



COVID-19 Screening and Testing Protocol for Family Shelters

Last Updated: 04/08/2020

Protocol Overview:

In order to maintain a safe environment for clients and staff, family shelter staff will screen clients staying at or entering the shelter for risk of COVID-19, also known as the Coronavirus. Clients who have a fever and/or new or worsening cough should be instructed to self-isolate / self-quarantine¹ in their room. Clients who have been tested for COVID-19 and/or may have been exposed to an individual who has tested positive for COVID-19 and is instructed to self-isolate by a health professional should be instructed to self-isolate in their room. If the client needs emergency care, shelter staff shall call 911 for emergency transport.

Note: Shelter staff should screen clients for symptoms of COVID-19. Clients who are symptomatic should self-isolate in their room in the shelter.

Note that this document is subject to change as additional guidance from the DC Department of Health and the Centers for Disease Control is released.

1. **Who does this protocol apply to?**

This policy applies to all emergency shelter facilities for families experiencing homelessness.

2. **Who should be screened?**

- Everyone currently in the shelter
- Everyone before entering shelter. This includes – but is not limited to – clients, vendors, visitors, and staff.

3. **Where should screening occur?**

At intake (for new clients):

Shelter staff should conduct screening of newly placed clients outdoors before the client goes inside. The staff asking the screening questions should follow CDC guidelines and try to remain six feet away from the client (known as “social distancing”) while asking screening questions.

In shelter (for existing clients):

¹ The terms ‘self-isolate’ and ‘self-quarantine’ are used interchangeably in this document. There is no difference in how the two terms are used in this document.



Shelter staff should use discretion on how to set up a process for screening clients currently in the shelter. Shelter staff doing the screening and clients waiting to be screened should practice social distancing to the extent possible following CDC guidance. Options may include setting appointment times and using cafeteria space to conduct screenings.

4. How often should screening occur?

Every client entering the shelter for the first time and every time thereafter should be screened before entering the shelter. All visitors and vendors should be screened before entering the shelter.

Screening of clients remaining on the premises should happen every **three** days OR if a client newly exhibits or expresses they have symptoms (e.g. coughing, fever, shortness of breath).

5. What is the screening process?

The screening process involves determining if a client has a fever and/or new or worsening cough. **Please see the attached script.** The screening will determine whether a client is at risk of having COVID-19 and should self-isolate in their individual room.

6. What is the process for taking a client's temperature?

Temporal thermometers use an infrared scanner to measure the temperature of the temporal artery in the forehead. Temperature takers should keep as much distance from clients as they can, wash their hands with soap and water or use alcohol-based hand sanitizer (at least 60% alcohol) regularly, and wear masks and gloves. Encourage clients to use cloth face coverings to help slow the spread of COVID-19

To use thermometer:

1. Turn on the thermometer.
2. Gently sweep the thermometer across the client's forehead.
3. Remove the thermometer and read the number:
 - **Fever:** Any temperature 100.4 F or greater is considered a fever.
 - **No fever:** People with temperatures at or below 100.3 F²
4. Clean the thermometer with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

7. Who should be instructed to self-isolate or self-quarantine in their room?

² If the temperature is close to the cutoff, 100.2 or 100.3, staff can take it again to confirm the number.



Shelter staff should instruct all clients who have a fever and/or a new or worsening cough to self-isolate or self-quarantine in their room and contact their medical provider to determine whether additional medical care or testing is needed. Anyone who has been tested for COVID-19 and/or asked to self-isolate or self-quarantine by a medical provider should be instructed to self-isolate in their room.

Anyone who has been in close contact³ with someone who has had symptoms of COVID-19 or has tested positive for COVID-19 should be instructed to self-isolate in their room for 14 days.

If families do not have private bathroom to self-quarantine, contact DHS.

8. How long do families need to self-isolate?

To understand how long families need to self-isolate, please refer to the CDC Guidance: [Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings](#).

9. What should shelter staff do to support families who are self-quarantine?

Shelter staff should increase monitoring to ensure that families who are self-isolating have what they need and are able to stay in their room and end their interaction with other clients until the end of the quarantine period.

Shelter staff should deliver all meals to their room. Meals should be left outside of the door – shelter staff should not enter the room.

Shelter staff should conduct wellness checks on the families who are self-isolating throughout the day to see if the client's condition has changed. If the client develops emergency warning signs, shelter staff should call 911 immediately. Emergency warning signs include:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face *

³ The DC Department of Health defines close contact as being within approximately 6 feet of a COVID-19 case for a prolonged period of time; OR Having direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on).



**This list is not all inclusive. The client should consult a medical provider for any other symptoms that are severe or concerning.*

Shelter staff should instruct ALL clients to wear a face cover - Please see the DHS Guidance COVID PPE Guidance UPDATED 4.4 for additional information.

10. What happens if someone is waiting for COVID-19 test results?

Clients that have been tested for COVID-19 and are awaiting test results will return to family shelter to self-quarantine. During self-quarantine, all members of the household awaiting test result should take precautions to protect themselves and others at the facility, including wearing a mask.

11. Should children remain in the room with their parent while the parent is waiting for COVID-19 test results or experiencing COVID-19 symptoms?

If the child is able to stay safely with another family member or friend during this time, the child should go there. If not, the child should stay with their guardian and take precautions to protect themselves including wearing a mask.

12. What steps can be taken to ensure families self-quarantine?

Providers shall request families, who are diagnosed or have increased chances of being diagnosed for COVID-19, to review and sign the voluntary isolation and quarantine agreement (see attached). If families who tested positive do not comply with the agreement, providers should contact DHS to coordinate a request for involuntary detainment order from a judge.

13. What additional cleaning measures should shelter staff take?

- 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 hospital disinfectant that is active against viral pathogens. (see [cleaning guidance](#) issued on March 12, 2020)
- Place waste baskets in visible locations and empty regularly.
- Ensure that waiting areas, TV rooms and reading areas 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.

14. What steps should Family Shelters take if multiple people become ill?

If multiple clients become ill, shelter staff should establish a designated area(s) of the facility specifically for sick persons. Designate staff to care for those individuals specifically.

15. What activities can families do safely while social distancing?

For further information on safe family activities while social distancing, please see DC Health guidance: [Guidance for Families with Children on Social Distancing](#).

16. Where can I turn if I have additional questions?

For questions or additional information, please email dhs.covid19@dc.gov.



DHS COVID-19 Screening Tool

Instructions: This screening tool is based on the CDC Guidance [*Screening clients for respiratory infection symptoms at entry to homeless shelters*](#).

The following is a simple screening tool that can be used to identify people with symptoms that indicate they might have a respiratory infection. Although not every person who has respiratory infection symptoms will have coronavirus disease 2019 (COVID-19), using this tool during community spread of COVID-19 may help separate those who are more likely to have COVID-19 from the general population at entry to a homeless shelter or other homeless service program.

If someone screens positive for symptoms, they should be instructed to self-isolate in their room.

1. Determine if the client has a fever, by:

- Taking their temperature using a temporal thermometer (see box on next page or Question #6)

2. Ask the client “Do you have a new or worsening cough today?”

If the client has a fever **OR** a new/worsening cough:

- Provide a facemask for the client to wear over their nose and mouth, if facemasks are available and if the client can tolerate it.
 - If facemasks are not available, advise the client on cough etiquette and provide tissues.
- Notify management and appropriate healthcare providers, as available
- Direct them to self-isolate in their room.

*Use standard shelter protocols for medical emergencies.



Taking a client's temperature using a temporal thermometer.

Temporal thermometers use an infrared scanner to measure the temperature of the temporal artery in the forehead. Temperature takers should keep as much distance from clients as they can, wash their hands with soap and water or use alcohol-based hand sanitizer (at least 60% alcohol) regularly, and use gloves if available.

To use thermometer:

1. Turn on the thermometer.
2. Gently sweep the thermometer across the client's forehead.
3. Remove the thermometer and read the number:
 - **Fever:** Any temperature 100.4 F or greater is considered a fever.
 - **No fever:** People with temperatures at or below 100.3 F may continue into the shelter using normal procedures.
4. Clean the thermometer with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.



CDC Guidance

Steps to help prevent the spread of COVID-19 if you are sick

Follow the steps below: If you are sick with COVID-19 or think you might have it, follow the steps below to help protect other people in your home and community.



Stay home except to get medical care

- **Stay home:** People who are mildly ill with COVID-19 are able to recover at home. Do not leave, except to get medical care. Do not visit public areas.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you feel worse or you think it is an emergency.
- **Avoid public transportation:** Avoid using public transportation, ride-sharing, or taxis.



Separate yourself from other people in your home, this is known as home isolation

- **Stay away from others:** As much as possible, you should stay in a specific “sick room” and away from other people in your home. Use a separate bathroom, if available.
- **Limit contact with pets & animals:** You should restrict contact with pets and other animals, just like you would around other people.
 - Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people with the virus limit contact with animals until more information is known.
 - When possible, have another member of your household care for your animals while you are sick with COVID-19. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with them. See [COVID-19 and Animals](#) for more information.

[If someone in your home is sick](#)



Call ahead before visiting your doctor

- **Call ahead:** If you have a medical appointment, call your doctor's office or emergency department, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.



Wear a facemask if you are sick

- **If you are sick:** You should wear a facemask when you are around other people and before you enter a healthcare provider's office.
- **If you are caring for others:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then people who live in the home should stay in a different room. When caregivers enter the room of the sick person, they should wear a facemask. Visitors, other than caregivers, are not recommended.



Cover your coughs and sneezes

- **Cover:** Cover your mouth and nose with a tissue when you cough or sneeze.
- **Dispose:** Throw used tissues in a lined trash can.
- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



Clean your hands often

- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Hand sanitizer:** If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water:** Soap and water are the best option, especially if hands are visibly dirty.
- **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.

[Handwashing tips](#)



Avoid sharing personal household items

- **Do not share:** Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash thoroughly after use:** After using these items, wash them thoroughly with soap and water or put in the dishwasher.



Clean all “high-touch” surfaces everyday

Clean high-touch surfaces in your isolation area (“sick room” and bathroom) every day; let a caregiver clean and disinfect high-touch surfaces in other areas of the home.

- **Clean and disinfect:** Routinely clean high-touch surfaces in your “sick room” and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.



- If a caregiver or other person needs to clean and disinfect a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**
- **Household cleaners and disinfectants:** Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
 - - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Most EPA-registered household disinfectants should be effective. A full list of disinfectants can be found [hereexternal icon](#).

[Complete disinfection guidance](#)



Monitor your symptoms

- **Seek medical attention, but call first:** Seek medical care right away if your illness is worsening (for example, if you have difficulty breathing).
 - **Call your doctor before going in:** Before going to the doctor's office or emergency room, call ahead and tell them your symptoms. They will tell you what to do.
- **Wear a facemask:** If possible, put on a facemask before you enter the building. If you can't put on a facemask, try to keep a safe distance from other people (at least 6 feet away). This will help protect the people in the office or waiting room.
- **Follow care instructions from your healthcare provider and local health department:** Your local health authorities will give instructions on checking your symptoms and reporting information.



If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**.
Emergency warning signs include*:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

Call 911 if you have a medical emergency: If you have a medical emergency and need to call 911, notify the operator that you have or think you might have, COVID-19. If possible, put on a facemask before medical help arrives.



How to discontinue home isolation

- People **with COVID-19 who have stayed home (home isolated)** can stop home isolation under the following conditions:
 - ***If you will not have a test*** to determine if you are still contagious, you can leave home after these three things have happened:
 - You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers)
AND
 - other symptoms have improved (for example, when your cough or shortness of breath have improved)
AND
 - at least 7 days have passed since your symptoms first appeared
 - ***If you will be tested*** to determine if you are still contagious, you can leave home after these three things have happened:
 - You no longer have a fever (without the use medicine that reduces fevers)
AND
 - other symptoms have improved (for example, when your cough or shortness of breath have improved)
AND
 - you received two negative tests in a row, 24 hours apart. Your doctor will follow [CDC guidelines](#).