Updated Guidance for Owners/Operators of Homeless Shelters in Response to COVID-19

Date: May 17, 2022

Background

This guidance is intended for homeless service providers. Homeless shelters are congregate settings that pose a higher risk of potentially spreading COVID-19. This guidance, adapted from the Center for Disease Control and Prevention's (CDC) Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19), outlines best practices to maintain the health and safety of shelter residents, as well as staff and volunteers working in these settings. This guidance is also applicable to similar congregate settings such as domestic violence shelters and warming centers.

Domestic violence shelters are funded by the New Jersey Department of Children and Families (DCF), licensed by the Department of Community Affairs (DCA) as homeless shelters, and are members of the Shelter Provider Network. These providers should also continue to follow Guidance for the Provision of Residential Services for Domestic Violence Providers.

Controlling the spread of COVID-19 can be accomplished with consistent and layered use of prevention strategies among shelter residents, staff, and volunteers. COVID-19 vaccines are safe and effective, and vaccination is the leading prevention measure to keep individuals healthy and to help your facility maintain normal operations. Individuals aged 5 years and older are recommended to be vaccinated against COVID-19 to protect themselves and others from COVID-19-related morbidity and mortality. Regardless of COVID-19 vaccination status, all residents, staff, and volunteers should continue wearing well-fitted masks and maintain physical distance in shelters.

Shelter providers should consider the following factors when planning for and responding to COVID-19 at their facilities:

Community-Based Approach

Prevention planning and responding to COVID-19 transmission among people experiencing homelessness should entail a community-based approach that includes partnering with local health departments (LHD), homeless service providers, emergency management, healthcare providers, housing authorities, government leadership, and other support services.

Homeless shelters should not close or exclude clients with symptoms or who test positive for COVID-19 without a plan for where clients can safely access services. Decisions about whether clients who need to quarantine or isolate should remain in a shelter or be directed to alternative housing should be made in coordination with LHDs. If there is need for separate quarantine and/or isolation space, LHDs should coordinate with the county Office of Emergency Management. Such space may be temporary off-site housing for sick individuals/families who may quarantine and/or isolation together.

Isolation & Quarantine for Clients and Staff

Isolation is used to separate people with confirmed or suspected COVID-19 from those without COVID-19. Since homeless shelters are congregate settings that have high risk of secondary transmission, a 10-day isolation period for clients and staff who receive a positive test result or who have symptoms of COVID-19 is recommended, regardless of vaccination and booster status. Isolation should begin on the date symptoms began or the date of the positive test. During periods of staffing shortages, a shortened isolation period for staff may be considered. Decisions to shorten isolation timeframes should be made in consultation with local public health officials.

Quarantine is a strategy used to prevent transmission of COVID-19 by keeping people who have been in close contact with someone with COVID-19 apart from others. Following close contact to someone with COVID-19, a 10-day quarantine period is recommended for clients and staff, regardless of vaccination and booster status. During periods of staffing shortages, a shortened quarantine period for staff may be considered. Decisions to shorten quarantine timeframes should be made in consultation with local public health officials.

Follow current guidance for isolation and quarantine in high-risk congregate settings as recommended by the CDC and the New Jersey Department of Health.

Testing

SARS-CoV-2 testing should not be a pre-requisite for entrance into a homeless shelter and test results should not prevent clients from accessing services. However, testing for SARS-CoV-2 remains an important outbreak prevention measure, and diagnostic and screening testing strategies, developed in consultation with LHDs, should be used in conjunction with other COVID-19 prevention strategies.

Diagnostic testing is used to identify current infection and is performed when an individual has signs or symptoms consistent with COVID-19 or when a person is asymptomatic but has recent known or suspected exposure to SARS-CoV-2. Close contacts of persons with COVID-19 should be tested at least 5 days after their last known close contact. Since identifying close contacts can be challenging, broad-based testing of clients and staff in locations the person with COVID-19 recently visited can be implemented. Refer to CDC guidance for SARS-CoV-2 testing in homeless shelters for information on test types and considerations for implementing testing strategies.

Screening testing is used to identify people who are asymptomatic and do not have known or suspected exposure to SARS-CoV-2. Screening allows for the identification of unknown cases so that measures can be taken to prevent further transmission. Decisions about screening testing strategies and frequency should be based on the extent of the virus in the community combined with its impact on the healthcare system. CDC Community Activity Levels reported on the CDC COVID-19 Data Tracker should be used to guide decisions about testing and enhanced prevention measures..:

Given the possibility of outbreaks in homeless shelters, it is recommended that screening testing be conducted at least weekly. After a positive test result, continue repeat viral testing of all previously negative or untested clients, staff, and volunteers, generally every 3 days to 7 days, until the testing identifies no new cases of SARS-CoV-2 infection for a period of at least 14 days since the most recent positive result.

Whenever a person tests positive for SARS-CoV-2, the individual should be notified immediately, separated from others, provided medical care, and provided space for isolation or linked to alternative housing for isolation if needed. Refer to CDC guidance for responding to COVID-19 cases at homeless service provider sites for additional information on identifying close contacts of the person with a positive test result. Testing procedures should protect privacy of clients and staff and the purpose of the testing should be clearly communicated.

Communication

- Stay updated on local COVID-19 Community Levels and recommended prevention strategies based on the level of risk in your area.
- Find out where COVID-19 vaccines are available and promote vaccination among staff and clients.
- Post signs at entrances and in strategic places providing instruction on hand washing, mask wearing, and other preventative measures.
- Provide educational materials about COVID-19 for non-English speakers or hearing impaired individuals. Educational materials in multiple languages are available on the NJDOH COVID-19 Information for Communities and the General Public website.
- Notify residents and staff of changes in facility procedures.
- Identify communication platforms for disseminating information in a timely and efficient manner.
- Identify and address cultural and disability barriers associated with communicating information.

Considerations for Staff

- **Facilities must be compliant with Executive Directive No. 21-011: Protocols for COVID-19 Testing and Vaccination Reporting for Covered Settings.**
- Encourage staff to get vaccinated and boosted and to stay up to date on COVID-19 vaccinations. Minimize the amount of time staff who are not up to date on COVID-19 vaccination spend interacting with clients.
- Develop contingency plans for staffing shortages due to absenteeism. Plans may include extending hours, cross-training employees, or hiring temporary staff.
- Staff who are at increased risk for severe illness from COVID-19, regardless of vaccination status, should not be designated as caregivers for residents who are sick. Identify alternate job duties so that they can continue to work while minimizing risk of infection.
- Maintain physical distancing between residents and staff, regardless of vaccination status.
- Regardless of vaccination status, staff should wear a well-fitted mask or respirator when they are in areas of the facility where they could encounter residents. Staff who are up to date with all recommended COVID-19 vaccine doses could choose not to wear source control or physically distance when they are in well-defined areas that are restricted from resident access (e.g., staff meeting rooms, kitchen).
- Staff who do not interact closely (within 6 feet) with clients who are sick and do not clean client environments do not need to wear personal protective equipment (PPE) other than a mask or respirator.

- Disposable gloves should be worn by staff when handling client belongings, regardless of vaccination status. Ensure that staff perform proper hand hygiene before and after glove use. Hand hygiene should be performed after handling client belongings if gloves are not available.
- If staff need to come within 6 feet of a client to perform temperature checks, then they should wear PPE to include gloves, a gown, a face shield or goggles, and, at a minimum, a medical-grade face mask.
- Staff who are providing medical care to clients with suspected or confirmed COVID-19 and are within 6 feet should wear eye protection (goggles or face shield), an N95 or higher-level respirator, disposable gown, and disposable gloves. Infection control guidelines for healthcare providers should be followed.
- Staff uniforms and clothes should be laundered after use using the warmest water settings and dried completely.
- Following close contact with someone with COVID-19, regardless of vaccination and booster status, staff should quarantine away from the workplace for 10 days from the date of their last known close contact and be tested at least 5 days after last-known close contact.
- Staff who have symptoms of COVID-19 or test positive for SARS-CoV-2 should isolate away from work for 10 days from the date symptoms began or the date of the positive test if asymptomatic, regardless of vaccination and booster status.
- Staff may follow general population guidance to end isolation or quarantine after 5 days for community setting activities other than returning to work.

Considerations for Clients

- Create at least 6 feet of space between seats in dining areas and/or allow that food be delivered to rooms or that clients take food away. Members of the same family can sit closer than 6 feet apart when dining in shared spaces.
- Regardless of vaccination status, clients should wear well-fitting masks or respirators any time they are not in their room or on their bed/mat when in shared sleeping areas. Masks or respirators should not be placed on children under 2 years old, anyone who has trouble breathing, or is unable to remove the mask or respirator without assistance.
- For clients not experiencing respiratory symptoms, ensure that clients' faces are at least 6 feet apart in general sleeping areas. Mats/beds should be aligned so that clients sleep head-to-toe.
- For clients with mild respiratory symptoms consistent with COVID-19:
    - Prioritize these clients for individual rooms. If individual rooms are unavailable, a large, well-ventilated room can be considered.
    - Mats/beds should be kept at least 6 feet apart with temporary barriers between them. Mats/beds should be aligned so that residents sleep head-to-toe.
    - Designate a separate bathroom for those with respiratory symptoms, if possible.
    - If separate quarantining areas are not available in the facility, facilitate transfer to a quarantine site.
- For clients with confirmed COVID-19:
    - Prioritize these clients for individual rooms. If there is more than one individual with confirmed COVID-19, they can stay in the same area.
    - Designate a separate bathroom for those with confirmed COVID-19, if possible.
    - If areas for isolation are not available in the facility, facilitate transfer to an isolation site.

- Clients should isolate for 10 days from the date symptoms began or the date of the positive test if asymptomatic, regardless of vaccination and booster status. It may be necessary to decrease the duration of isolation in some circumstances, such as when there is limited space for isolation. Decisions to shorten isolation should be made in consultation with local public health officials.

Facility Procedures

- Ensure adequate quantities of supplies, including the following, are available: masks/respirators, cleaning supplies, soap, hand sanitizers that contain at least 60% alcohol, tissues, trash cans, and personal protective equipment (PPE).
- Provide all clients and staff with well-fitting masks or respirators.
- Limit visitors who are not clients, staff, or volunteers.
- Do not require a negative COVID-19 test or proof of COVID-19 vaccination for entry unless otherwise directed by local or state authorities.
- Facilitate physical distancing between clients and staff by staggering meal times and/or having maximum occupancy limits for common areas and bathrooms.
- Arrange for mental health, substance use treatment, and general medical care services.
- Identify a designated medical facility to refer clients for medical care.
- Regularly assess clients and staff for symptoms, regardless of vaccination status. Clinical staff can help with COVID-19 testing and can conduct clinical assessments.
- Use standard facility procedures to determine if a client needs immediate medical attention. Emergency signs include trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, or bluish lips or face.
- Notify the designated medical facility and personnel when transferring a client that might have COVID-19.
- Facilitate access to testing, vaccination, and medical care as needed.
- Provide access to respite (temporary) care for clients who were hospitalized with COVID-19. Some may need isolation.

Facility Ventilation

- Ensure ventilation systems operate properly and provide acceptable indoor air quality appropriate for the current occupancy level.
- Increase the indoor delivery of outdoor air as much as possible. Windows and doors should not be opened, however, if doing so poses a health or safety risk.
- Ensure exhaust fans in bathrooms and kitchens are functional and operating at full capacity.
    - Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to enhance air cleaning. Evaluate and reposition exhaust fans to increase airflow supply to occupied spaces.
    - Disable demand-control ventilation (DCV) controls that reduce air supply based on occupancy levels or temperature.

- Improve central air filtration by increasing air filtration, inspecting filter housing and ensuring appropriate filter fit.
- Consider use of ultraviolet germicidal irradiation (UVGI) as a supplemental method of inactivating potential airborne viruses.
- Collaborate with state and local health departments to identify resources for improving ventilation and air quality.
- Refer to the CDC guidance on ventilation for additional information about improving facility ventilation to minimize the spread of COVID-19.

Facility Cleaning

- Implement daily cleaning and disinfection of the facility, with special attention to high-touch surfaces in shared areas, living spaces, and bathrooms. Refer to CDC guidance on cleaning and disinfecting your facility for additional information.
- Use EPA-registered disinfectants and cleaning products as directed by the manufacturer.
- Regularly launder clothes, bedding, linens, and washable masks using hot water.
- If there has been a sick person or someone who has COVID-19 in your facility within the last 24 hours, clean and disinfect the spaces they occupied.

References and Resources:

CDC Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease

CDC Interim Guidance for SARS-CoV-2 Testing in Homeless Shelters and Encampments

New Jersey Department of Children and Families Guidance for the Provision of Residential Services for Domestic Violence Providers

NJDOH Communicable Disease Service Recommended COVID-19 Isolation and Quarantine Timeframes for Non-Healthcare Settings