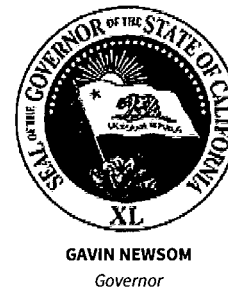




State of California—Health and Human  
Services Agency  
**California Department of  
Public Health**



May 20, 2020

**TO:** Local Health Departments and Organizations Providing Services to Individuals Experiencing Homelessness

**SUBJECT:** Infection Control Guidance for Local Public Health Response to Homeless Shelters with Suspected or Confirmed COVID-19 Cases

Persons experiencing homelessness may be at especially high risk for COVID-19 infection and complications from it, especially those who come into close contact with others, or who are older or have chronic medical conditions. Homeless shelters, where large numbers of individuals often come into close contact with one another, may be especially vulnerable to outbreaks of COVID-19. Local public health department staff responding to suspected or confirmed cases of COVID-19 in homeless shelters should ensure that the facilities:

**Put in place physical distancing measures to reduce risk of transmission.**

**Sleeping areas:**

- In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 6 feet apart if possible).
- Create temporary physical barriers between beds using sheets or curtains.
- Arrange beds so that individuals lie head-to-toe relative to each other.

**Common areas:**

- Stagger mealtimes to reduce crowding in shared dining areas and eliminate shared serving utensils when possible.
- Rearrange seating in shared dining areas so that there is more space between individuals (e.g., remove every other chair and use only one side of the table).
- Encourage dining and other group activities to take place outdoors as much as possible.
- Stagger the schedule for use of common areas such as kitchens, living spaces, and recreation areas.
- Create a staggered bathing schedule to reduce the number of people using the facilities at the same time.
- Reduce or eliminate group activities; if these activities are conducted, encourage residents and staff to remain at least 6 feet apart from one another.

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

- Educate residents and staff on basic infection control measures for respiratory infections, including hand hygiene, respiratory hygiene and cough etiquette.

- 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.
- Make sure all sinks are well-stocked with soap and paper towels.
- Make alcohol-based hand sanitizer and tissue widely available throughout the facility.
- Place signs throughout the facility with reminders about hand hygiene, cough etiquette, and reporting any symptoms to staff.
- If supplies are available, consider encouraging all staff and residents to wear surgical masks or cloth face coverings, especially when interacting with others. This reduces the risk that the wearer will transmit the virus to others if they are infected.

### **Clean and disinfect the environment.**

- Continue to use routine practices for handling waste and linen.
- Non-disposable dishes and silverware may be used and washed according to routine procedures.
- 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.
- 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.

### **Screen residents and staff for respiratory symptoms.**

#### **Residents:**

- Implement a protocol for daily (or more frequent) 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, shortness of breath, or sore throat).
- Designate a limited number of staff members to conduct screening (including temperature measurement with a non-contact thermometer). Staff members conducting screening should wear a facemask, goggles/face shield, and gloves.
- In addition to regular screening, encourage residents who develop symptoms to report those symptoms to designated staff member(s).
- If temperature screening cannot be conducted, residents can be screened with a questionnaire that includes questions regarding chills and feeling feverish.
- Coordinate with local public health department staff for testing of symptomatic residents.

#### **Staff:**

- Communicate clearly to staff that they should not report to work if they are symptomatic with fever, cough,

shortness of breath, or sore throat.

- Perform daily temperature and symptom screening prior to start of shift and keep a log.
- As for residents, designate a limited number of staff to conduct screening; these staff should wear the same personal protective equipment as described above for screening residents.
- Instruct staff who develop signs and symptoms of a respiratory infection while at work to immediately stop work, put on a facemask, alert their supervisor, leave the facility, and self-isolate at home.
- Coordinate with local public health department for testing of symptomatic staff.
- Staff with known exposures to COVID-19 positive residents can continue to work as long as they are asymptomatic and wear a surgical mask for 14 days after the last exposure.

### **Isolate residents with acute respiratory illness or confirmed COVID-19.**

- Consult with your local public health department about whether clients with mild illness due to suspected or confirmed COVID-19 infection should remain in the shelter or be directed to alternative housing sites.
- If a resident is identified with fever or respiratory symptoms, or with confirmed COVID-19 infection, they should be masked immediately and be moved to a private area.
- If the resident has severe symptoms, notify your public health department and arrange for the resident to receive immediate medical care.
- If the sick resident remains in the shelter, he or she should be isolated to the greatest extent possible from other residents and staff.
  - Sick residents should wear surgical masks, if available.
  - If available, place each sick resident in an individual room.
  - If individual rooms for sick residents are not available, consider using a large, well-ventilated room with a door that can be closed to house sick residents.
  - In areas where residents with respiratory illness are staying, keep beds at least 6 feet apart, use temporary barriers between beds (such as curtains), and request that all residents sleep head-to-toe.
  - If possible, designate a separate bathroom for sick residents.
  - Instruct the resident to avoid sharing common items such as dishes, cups, eating utensils, towels, bedding, or other items with other people. After the guest uses these items, they should be washed thoroughly.
- Notify the local public health department of new cases of respiratory illness or fever among residents and any clusters of respiratory illness or fever in residents or staff.

### **Additional Resources**

- HUD Exchange Disease Risks and Homelessness
- BCSH Interim Guidance for Homeless Assistance Providers on Novel Coronavirus (COVID-19) (PDF)
- CDC Resources to Support People Experiencing Homelessness
- USICH COVID-19 Resources

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