isolation and Quarantine team at 415-613-0336. The Isolation and Quarantine team will conduct an assessment and arrange transport to the Isolation and Quarantine site. If no provider is on site call Communicable Disease Control 415-554-2830.
   - If the resident has severe symptoms or needs a medical visit, arrange for the resident to receive immediate medical care (call EMS for transport at 415-487-5046 if 911 activation is not necessary). Please 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 Containment team information at 415-613-0336.
     - Each shelter or navigation center should work with shelter health to identify a staff member to alert the medical facility that the resident cannot return to the shelter or navigation center while awaiting COVID-19 test results or if confirmed to have COVID-19, and instruct the facility to contact the Isolation and Quarantine site for placement.
     - This staff member should also follow up results of residents sent to the emergency room for evaluation and notify the Containment team at 415-613-0366 if a resident tests positive for COVID-19. Staff may also consider alerting the Department of Homelessness and Supportive Housing (HSH) and file a critical incident report.

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

1. Communicate with staff and residents:
   - As soon as DPH becomes aware of the case, DPH will inform shelter or navigation center leadership. HSH may be notified at a later point.
   - DPH will work with 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.
   - Advise all staff:
     - Continue to wear a facemask while at work.
     - If staff develop respiratory symptoms or fever they must immediately cease direct contact with shelter guests. They should continue to wear their facemask and notify their supervisor prior to leaving work.
If a symptomatic staff person is concerned about potentially exposing a vulnerable or immunosuppressed person in their home, they may be offered a place to stay. Please contact the Isolation and Quarantine Team at 415-613-0336 for assistance.

2. Identify close contacts and refer to Isolation/Quarantine sites:
   • Shelter/Navigation Center Case Investigation Team will identify shelter residents who were close contacts (contacts who the patient identifies as having more than 10 minutes of interaction less than 6 feet away without a face covering, and bedmates within 6 feet of case).
   • All residents identified as close contacts will be offered I/Q beds.
   • If residents identified as close contacts are unwilling to go to I/Q beds, they will be discharged from the shelter.
   • If close contacts are symptomatic, they will be offered testing.
   • Testing will not be offered to asymptomatic residents who were close contacts.

3. 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.

4. HSA and HSH will help provide the following support:
   • Arrange for cleaning
     o 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
     o Less than 1 year or at least 60 years old.
     o Pregnant.
     o Chronic co-morbidities (e.g. cardiovascular disease, pulmonary disease, morbid obesity, HIV/immune compromise, diabetes, on hemodialysis, or liver disease).

FOR ADDITIONAL INFORMATION:
This and other clinical guidance specific to San Francisco are posted online at www.sfcdcp.org/covid19.

Additional resources addressing respiratory illnesses among shelters and navigation centers:
• California Department of Public Health:
  o General updates: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx
Guidance on screening, triage, and placement


- National Health Care for the Homeless Council Pandemic Flu Guidance
- CDC guidance update for homelessness is now a suite of documents connected to an FAQ page here: https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/