

# Guidance for Homeless Service Providers

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## General Information

- Download [CDC COVID-19 posters and fact sheets](#) and keep clients and workers informed about public health recommendations. Workers and clients should practice [everyday preventive actions](#).
  - Post signs at entrances and gathering places (bathroom, eating area, etc.) that give instructions on hand and respiratory hygiene (cover cough and sneezes with elbow or tissue; put used tissues in a plastic trash bag then wash hands for at least 20 seconds).
  - Provide this information for non-English speakers and those with disabilities.
- Limit points of entry into the facility so entrances can be monitored 24/7.
- If possible, provide alcohol-based hand sanitizer (at least 60% alcohol) at entrance, check-in desk, in eating areas etc.
- If hands are visibly dirty, always use soap and water to clean them. Keep soap and drying materials stocked at every sink.
- If able, provide masks to clients with respiratory symptoms (cough, fever). If supply is limited, reserve masks for workers to use during client interaction. [See CDC guidance based on supply levels](#).
- Screen clients for symptoms (fever, cough, difficulty breathing) and risk factors (older, underlying health issues) at check-in.
  - Isolate clients with symptoms as soon as possible.
  - Monitor all high risk clients for COVID-19 complications more frequently:
    - People over 60 years of age.
    - People, regardless of age, with underlying health conditions such as cardiovascular disease, diabetes, cancer, heart disease, or chronic lung diseases like COPD, as well as those with severely weakened immune systems.
- Designate separate isolation and quarantine areas/floors. [See CDC quarantine and isolation guidance](#).
  - Clearly mark each area with easy to read signage (ideally use symbols/pictures).
- Map entry and exit routes for isolation clients.
  - Route should not cross path with main entry/exit of quarantine clients.
  - If possible, designate one elevator for access to isolation floors.
  - Ensure food/medicine delivery and trash removal follow isolation route.
- Create a schedule for common areas, eating times and bathroom use so all clients can maintain a distance of ideally 6 feet.
- Have workers hand supplies or food to clients, rather than clients reaching into common supplies.

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## Housing/Sleeping Areas

- For those who do not have respiratory symptoms, place beds at least 3 feet apart in an alternating head/foot pattern.
- If possible, house ill patients away from other clients. See *Care for People with Respiratory Symptoms* below.

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## Care for People with Respiratory Symptoms (Cough, Fever)

- Sick people should avoid common areas and be housed in individual rooms away from people who are not sick.
  - If individual rooms are not possible, consider using a large well-ventilated room.
  - If feasible, ventilation can be improved by opening doors or windows of the room to the outside.
- For dorm-style shelters, beds should be arranged to ensure that the heads of the beds are at least 6 feet apart OR, if this isn't possible:
  - Place them at least 3 feet apart and put temporary physical barriers between beds, using sheets or curtains to help reduce droplet spread.
  - Arrange all beds in an alternating head/foot pattern.
- Ask clients with symptoms to stay in their bed and to avoid contact with others for:
  - At least 7 days have passed since symptoms first appeared; **AND**
  - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **AND** improvement in respiratory symptoms (cough, shortness of breath)

## COVID-19 (Coronavirus) Guidance for Homeless Service Providers, *continued*

- Provide surgical masks to clients with symptoms who must leave their rooms/bed/area.
- If possible, provide hand sanitizer, tissues and plastic trash bag next to each sick person's bed.
- Provide separate bathrooms for clients who are sick. If sick and not sick clients must share a bathroom, clean and disinfect after each use wearing gloves and mask. [See CDC cleaning and disinfecting guidance.](#)
- If sick people have separate bedrooms and bathrooms, consider reducing cleaning to "as needed" (soiled items & surfaces) to avoid unnecessary contact.
- Deliver meals to isolation room or bed, OR:
  - Designate different meal times or areas for ill clients, quarantined clients and well clients.
  - Disinfect shared meal areas between each use. This means cleaning the surface and then disinfecting the surface (where the disinfectant stays on the surface for 1-10 minutes, read label). If using disinfectant wipes, use one wipe to clean, discard used wipe, and use another to disinfect.
- Cancel the ill person's nonessential appointments at other agencies, group sessions, transfers between shelters, etc.
- If the client has medically necessary appointments (dialysis, chemotherapy), you should call the receiving facility ahead of time and tell them of the client's infectious status. The client should wear a surgical mask throughout the entire visit.
- If the client has severe symptoms (unable to speak without gasping for air, bluish lips or face, persistent pain or pressure in the chest, severe persistent dizziness or lightheadedness, new confusion or inability to arouse, new seizure or seizures that won't stop) arrange for immediate medical care. Notify the transfer team and medical facility of infectious status and symptoms before the transfer.

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## Workers (Staff and Volunteers)

- Ill staff should stay at home and return to work only when all of the following conditions are met:
  - At least 7 days have passed since symptoms first appeared; **AND**
  - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **AND** improvement in respiratory symptoms (cough, shortness of breath)
- Take temperature of all workers prior to the start of shift. Send ill people home.
- Minimize exposure by using physical barriers between workers and clients during interactions (install a sneeze guard or place tables between them) even if you suspect they are not ill.
- If workers handle client belongings, they should wear disposable gloves, remove gloves carefully and discard in a plastic bag, then immediately wash hands for at least 20 seconds.
- Workers at high risk for complications (people over 60 and people with underlying medical conditions) should not take care of sick clients.
- Staff/visitors should be instructed on how to put on, take off and dispose of surgical masks and how to perform proper hand hygiene.
- Limit the number of staff who have interactions with ill clients.

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## Cleaning

- Follow [CDC cleaning and disinfecting recommendations for community facilities.](#)

*The above information is adapted from the following information sites:*

- <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html#act>
- [https://www.currytbcenter.ucsf.edu/sites/default/files/product\\_tools/homelessnessandtbtoolkit/docs/homeless/Guidelines\\_Recommendations/ATD\\_Guidelines\\_to\\_Homeless\\_Services\\_4181111\\_final.pdf](https://www.currytbcenter.ucsf.edu/sites/default/files/product_tools/homelessnessandtbtoolkit/docs/homeless/Guidelines_Recommendations/ATD_Guidelines_to_Homeless_Services_4181111_final.pdf)
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- <https://www.chicago.gov/content/dam/city/depts/cdph/HealthProtectionandResponse/COVID-19%20Guidance%20for%20Homeless%20Shelters%20Final%2003.20.2020.pdf>