



COVID-19 Screening Protocol for Congregate Shelters and Outreach Programs

Last Updated: 7/30/2020

Protocol Overview:

In order to maintain a safe environment in congregate shelters, all clients, vendors, visitors, and staff must be screened for symptoms of coronavirus (COVID-19) prior to entering the shelter and on a daily basis. Outreach staff will also screen clients they have engaged. Clients who have symptoms should be transported to a temporary isolation and quarantine (ISAQ) site by calling the **DHS COVID-19 Hotline (24 Hours / 7 days): 202-671-3076**. The purpose of this document is to provide instructions for staff on how to enact this protocol.

Note: Clients should be encouraged to remain in the shelter / on the shelter premises or in their current location for unsheltered clients, to the maximum extent possible. Clients in shelter will retain shelter assignments and will not move from shelter to shelter during the COVID-19 pandemic to minimize contact with other people to the maximum extent possible.

1. Who does this protocol apply to?

This protocol applies to:

- **All congregate emergency shelter facilities.** A congregate emergency shelter is a facility where a number of people reside in close proximity to one another. Multiple people sleep in the same room (often in bunk beds), bathroom facilities are shared, and meals are provided cafeteria-style.
- **Youth programs where self-isolation is not possible (included in the term “shelter” for the remainder of this document).** For example, youth programs where a youth is in a room with a roommate and is not able to self-isolate in a different room on the premises. *Note that isolation site capacity is limited, and providers should make an attempt to isolate clients on-site if a private room setting is available.*
- **Outreach teams.** Public and privately funded – serving adults and youth.

2. Who should be screened?

- Everyone currently in the shelter (staff should use the bed list as guidance).
- Everyone entering shelter (if they are new to the shelter or have left the premises and are returning). This includes staff, visitors, and vendors in addition to clients.
- Everyone unsheltered. Individuals experiencing homelessness who are not in shelter; whether in multi-person encampments or in a location by him/herself.

3. Where and how often should screening occur?

For Shelters:

- **At the front door.** All clients, staff, vendors, and visitors must be screened prior to entering the



facility. Clients and staff who have stepped outside the facility for a short period of time (less than an hour) do not need to be screened again upon re-entering the facility.

- **During intake/bed assignment process.** All clients must be screened daily in addition to the screening occurring at the front door to ensure that all clients who may not have left the shelter, and therefore were not screened at the front door, are not experiencing symptoms.

Shelter staff should use discretion on how to set up a process for screening clients currently in the shelter and at the front door. Shelter staff doing the screening and clients waiting to be screened should remain six feet away from other people (known as social distancing) to the extent possible following CDC guidance.

Note: Clients lining up to enter shelters must also follow social distancing guidelines and remain approximately six feet apart from one another. All clients entering the facility should be given a mask to wear.

For Outreach:

Outreach staff should conduct screening of clients at initial engagement upon meeting the client and during each subsequent engagement to determine any changes in the client's health. The outreach staff asking the screening questions should practice social distancing while asking screening questions.

For Staff & Vendors:

All shelter staff, security staff, outreach staff, visitors, and vendors must be screened before entering the building/interacting with clients. Shelter / Outreach management shall determine the best location/process for this to occur.

4. What is the screening process?

The screening process involves determining if an individual has a fever and/or has other symptoms of COVID-19 or has been to a high risk area within the past two weeks. **Please see the attached Daily Screening Questionnaire.** The questionnaire will determine whether a client is at risk of having COVID-19 and should receive further screening/testing at an ISAQ site. It will also determine whether staff or other visitors should be sent home or refused entry to the site.

5. What is the process for taking a temperature?

The District of Columbia Department of Human Services (DHS) and The Community Partnership for the Prevention of Homelessness (TCP) have supplied low barrier shelters with Non-Contact Infrared Thermometers (NCIT). The person using the device should **strictly follow the manufacturer's guidelines and instructions for use** for the specific NCIT being used. The [U.S. Food and Drug Administration offers the following as typical instructions for NCIT usage:](#)

- Hold the NCIT sensing area **perpendicular** to the forehead and instruct the person to remain stationary during measurement(s). (See Figure 1)



- The distance between the NCIT and forehead is specific to each NCIT. Consult the manufacturer’s instructions for correct measurement distances.
- Do not touch the sensing area of the NCIT and keep the sensor clean and dry.



Figure 1: Correct Use – Forehead unobstructed, and NCIT perpendicular to forehead and used at distance identified in manufacturer’s instructions.



Figure 2: Incorrect Use – Not perpendicular to forehead



Figure 3: Incorrect Use – Forehead exposed to direct sunlight outdoors



6. Who should be transported to an ISAQ site?

Clients who have ANY of the following symptoms in the past 24 hours should be transported to the ISAQ:

- A fever (100.4 F or greater)
- A new or worsening 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
- Diarrhea

In accordance with [Mayor's Order 2020-081](#), dated July 24, 2020, all clients traveling to or from “high risk areas” within the past fourteen (14) days for non-essential travel should be referred to ISAQ to self-quarantine for fourteen (14) days following their return or arrival to the District. See Question 7 for additional information.

7. What are “high risk areas” and what are the action steps to take?

As part of COVID-19 screening process (see **attached Daily Screening Questionnaire**), providers shall ask clients, staff, visitors, and vendors about out of state travel prior to allowing entry to shelters.

- Any client seeking entry to a congregate site who has been in a high risk area during the past two weeks should be referred to ISAQ.
- Any staff who has been in a high risk area within the past two weeks should be advised to self-quarantine at home.
- Any visitor or vendor who has been in a high risk area should not be permitted to enter the facility.

“High-risk area” is defined as states where the seven-day moving average of daily new COVID-19 cases is 10 or more per 100,000 persons. Maryland and Virginia are both exempt from the Mayor’s order. Please see <https://coronavirus.dc.gov/> for the updated list of high-risk states.

8. What should shelter/outreach staff do after identifying a client who needs to be transported to an ISAQ site?

For the client’s safety and the safety of others, staff should not let clients who meet the screening criteria for referral to ISAQ enter or stay in shelter. Staff should arrange for the client to be transported to an ISAQ site for additional medical care and COVID-19 testing by taking the following actions:



1. Call the **DHS COVID-19 Hotline (24 Hours/7 Days): 202-671-3076** to arrange transportation to the ISAQ site.
2. Provide the client with the DHS Client Referral letter (attached) and walk through the information in the letter with the client. Discussing the letter with the client is essential so that the client knows what to expect.
3. Provide the client with a mask to wear and a safe space to isolate away from others while awaiting transport.

9. What information must staff provide to the DHS COVID-19 Hotline to request transport to an ISAQ site?

Staff should be prepared to share the following information:

- Caller's name, phone and email
- Client Name, Weight, Gender, Race/Ethnicity, Date of Birth, Contact Number (if available)
- Client's dorm and bed number
- Date of onset of symptoms
- Whether client has a fever
- Date of COVID test, if applicable
- Name of COVID-positive person the client came in contact with, if known
- Whether client smokes or has any language, mobility, dietary, or the Americans with Disabilities Act of 1990 (ADA) needs
- Whether client has any known medical requirements
- Emergency contact name and number for client

Please use the attached spreadsheet to collect the required information prior to calling the hotline.

10. What should staff do if the client is showing emergency signs?

If the client develops emergency warning signs, staff should call 911 *immediately*. Emergency warning signs include:

- Severe 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. The client should consult a medical provider for any other symptoms that are severe or concerning.*

11. What happens if someone refuses to be screened?

Remind the client that participating in COVID-19 screening is part of low-barrier shelter program rules, which incorporate a COVID-19 low barrier shelter program rule addendum. If the person is not showing symptoms, allow the person into shelter with additional guidance on proper hygiene



and sanitation according to current [CDC protocols](#).

Anyone who demonstrates symptoms should not be allowed to enter the shelter. In the absence of on-site medical care (i.e. Unity Health Care), staff should call 911.

12. What happens if someone is waiting for COVID-19 test results OR has tested positive for COVID-19?

Clients that have been tested for COVID-19 at a medical facility will be transported from the medical facility to the ISAQ site until negative status is confirmed or the client is medically cleared to return to the shelter.

In the event that a client presents at a shelter and states they have been tested and are waiting for results OR indicated that they have tested positive for COVID-19, shelter staff should contact the **DHS COVID-19 Hotline (24 Hours / 7 Days): 202-671-3076** to arrange transportation to an ISAQ site.

13. What happens if someone indicates they have been tested for COVID-19 and the result is negative or they have been medically cleared for release from an ISAQ site?

If a client indicates that they have been tested for COVID-19 and the test result was negative or they have been otherwise medically cleared to be released from an ISAQ site, staff should ask to see that client's paperwork confirming negative status or discharge letter from ISAQ.

If the client does not have paperwork, staff should check the DC Homeless Management Information System (HMIS) to verify a program entry listed under the Entry/Exits section of the client's record. The Program Entry will be listed as **DHS - ISO Program - ES - DHS Direct** with an Entry date listed. A date under the Exit column will indicate the client has been cleared to return to shelter. In some instances, DHS will be provided with the paperwork the client received. The paperwork will be uploaded under the Client Profile tab under File Attachments. *Note: paperwork may not be provided to DHS for all clients.*

14. What is the location of the ISAQ Sites?

In order to protect client safety and confidentiality, DHS is not sharing the locations of the ISAQ sites with the public. If you learn of a site location, please do not share the information with anyone.

15. What other protective measures should providers take?

Consistent Mayor's Order 2020-063, [Extensions of Public Emergency and Public Health Emergency and Measures to Protect Vulnerable Populations During the COVID-19 Public Health Emergency](#), dated April 15, 2020, we ask providers to take the following protective measures (if not already underway):

- Require all individuals inside the facility to wear a face mask at all times except when eating, drinking, bathing, and sleeping.
- Exclude all Visitors and Non-Essential Personnel from entry or access to the shelter;
- Require each person entering the shelter to wash hands with soap and water for at least twenty (20) seconds or disinfect their hands with an approved hand sanitizer;



- Cancel all group activities at the shelter, except for group activities required to address a medical need;
- Encourage employees and residents to practice social distancing, including not shaking hands or engaging in any other unnecessary physical contact;
- Provide adequate sanitizing products, including hand sanitizers or disinfecting wipes, at all entry and exit ways and throughout the shelter;
- Restrict all seating in communal dining areas and allow individuals to pick up 'grab and go' prepackaged meals. Appropriate social distancing practices must be followed in communal dining areas, such as staggering meal times or spacing individuals at least six (6) feet apart;
- Encourage and facilitate use of electronic communication platforms for videoconference or telephone visits with residents, consistent with public safety. If an in-person visit is required, the visit must take place in compliance with the shelter's policies;
- Implement regular cleaning and disinfection procedures for cleaning high-touch surfaces

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

For questions or additional information, please email dhs.covid19@dc.gov or visit <https://coronavirus.dc.gov>.

Attachments:

- DHS Referral Letter to ISAQ Site
- DHS Daily Health Screening Questionnaire
- Spreadsheet for collecting information for DHS COVID-19 Hotline



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Daily Health Screening Questionnaire

Date of Health Screening: _____ Name of staff doing screening: _____

Shelter Name: _____

CLIENT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: ___/___/_____ Gender (circle one): Male Female Transgender

Race: _____ Ethnicity (circle one): Hispanic Non-Hispanic

Room/Dorm number: _____ Bed #: _____ Bunk (circle one): Upper Lower

Is this person a member of the staff? (circle one) Yes No

HEALTH SCREENING QUESTIONS

Temperature: _____ Note: Fever = a temperature of 100.4° F (38° C) or greater

Table with 3 columns: Symptom, Yes, No. Rows include: Felt like you had a fever?, Had a new or worsening cough?, Had shortness of breath or difficulty breathing?, Had fatigue?, Had muscle or body aches?, Had a headache?, Had new loss of taste or smell?, Had a sore throat?, Had congestion or a runny nose?, Had nausea or vomiting?, Had diarrhea?

Follow-up Questions for Clients with Symptoms that may be due to COVID-19

If they answer "Yes" to any of the Health Screening Questions OR have a fever, ask all of the questions below and follow the steps for isolating clients:

What is the date that you first experienced any of these symptoms or felt unwell: _____

Have you seen a doctor or gotten treatment for these symptoms in the past 14 days? (circle one) Yes No

If yes, did the doctor test you for COVID-19 and or give you any instructions to self-isolate or self-quarantine? (circle one) Yes No



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Out of State Travel Questions

Other than Maryland or Virginia, in the past two weeks have you traveled out of state or are you arriving to this shelter from out of state?

If yes, which state did you travel to, or, are arriving from?

If it is a state currently on DC Health's list of high risk states, available [HERE](#), the client should be referred to ISAQ.

Steps for Isolating Clients

All clients who answer "Yes" to **any** of the health screening questions above **OR** have a fever **OR** have traveled to a high risk state within the past two weeks should be sent to the DHS Isolation and Quarantine (ISAQ) Site – please see Questions 7 & 8 for instructions. They should be provided with a mask if not wearing one, and transported to the isolation site and tested for COVID-19 or to the hospital via Fire and Emergency Medical Services (FEMS) (as appropriate based on their symptoms).