

COVID-19 Guidance for Homeless Shelters

Put a Communications Plan in Action

Stay informed about the local COVID-19 situation. Up-to-date information about local activity can be found at the following websites:

- www.snhd.info
- nvhealthresponse.nv.gov
- www.cdc.gov

Download COVID-19 posters and Centers for Disease Control and Prevention (CDC) Fact Sheets (<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>) to keep your staff and clients informed about public health

recommendations and changes to services that might be related to the outbreak. Messaging may include:

- Signs at entrances and in strategic places (such as restrooms, lavatories, etc.) providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- Educational materials about COVID-19 for both English- and non-English speakers, as needed.

Consider showing a streaming video in common areas that have a television that demonstrates proper methods for hand-washing and respiratory etiquette.

Ensure Facility Readiness and Response

Ensure staff are familiar with the symptoms of general acute respiratory infection and COVID-19. Reported illnesses have ranged from mild symptoms to severe illness and death. These symptoms may appear 2–14 days after exposure:

- Fever
- Cough
- Shortness of breath

Inform staff to stay home or self-isolate if they feel ill and remain at home until their symptoms resolve.

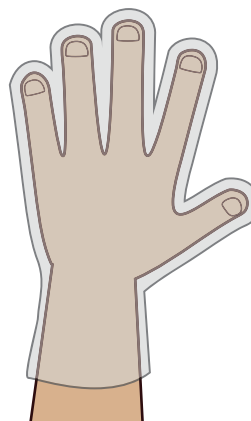
Implement everyday protective actions and provide instructions to your workers about actions that can prevent disease spread. Talk with your staff to discuss plans to help clients implement personal protective measures.

Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms. Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g. check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them.

Note: Disposable facemasks should be reserved for use by clients who exhibit respiratory symptoms. Clients who become sick should be given a clean disposable facemask to wear while staying at the shelter.

Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the shelter.

If staff are handling client belongings, they should use disposable gloves. Make sure to train any staff using gloves to ensure proper use.



IMPORTANT:
Your hands can still get contaminated while wearing or removing gloves. Wash your hands thoroughly after removing gloves to help prevent the spread of germs.

Continued on next page ►

◀ *Continued from previous page*

Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing.

Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option) located at key points within the facility, including registration desks, entrances/exits, and eating areas.

Ensure that all common areas within the facility follow good practices for environmental cleaning.

Cleaning should be conducted in accordance with Centers for Disease Control and Prevention recommendations on how to clean and disinfect.

- Clean facilities routinely and effectively.
- Clean frequently touched surfaces, such as doorknobs, door handles, handrails and telephones, as well as non-

porous surfaces in bathrooms, sleeping areas, cafeterias and offices (e.g., floors), using an EPA-registered disinfectant following the instructions for use including the designated contact time included on the label.

- Place waste baskets in visible locations and empty regularly.
- Ensure that waiting areas, TV rooms and reading rooms have adequate ventilation (e.g., open windows if practical).
- Linens, eating utensils and dishes belonging to those who are sick do not need to be cleaned separately, but should not be shared without thorough washing. Instruct cleaning staff to avoid “hugging” laundry before washing it to avoid self-contamination. Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry.

Ensure that Clients Receive Assistance in Preventing Disease Spread and Accessing Care

At client check-in, screen clients for fever or signs of an acute respiratory illness. Provide a surgical mask to any client who has respiratory symptoms such as cough or fever.

Practice social distancing. Some recommendations are included on the last page of this document.

In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least three feet apart, and request that all clients sleep head-to-toe.

Ensure residents are familiar with the symptoms of general acute respiratory infection and COVID-19. Reported illnesses have ranged from mild symptoms to severe illness and death. These symptoms may appear 2–14 days after exposure:

- Fever
- Cough
- Shortness of breath

Instruct residents and staff to report recent symptoms of fever, cough or shortness of breath to the appropriate personnel at the first signs of illness.

Provide access to fluids such as water and plenty of tissues with plastic bags for proper disposal of used tissues.

Monitor clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly.

Restrict clients with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.

- Follow CDC recommendations for how to prevent further spread in your facility (<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>).
- If individual rooms for sick clients are not available, consider using a large, well-ventilated room.
- In areas where clients with respiratory illness are staying, keep beds at least six feet apart, use temporary barriers between beds (such as curtains), and request that all clients sleep head-to-toe.

Continued on next page ►

Southern Nevada Health District

COVID-19 Guidance for Homeless Shelters

◀ *Continued from previous page*

- If possible, designate a separate bathroom for sick clients with COVID-19 symptoms.
- Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to ill persons to as-needed cleaning (e.g., of soiled items and surfaces) to avoid unnecessary contact with the ill persons.
- Provide physical separation such as doors and walls to separate suspect or confirmed COVID-19 clients. Doors should be kept closed except for entry or egress.
- If the sick person must enter a common area for medically necessary procedures or be transported have them wear a facemask (if tolerated).
- Designate staff to care for these individuals only. Limit the movement of designated staff between parts of the facility to decrease the risk of staff spreading COVID-19 to other parts of the facility.

Note: Decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in the shelter or be directed to alternative housing sites should be made in coordination following the facility's protocols. Similarly, identifying respite care locations for patients with confirmed COVID-19 who have been discharged from the hospital should be made in coordination with local health care facilities and facility's protocols.

If you identify any client with severe symptoms, arrange for the client to receive immediate medical care. If this is a client with suspected COVID-19, notify the transfer team and medical facility before transfer. Severe symptoms include:

- Extremely difficult breathing (not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness

The following are examples of social distancing that can be considered in congregate settings to limit the spread of an infectious respiratory illness:

Sleeping Arrangements	<ul style="list-style-type: none"> • Increase spacing so beds are at least 3–6 feet apart • If space allows, put fewer residents within a dorm/unit • Arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use neutral barriers (foot lockers, curtains) to create barriers between beds • Move residents with symptoms into separate rooms with closed doors, and provide separate bathroom if possible • If only shared rooms are available, consider housing the ill person in a room with the fewest possible number of other residents • Avoid housing people with underlying conditions in same room as people with symptoms
Mealtimes	<ul style="list-style-type: none"> • Stagger mealtimes to reduce crowding in shared eating facilities • Stagger the schedule for use of common/shared kitchens
Bathrooms & Bathing	<ul style="list-style-type: none"> • Create a staggered bathing schedule to reduce the amount of people using the facilities at the same time
Recreation/ Common Areas	<ul style="list-style-type: none"> • Create a schedule for using common spaces • Reduce activities that congregate many residents at once such as “house meetings” and opt for smaller group activities
Transport	<ul style="list-style-type: none"> • Opt for transporting less people per trip and ensure that passengers have more space between one another
Communication	<ul style="list-style-type: none"> • Reduce the amount of face-to-face interactions with residents for simple informational purposes • Consider using the following methods of communication: Bulletin boards, signs, posters, brochures, emails, phone, sliding information under someone’s door or mailbox
Staff Activities	<ul style="list-style-type: none"> • Reduce unnecessary assembly of staff (e.g., large meetings where information can be communicated otherwise) • Where appropriate, opt for conference calls instead of in-person meetings.