



## **GUIDANCE FOR OWNERS/OPERATORS OF HOMELESS SHELTERS DURING THE COVID-19 PANDEMIC**

**December 24, 2020**

### **BACKGROUND**

Coronavirus disease 2019 (COVID-19) is a contagious, possibly fatal, respiratory disease caused by a virus called SARS-CoV-2 that was first detected in humans in December 2019. NJ reported its first confirmed COVID-19 case on March 4, 2020. It is important to note that this is the date that NJ received the positive test result, not the date that the individual fell ill (illness onset). On March 9, 2020, Governor Murphy declared a State of Emergency in response to the COVID-19 outbreak (Executive Order 103). On March 11, 2020 COVID-19 declared a pandemic by the World Health Organization.

COVID-19 is spread via droplets produced when an infected person coughs or sneezes. Common symptoms of COVID-19 include fever or chill, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. Symptoms may appear in as few as 2 days or as long as 14 days after being exposed. Individuals over the age of 65 and individuals with pre-existing medical conditions (such as diabetes, chronic lung or heart disease) or compromised immune systems have a greater risk of severe complications from COVID-19. People with severe cases of COVID-19 may require hospitalization and the need for mechanical ventilation.

As homeless shelters are congregate settings that pose a higher risk of potentially spreading COVID-19, this guidance outlines best practices to maintain the health and safety of individuals staying in homeless shelters, 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.

### **PURPOSE OF THIS GUIDANCE**

This guidance is adapted from the Center for Disease Control and Prevention (CDC) Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

Shelter Providers should cooperate with their Local Health Department (LHDs) for infection control guidance and outbreak response plans. For a list of LHDs, go to <https://localhealth.nj.gov/> or <https://www.nj.gov/health/webdata/lh/documents/lhdirectory.pdf>

The Department of Children and Families (DCF) would like to remind Domestic Providers that in addition to this guidance, they should continue to follow the guidance that was released in July "Domestic Violence Residential Services Guidance". Domestic Violence shelters are funded by DCF and licensed by the Department of Community Affairs (DCA) as homeless shelters and are members of the Shelter Provider Network. <https://www.nj.gov/dcf/news/DV.Residential.Services.Guidance.pdf>

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

### **ENTRY TO THE FACILITY**

- Facilities should erect a physical barrier at the entrance to the facility to separate staff from clients, so staff may safely evaluate the health status of each client before entry.
- All staff and clients entering the facility must wear a cloth or disposable mask at all times while indoors in common areas, unless eating/drinking, sleeping, or showering. Cloth or disposable masks should be worn outdoors when social distancing cannot be maintained.
- Staff should encourage clients to monitor themselves, to the extent possible, for symptoms consistent with COVID-19 and/or should institute daily temperature screenings of clients upon entry to the facility. The facility should identify which staff will be responsible for monitoring (i.e., daily temperature screening, verbal screening, etc.). Note that clients and staff might be infected without showing symptoms (asymptomatic).
- Limit visitors who are not clients, staff, or volunteers.
- The CDC does not recommend requiring a negative COVID-19 viral test for entry to a homeless services site unless otherwise directed by local or state health authorities. Shelter staff should work with local officials/health departments to determine testing protocols and/or offer testing, as needed. <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>
- Provide alcohol-based hand sanitizers that contain at least 60% alcohol at key points within the facility, including registration desks, staff areas, and entrances/exits.
- Regularly clean common areas and high-touch areas, such as desks, doorknobs, plastic barriers, counter tops, tables, handrails, etc.

### **PREVENTION OF COVID-19 TRANSMISSION INSIDE THE FACILITY**

- Follow CDC recommendations for how to prevent spread in the facility. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- Keep mats/beds at least 6 feet apart.
- Use temporary barriers, such as curtains, between mats/beds. Any barriers must comply with requirements of the Fire Safety Code and any relevant building codes.
- Align mats/beds so clients sleep head-to-toe.
- Identify a designated medical facility to refer clients, staff, and volunteers who are ill and need to be evaluated and/or treated for potential COVID-19.
- When possible implement strategies to achieve greater physical distancing between clients and staff, such as staggering meal services or reducing maximum occupancy limits for common rooms and bathrooms.
- All clients should wear a cloth or disposable mask while in the facility. Individuals may remove their masks while eating/drinking, when alone in their room, when showering, or while on their bed/mat during sleep (in shared sleeping areas). Cloth or disposable masks should not be placed

on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

- If a client does not have a mask, the facility should provide them with a mask to wear while at the facility.
  - Disposable masks should be used, if available.
  - If disposable masks are not available, cloth masks should be routinely used by clients and staff and should be laundered daily. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
- Any staff involved in laundering client cloth masks should do the following:
  - Cloth masks should be collected in a sealable container (like a trash bag).
  - Staff should wear disposable gloves and a cloth or disposable mask. Use of a disposable gown is also recommended, if available.
  - Gloves should be properly removed and disposed of after laundering cloth masks; clean hands immediately after removing gloves by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
  - Hands should be washed if visibly dirty.
- Stress the importance of regular hand hygiene among all staff and clients.
  - Hands should be washed for 20 seconds with soap and water after toileting, after changing diapers, before and after meals/snacks, after touching commonly touched items (TV remote, door handles, desks, tables, etc.), after touching pets/animals.
  - If hands are visibly dirty, they should be washed with soap and water.
  - If soap and water are not available, use a hand sanitizer containing at least 60% alcohol is an alternative.
- Make sure bathroom and other sinks are consistently stocked with soap and drying materials for handwashing.
- Provide alcohol-based hand sanitizers that contain at least 60% alcohol at key points within the facility, including common areas.

## VENTILATION

- Ensure ventilation systems operate properly and are compliant with established local/national codes. Increase the indoor delivery of outdoor air as much as possible. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to clients, staff, volunteers, or visitors using the facility.
- Consider taking steps to improve ventilation in the building, in consultation with an HVAC professional, based on local environmental conditions (temperature/humidity) and ongoing community transmission in the area. Identifying the best steps for your specific facility will depend on a number of factors including but not limited to layout, number of occupants, environmental factors, and available resources.
  - Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher-risk areas). HEPA systems not only capture and remove potentially infectious particles in the air but their clean air discharge is just as beneficial as fresh outdoor air when it comes to diluting contaminants.

## Internal, Deliberative, and Confidential

- Ensure exhaust fans in kitchens and restroom facilities are functional and operating at full capacity when the building is occupied. Consider running exhaust fans for several hours before and after occupied times when possible.
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplemental technique to inactivate potential airborne virus in the upper-room air of common occupied spaces. Consult with a reputable UVGI manufacturer or an experienced UVGI system designer prior to installing and operating UVGI systems.
- Consider using natural ventilation (i.e., opening windows if possible and safe to do so) to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow. If outdoor temperatures make it difficult to leave multiple windows open, consider safely securing window fans or box fans (sealing the perimeter around the box fan) to blow air out of selected windows. The resulting make-up air will enter the building via multiple leak points and blend with indoor air as opposed to a single unconditioned incoming air stream.
- Collaborate with the health department and other community partners to identify resources for improving ventilation and air quality.
- For more information about improving facility ventilation to minimize the spread of COVID-19, please consult the latest CDC guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html#facility-ventilation>

## MEALS

- Dining services should consist of single use serving ware, including plates, cups, and utensils.
- Seating should be arranged to maximize social distancing among clients. Stagger mealtimes to ensure smaller groups at various eating times.
- Discontinue “family style” meals, where multiple individuals serve themselves from a large, communal serving platter.
- Staff should serve clients, rather than having clients self-serve, as a way to limit transmission (i.e., multiple people touching serving utensils).
- Provide alcohol-based hand sanitizers that contain at least 60% alcohol at key points within the facility, such as eating areas.
- All staff and clients should practice hand hygiene (i.e., wash hands or use hand sanitizer) before and after eating.
- Clean the meal area (i.e., tables and chairs where meals are served) between each meal seating (i.e. after one group has eaten and before another group is served).
- For clients who have isolated themselves to a separate part of the facility because they feel ill, meals should be served to the clients in their “separated areas” in order to minimize the risk of exposure to other clients.
- Cloth or disposable masks and gloves should be worn by staff when serving meals to clients.

## CLEANING AND SANITIZATION

- Implement daily cleaning and disinfection of the entire facility, with special attention to shared areas, living spaces, and bathrooms. For more information about proper disinfection and

sanitization practices, visit the CDC's website at: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility-H.pdf> and <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

- Encourage staff to frequently clean shared spaces and residents to frequently clean personal spaces.
- Use EPA-registered disinfectants and cleaning products as directed by the manufacturer.
- Launder clothes, bedding, and other linens using hot water.

### **SYMPTOMATIC CLIENTS and/or STAFF**

- If individual rooms are available for clients, priority should be given to clients experiencing symptoms consistent with COVID-19. If individual rooms are not available, consider isolating sick persons at an alternative (off-site) shelter location with private rooms and bathrooms, if possible. Clients who test positive for COVID-19 may share an area and bathroom.
- If possible, designate a separate bathroom for sick clients. If this is not possible, the bathroom should be cleaned after use by the ill individual(s).
- If the facility does not have a separate area where clients experiencing symptoms of COVID-19 can safely isolate, facilitate transfer to an isolation site. Coordinate separate isolation housing (off-site) with the Local Health Department. This may be off-site housing for quarantine to separate individuals and/or families who were exposed to a COVID-19 positive individual or for a COVID-19 positive individual.
- Work with the local health department to determine quarantine and/or isolation timeframe for individuals who are COVID-19 positive or for individuals who were exposed to a COVID-19 positive person. (See Testing section of this document for more information.)
- If anyone in the facility has tested positive, well-clients who are not sick/no symptoms, should be separated from clients who positive/sick.
- Ensure that anyone who presents with symptoms wears a cloth or disposable mask (although all staff and clients should wear masks when indoors, especially in common areas).
- Staff who are symptomatic (sick) should not come to work.
- Provide follow-up care instructions to respite (temporary) care for clients who were hospitalized with COVID-19 but have been discharged.
  - Some of these clients will still require isolation to prevent transmission.
  - Some of these clients will no longer require isolation and can use normal facility resources.

### **HEALTH ASSESSMENT AND ROUTINE CARE**

- Develop a policy which outlines the health screening protocol that the facility will require for entry: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html>
  - NOTE: If temperature screenings are to be used, it is recommended that a touchless/infrared thermometer or single-use disposable thermometers be used.
- Regularly assess clients and staff for symptoms. For more information about the symptoms of COVID-19, please review the latest guidance from the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

## Internal, Deliberative, and Confidential

- Ensure that any/all staff identified are properly trained to conduct monitoring duties/activities, and other health and safety protocols.
- Staff/volunteers who are sick should stay home.
- Staff, clients, and volunteers that test positive for COVID-19 should cooperate with Contact Tracers/Local Health Department investigation and follow home self-isolation/quarantine recommendations.
- Clients who have symptoms of COVID-19 may or may not have the virus. Make sure they have a place they can safely stay within the shelter or at an alternate site in coordination with local public health authorities. NOTE: Individuals who are tested for COVID-19 should quarantine away from others while awaiting test results.
- Facilitate access to non-urgent medical care for clients as needed.
- Use standard facility procedures to determine whether a client needs immediate medical attention. Emergency signs include:
  - Trouble breathing
  - Persistent pain or pressure in the chest
  - New confusion or inability to arouse
  - Bluish lips or face
- Identify clients who could be at high risk for complications from COVID-19, or from other chronic or acute illnesses, and encourage them to take extra precautions as recommended by the CDC here: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>.
- Arrange for continuity of and surge support for mental health, substance use treatment services, and general medical care.
- Notify the designated medical facility and personnel when transferring a client that might have COVID-19.
- If available (in person or via telehealth), a nurse or other clinical staff can help with COVID-19 screenings and other clinical assessments that are needed. Other shelter staff may also be trained in basic COVID-19 screenings, such as temperature checks.

## TESTING

**Refer to CDC interim guidance for Considerations for SARS-CoV-2 Testing in Homeless Shelters and Encampments.** CDC guidance may change, be sure to check the webpage frequently for updates. The guidance below was posted July 1, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/testing.html>.

### Types of COVID-19 Tests

- Viral tests (nasal or oral swab or saliva test) are recommended to **diagnose current infection** with SARS-CoV-2, the virus that causes COVID-19. Viral tests evaluate whether the virus is present in a respiratory sample. Results from these tests help public health officials identify and isolate people who are infected to minimize COVID-19 transmission. <https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html>
- Antibody tests (blood test) are used to **determine a past infection** with SARS-CoV-2. **CDC does not currently recommend using antibody testing as the sole basis for diagnosing current infection.** <https://www.cdc.gov/coronavirus/2019-ncov/testing/serology-overview.html>

NOTE: CDC recommendations for SARS-CoV-2 testing have been developed based on what is currently known about COVID-19 and are subject to change as additional information becomes available.

In New Jersey, viral testing is available in more than 200 locations. Some locations require a doctor’s prescription, while others do not.

- Many Federally Qualified Health Centers (FQHCs) and some local health departments offer testing. Some counties and organizations offer mobile testing.
- Special consideration should be given to ensuring that people who are experiencing homelessness and have symptoms of COVID-19 have access to medical care.
- Work with local health department/local officials to determine testing needs of ill clients and staff.
- To locate COVID-19 testing in your county, go to: [covid19.nj.gov](https://covid19.nj.gov)
- The NJ Public Health and Environmental Laboratories support testing for persons experiencing homelessness, including staff and clients at homeless shelters, homeless outreach organizations, domestic violence shelters, and warming centers. These types of agencies, as well as, local health departments (LHD) and FQHCS may request tests kits/testing support by completing the form at: [shorturl.at/akxLZ](https://shorturl.at/akxLZ) or [https://forms.office.com/Pages/ResponsePage.aspx?id=0cN2UAI4n0uzauCkG9ZCpzu9UHS\\_xA9NndEoOJzKZjIUMTU1WkxIOVlwNkEzQVNZVldSTDZBWTk4US4u](https://forms.office.com/Pages/ResponsePage.aspx?id=0cN2UAI4n0uzauCkG9ZCpzu9UHS_xA9NndEoOJzKZjIUMTU1WkxIOVlwNkEzQVNZVldSTDZBWTk4US4u)

Scenario	Should test
Testing individuals with signs or symptoms consistent with COVID-19 ( <b>symptomatic</b> )	Yes. Person should be isolated from others.
Testing <b>asymptomatic</b> individuals with recent known <u>or</u> suspected exposure to SARS-CoV-2 to control transmission  NOTE: This includes close contacts of persons with COVID-19. A close contact is someone who spent 15 minutes or more within a 24-hour time period and was within 6 feet of a person who is infected with COVID-19. Exposure must happen while the infected person is infectious (2 days before symptom onset to 10 days after). A person who walked past a person is not considered a close contact.	Yes, individual/staff should quarantine while awaiting test results. They should also follow public health recommendations about continuing quarantine even if test is negative. May also consider separate housing for individuals/staff quarantining.
Testing <b>asymptomatic</b> individuals without known exposure to SARS-CoV-2 for early identification in homeless shelters.	Possibly. If individuals have been in situations that may have put them at increased risk, then testing may be warranted.
Entry testing for homeless shelters.	No

If there is high level of transmission in the community, initial and regular facility-wide testing may be considered as approaches to limit the virus’s spread in homeless shelters.

NJDOH assesses the COVID Activity Level index (CALI) on a weekly basis for six regions in New Jersey. The counties in each public health region are: **Northwest:** Morris, Passaic, Sussex, Warren; **Northeast:** Bergen, Essex, Hudson; **Central West:** Hunterdon, Mercer, Somerset; **Central East:** Middlesex, Monmouth, Ocean, Union; **South West:** Burlington, Camden, Gloucester, Salem; **South East:** Atlantic, Cape May, Cumberland. If the CALI reports is showing high (Orange) or very high (Red) COVID-19 levels in a particular region, expanded testing should be considered for shelters in that region.

Reports are posted every Thursday. Weekly CALI reports are available at:

<https://www.state.nj.us/health/cd/statistics/covid/index.shtml>

## TEST RESULTS AND HEALTH ACTIONS

When planning for facility-wide testing, shelters should have a plan to respond to positive results, including isolation, the identification of close contacts, and contact monitoring and quarantine. Contact the local health department for assistance with contact tracing for anyone who tests positive for COVID-19. Follow the link to locate the list of local health departments is:

<https://www.nj.gov/health/lh/documents/LocalHealthDirectory.pdf>

Refer to the Isolation and Quarantine chart on the NJDOH Communicable Disease Service website at link here: [https://www.state.nj.us/health/cd/documents/topics/NCOV/COVID\\_test-result-iq-timetable.pdf](https://www.state.nj.us/health/cd/documents/topics/NCOV/COVID_test-result-iq-timetable.pdf). Work with the local health department (LHD) about re-testing persons who previously tested positive. The LHD can assist the facility with guidance. If there is a need for separate isolation space for clients or staff, contact the LHD who should coordinate with the county Office of Emergency Management. Such isolation space may be temporary off-site housing for sick individuals/families who may isolate or quarantine together.

## EDUCATION OF STAFF AND CLIENTS

Public education documents about isolation and quarantine in multiple languages may be accessed here: [https://www.state.nj.us/health/cd/topics/covid2019\\_community.shtml](https://www.state.nj.us/health/cd/topics/covid2019_community.shtml). Scroll down to the Isolation and Quarantine section to access these materials. Materials about when to get tested after exposure, why you can't test out of quarantine, and how long to isolate and quarantine are available in 10 languages. Consider posting handwashing posters in kitchen area, bathrooms, and common areas.

## COVID-19 READINESS RESOURCES

- [COVID-19 Infection Control Inventory and Planning \(ICIP\) Tool for Homeless Service Providers](#)
- [Checklist for Homeless Service Providers During Community Re-opening](#)
- Visit [cdc.gov/COVID19](https://www.cdc.gov/COVID19) for the latest information and resources
- [Printable Resources for People Experiencing Homelessness](#)
- [Guidance Related to Unsheltered Homelessness](#)
- [Department of Housing and Urban Development \(HUD\) COVID-19 Resources external icon](#)
- [ASPR TRACIE Homeless Shelter Resources for COVID-19](#)