



# Interim COVID-19 Guidance on Congregate Feeding for Homeless Service Providers

Last updated: 3/17/2020

*Please be aware that this guidance is based on the best information currently available and will be updated as needed. DC Health may change its recommendations as the situation evolves and will announce if additional measures are needed. Visit [coronavirus.dc.gov](https://coronavirus.dc.gov) and [Centers for Disease Control and Prevention \(CDC\) website](https://www.cdc.gov) for more information. If you have questions or comments, please contact us at [dhs.covid19@dc.gov](mailto:dhs.covid19@dc.gov).*

*This document provides guidance for homeless shelters and other providers in the homeless services system specifically around congregate feeding, and adjustments that should be made to reduce the risk of COVID-19 to your clients and staff. Please see the [Interim COVID-19 Guidance for Homeless Service Providers](#) released by DHS on March 13, 2020 for additional guidance.*

*We recognize that not all of the guidance included here will be applicable or feasible for every provider and facility.*

## How to Adjust Congregate Feeding to Reduce the Introduction and Spread of COVID-19 in Your Facility

Limiting the number of people who congregate and interact with one another within a facility and allowing more physical space between people can help to curb spread of this infection. Reduce congregate eating by providing pre-packaged or boxed meals (rather than serving individual plates from larger portions), staggering mealtimes to reduce lines, and requiring that clients to take their food to go (rather than eating at large tables inside sitting close together). Many feeding facilities and restaurants have closed through the end of March. If you are choosing to stay open, please keep in mind the general guidelines for reducing the spread of the virus: keep a distance of at least six feet between people and reduce the length of time of interactions (such as waiting in lines) as much as possible.

### 1. When Clients are Entering the Facility – Screening for Sick Clients and Good Hygiene

- a. Post signs at the entrance instructing clients not to visit if they have symptoms of respiratory infection. Signs in multiple languages can be found [here](#).
- b. Ensure staff and clients are familiar with the symptoms of general acute respiratory infection, as well as criteria for COVID-19, which includes fever, cough or shortness of breath. For additional resources, please see the [resources page](#) on [coronavirus.dc.gov](https://coronavirus.dc.gov) and suggested screening questions in Appendix 1.
- c. If a client arrives that has a fever and cough, or shortness of breath and cough, direct them to medical care (such as a clinic) or call 911 (Nurse Triage Line). Call the healthcare provider in advance to allow them to triage when the client arrives. DHS will be in contact with any facility known to have had a client who is

suspected of being high-risk or testing positive. DHS will work with the facility at that time to ensure the safety and health of clients and staff.

- d. Upon entering the facility, and frequently once inside, staff and clients should clean their hands according to [CDC guidelines](#), including before and after contact with other people, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).
- e. Ensure hand cleansing supplies are readily available within the facility, including at entries and exits, visitation rooms, common areas, and staff-restricted areas, in addition to lavatories and food preparation and dining areas. Ideally, this would include running water, soap, and hand drying machines or paper towels and waste baskets; alternatively, except in lavatories and food preparation areas, alcohol-based hand sanitizers may be used.
- f. Encourage individuals to cover their cough or sneeze with an elbow and not their hand.
- g. If providers are unable to obtain supplies through their normal procurement process, please use this [link](#) to request additional resources through TCP and DHS.

## 2. How to Safely Distribute Food to Clients

- a. Display signs instructing clients, visitors and staff to notify staff, seek healthcare assistance or call 911 if they have fever and cough or shortness of breath, as well as to promote good hygiene. DC Health recommends at least the following posters/resources:
  - i. [Symptoms of COVID-19](#)
  - ii. [Stop the Spread of Germs](#)
  - iii. [Stop the Stigma](#)
- b. Consider showing a streaming video in common areas that have a television that demonstrates proper methods for hand-washing and respiratory etiquette.
- c. Implement strategies for reducing long lines of people waiting for food, such as staggering mealtimes or having multiple stations set up for distributing food.
- d. Reduce congregate eating by providing pre-packaged or boxed meals (rather than serving individual plates from larger portions) and require that clients take their food to go, rather than eating inside the facility. Encourage clients to eat in small groups (no more than ten people in a group and sitting at least six feet apart) when outside of the facility.
- e. There are a number of organizations interested in donating boxed lunches and dinners; if you need additional resources, please email [dhs.covid19@dc.gov](mailto:dhs.covid19@dc.gov).

## 3. After Clients Have Received Food

- a. Remind clients to reduce congregate eating as much as possible.
- b. Clean facilities routinely and effectively.
- c. 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.

- d. Place waste baskets in visible locations and empty regularly.
- e. Ensure that waiting areas, TV rooms and reading rooms have adequate ventilation (e.g., open windows if practical).
- f. 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.

**For further** general guidance, please see DHS’ [Interim COVID-19 Guidance for Homeless Service Providers](#) or [HUD’s Infectious Disease Toolkit for Continuums of Care: Preventing & Managing the Spread of Infectious Disease Within Shelters](#).