



Interim COVID-19 Guidance for Homeless Service Providers

Last updated: 3/13/2020

NOTE: 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 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.

The newly recognized respiratory disease – coronavirus disease 2019 (COVID-19) – is spreading globally and there have been instances of COVID-19 community spread in the United States. **At present, DC Health advises that coronavirus risk in the District of Columbia is low.** That could change at any time; DC Health has approved this document and is actively analyzing our community risk for exposure and infection. The District of Columbia has established coronavirus.dc.gov, a hotline to answer questions about coronavirus at 202-576-1117 or email coronavirus@dc.gov. We ask that you look for guidance on this website or through any of the recommended references attached to this guidance before calling.

The general strategies recommended to prevent the spread of COVID-19 are the same strategies used every day to detect and prevent the spread of other respiratory viruses, such as influenza and Tuberculosis (TB). Congregate settings may pose challenges, including serving vulnerable populations, restricted client or resident movement, and limited skilled staff. Special considerations should be taken to prevent disease transmission when considering the movement of clients, visitors and staff into and within the facilities.

This document provides guidance for homeless shelters and other providers in the homeless services system running congregate care settings, such as day service centers. This document includes:

- COVID-19 Background Information
- Prevent the Introduction of COVID-19 and other respiratory pathogens INTO your facility
- Prevent the Spread of COVID-19 and other respiratory pathogens WITHIN facility and BETWEEN facilities
- Infection Control Guidance
- Continuity of Operations
- Appendices providing guidance on social distancing, social distancing isolation, a visual of an initial client pathway, and proposed screening questions

These are intended to be general considerations for facilities. We recognize that not all of the guidance included here will be applicable or feasible for every provider and facility.



COVID-19 Background Information

Human coronaviruses are a group of viruses that commonly cause either mild-to-moderate illness – such as a cold with runny nose, headache, cough, sore throat, or fever or sometimes pneumonia.

Our current understanding of COVID-19 suggests it is like other respiratory viruses with respect to transmission. In general, these viruses are likely to spread when a sick person coughs or sneezes. It is also possible to become sick by touching surfaces contaminated with a virus, and then touching one's own eyes, nose, or mouth. Covering coughs and sneezes with a tissue or an upper sleeve and washing hands with soap and water or with an alcohol-based hand rub are essential in stopping the spread of respiratory viruses. During the influenza season, individuals should consider getting a flu vaccine.

The majority of persons with COVID-19 develop a mild illness which may include fever, cough, or shortness of breath. Persons who develop more severe disease requiring hospitalization have often been the elderly or persons with underlying medical conditions.

Anticipatory Planning for COVID-19 in the District of Columbia

At this time, there is limited recognized transmission of COVID-19 in the National Capital Region. DC Health recommends facilities consider developing plans to address the recognition and management of individual COVID-19 cases while there is limited evidence of community transmission, as well as prepare for the possibility of widespread community transmission.

Be prepared - Form a pandemic planning committee that includes representatives of all internal partners and that is authorized by facility leadership to finalize a COVID-19 response plan promptly and in coordination with city, state, and federal partners.

- Refer to the [CDC site for pandemic preparedness resources](#) and the Shelter Guidance
- Utilize the District of Columbia Coronavirus website, coronavirus.dc.gov, the hotline (202-576-1117) and email address (email coronavirus@dc.gov) to access public health and other critical information needed for situational awareness.
- Participate in Department of Human Services, DC Health, and other interagency COVID-19 planning activities.

Communicate with staff and clients - Keep clients and employees informed.

- Describe what actions the facility is taking to protect them, including answering their questions and explaining what they can do to protect themselves and their community.
- Provide educational materials and information to clients and visitors in a way that can be understood by English and non-English speakers.
- Post flyers and have credible educational information clearly visible and available to staff and clients.
 - Go to <https://coronavirus.dc.gov/page/coronavirus-resources> for printable flyers.



- DC Health recommends at least the following posters/resources:
 - [Symptoms of COVID-19](#)
 - [Stop the Spread of Germs](#)
 - [Stop the Stigma](#)

Protect your workforce and your clients

- Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.
- Advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.
- Do not require a healthcare provider's note for employees who are sick with respiratory symptoms and request sick leave.

WHAT TO DO NOW, WHILE COMMUNITY RISK OF COVID-19 IS LOW IN THE DISTRICT OF COLUMBIA

1. Prevent the Introduction of COVID-19 and Respiratory Pathogens INTO the Facility

- Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection. Signs in multiple languages can be found [here](#).
- 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.
- Conduct a non-medical screening of visitors, staff, and clients in advance and upon arrival for fever or signs of an acute respiratory or possible exposure to COVID-19. Appendix 4 provides suggested screening questions, which can be conducted by non-medical staff. Have a plan for what you will do with a symptomatic individual. As possible, this could include designating an isolation room or separate space for individuals to wait for further assistance.
- **Clients:** Refer clients complaining of symptoms of respiratory infection to a clinic or call 911 to access the Nurse Triage Line. Call healthcare provider before client arrives to alert them of a potential COVID-19 patient.
- **Staff:** Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection. Inform staff to stay home if they feel ill and remain at home until their symptoms resolve.
- **Visitors (not clients):** Inform potential visitors (e.g. not clients that are seeking services that symptomatic persons will not be allowed to enter the facility. When possible, facilities should use their usual communication channels to inform potential visitors of these rules before they travel to the facility. Exclude visitors who appear to be ill or report fever, cough, shortness of breath and either travel from an affected geographic area within the past 14 days OR close contact with a person with confirmed COVID-19 within the past 14 days. Consider adjusting visitor policies to be more restrictive.
- Implement appropriate infection prevention practices for incoming symptomatic clients who are not suspected of having COVID-19 and/or who have returned from a healthcare provider.

2. Prevent the Spread of COVID-19 and Respiratory Pathogens WITHIN and BETWEEN the Facility(ies)

General guidance

- Employees should clean their hands according to [CDC guidelines](#), including before and after contact with clients, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).
- Put alcohol-based hand sanitizer in all common areas, high-congregation areas, eating, and entry areas.

- Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.
- Encourage individuals to cover their cough or sneeze with an elbow and not their hand.
- To submit requests for additional supplies, please email dhs.covid19@dc.gov.

For clients who present as sick or report being sick with a cough and fever and have NOT been seen by a healthcare provider:

- Direct them to medical care (such as a clinic) or call 911. Call healthcare provider before client arrives to alert them of a potential COVID-19 patient.
- Clients who claim to have been in direct contact with a person known to have tested positive for COVID-19 should be referred to a doctor, healthcare facility or to the 911 Nurse Triage Line for further instruction.
- The healthcare provider will assess the client's risk of having COVID-19 and assess their symptoms.
- A client suspected of being high-risk for COVID-19, TB or another significant illness will be sent to the hospital for evaluation and possible testing.
- ***Clients who are determined to be high risk after a health care provider consults with DC Health will NOT be returned to shelter. DHS is supporting operations for isolation and quarantine for residents who are unable to otherwise self-quarantine.***

For clients who present as sick or report being sick with a cough and HAVE been seen by a healthcare provider:

- Clients who are sick with a cough and fever but are discharged from a hospital or healthcare facility without requiring quarantine or isolation should be asked to provide a note documenting that they do not have COVID-19 and should be asked to follow hygiene guidance.
- As possible, restrict clients with fever or acute respiratory symptoms to their room or an area where they can be isolated from others in the facility by at least 6 feet.
- If the sick person must leave the room for medically necessary procedures or social distancing is not possible, have them wear a facemask (if tolerated).

Management and isolation of suspected or confirmed cases:

- DC Health and DHS will be in contact with any facility known to have had a client who is suspected of being high-risk or testing positive. Both agencies will work with the facility at that time to ensure the safety and health of clients and staff.
- Clients who are determined to be high-risk and/or presumed positive for COVID-19 will be managed in a healthcare setting or sent to the alternate sites operated by DHS for isolation and quarantine.

3. Infection Control Guidance

If no such structure already exists, designate a team of staff members to assist in developing and implementing a site-specific plan to prevent widespread transmission of COVID-19 and to avoid major disruptions in services. The COVID-19 team should be made up of staff who are familiar with measures taken to limit exposure to, and the spread of, influenza and other winter respiratory viruses. Ensure appropriate operational, healthcare and administrative representatives are involved. Assign staff members to address the following activities, along with any others that may be required:

- Assessing Risk to Employees and Measures to Maintain Their Health
- Education and Training for Employees
- Facility Readiness: Signage, Supplies, and Staffing
- Housekeeping

Plan for each of these activities by assessing needs, deciding how the facility will implement the activities and what resources are needed for handling a resident, employee, or visitor who presents with symptoms suspicious for COVID-19. General guidance is available in [HUD's Infectious Disease Toolkit for Continuums of Care: Preventing & Managing the Spread of Infectious Disease Within Shelters](#).

Assessing Risk to Employees and Measures to Maintain Their Health

- Assess the potential exposure risks to COVID-19 for all facility employees. Consider those who provide healthcare, sanitation or services that require prolonged close contact.
- Provide employees with information about preventing the spread of respiratory illnesses.
- Review the facility's sick-leave policy and encourage staff to stay home while ill.

Education and Training

- Educate staff and clients about:
 - How respiratory illness spreads to inform and improve adoption of best practices to prevent the spread of respiratory illness, including basic cough and sneeze etiquette, hand washing, personal protective equipment, and housekeeping procedures. Personal protective equipment could include face masks and gloves.
 - COVID-19 symptoms
 - Facility policies for respiratory illnesses
- All staff, including administrators, health care personnel, custodians and food handlers should attend training sessions, whether in person or virtually.
- Information can also be provided through signs, written materials and video presentations.



- As we learn more about COVID-19, regular announcements should be made to keep all informed, especially regarding changes in prevention measures and medical treatment protocols.
- For additional resources, please see the [resources page](#) on coronavirus.dc.gov.

Facility Readiness: Signage, Supplies, and Staffing

- Prominently display posters from the DC Health Toolkit
- 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.
- Consider showing a streaming video in common areas that have a television that demonstrates proper methods for hand-washing and respiratory etiquette.
- Ensure hand cleansing supplies are readily available within the facility, including at intake areas, visitor 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.
- Maintain sufficient supplies of hand soap and paper towels, hand sanitizers, tissues, general cleaners, disinfectants and personal protective equipment.
- Use of a face mask is sometimes medically indicated for persons with a respiratory illness as it can prevent a sick person from spreading their illness to others.

DC Health and the CDC do not currently recommend the use of face masks among the general population.

Housekeeping

- 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.
- 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.

4. Continuity of Operations

- Anticipate and plan for staffing challenges:
 - Expect that many employees will be ill and furloughed until no longer a risk to others.
 - Identify essential personnel and ensure cross-training is in place.
- Anticipate and plan for shortages as supply chains are affected; pre-order essentials to maintain adequate reserves. Best practice is to maintain an 8-week supply of resources if possible.
- Keep in mind that partners during routine operations – such as law enforcement, the courts, state facilities – will be affected similarly. Facility operations should be capable of adjusting to challenges felt in other related systems.



APPENDIX 1

Social Distancing to Limit Further Spread of COVID-19 Disease

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. Depending on specific facility needs and severity of exposure to persons with COVID-19, social distancing can range from decreasing the number of people who can congregate at a time for different activities to suspending all non-essential activities. Explain to clients and staff why people are isolated from others to avoid stigmatizing those who are affected.

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

****These are general considerations for facilities. Not all of these actions can be implemented or are appropriate for any given facility.***

Sleeping Arrangements	<ul style="list-style-type: none"> • Increase spacing so beds are at least 3-6 feet apart • If space allows, put less clients 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 clients 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 clients • Consider keeping most vulnerable clients away from other clients who appear to be sick, as much as possible
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 clients at once such as “house meetings” and opt for smaller group activities
Transport	<ul style="list-style-type: none"> • Ensure communication between drivers and facilities to flag any clients that may be sick • Have as much space between passengers as possible



Communication	<ul style="list-style-type: none">• 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

APPENDIX 2: SOCIAL DISTANCING ISOLATION

What should someone do if they have a flu like illness or has been diagnosed with COVID-19?

If someone is sick with a flu like illness, such as cough and fever, the steps below can help them prevent others from getting sick:

Wear a facemask - Wear a facemask when you are in the same room with other people and when you visit a healthcare provider.

Facemasks are not the same as respirators. Facemasks do not prevent healthy people from becoming infected with a respiratory illness, such as COVID-19. However, they are thought to reduce the risk of infection when worn by sick individuals with a cough. Facemasks are not an alternative to social distancing and are not recommend as such by DC Health. Facemasks are only advised for individuals with a cough and fever, in addition to other hygiene best practices in congregate living facilities, where social distancing is not feasible.

Ask them to separate from other people in the facility - As much as possible, they should stay in a different room from other people. Also, you should use a separate bathroom, if available. If they live or stay in a congregate living setting (such as a shelter), they should wear a face mask and avoid touching their eyes, nose and mouth to prevent others from getting sick. They should also attempt to keep their distance from others, limit interactions, and wash hands frequently.

Cover their coughs and sneezes - Cover their mouth and nose with a tissue when they cough or sneeze, or they can cough or sneeze into their sleeve. Throw used tissues in a lined trash can, and immediately wash their hands with soap and water for at least 20 seconds.

Wash their hands - Wash their hands often and thoroughly with soap and water for at least 20 seconds. They can use an alcohol-based hand sanitizer if soap and water are not available and if their hands are not visibly dirty. Avoid touching their eyes, nose, and mouth with unwashed hands.

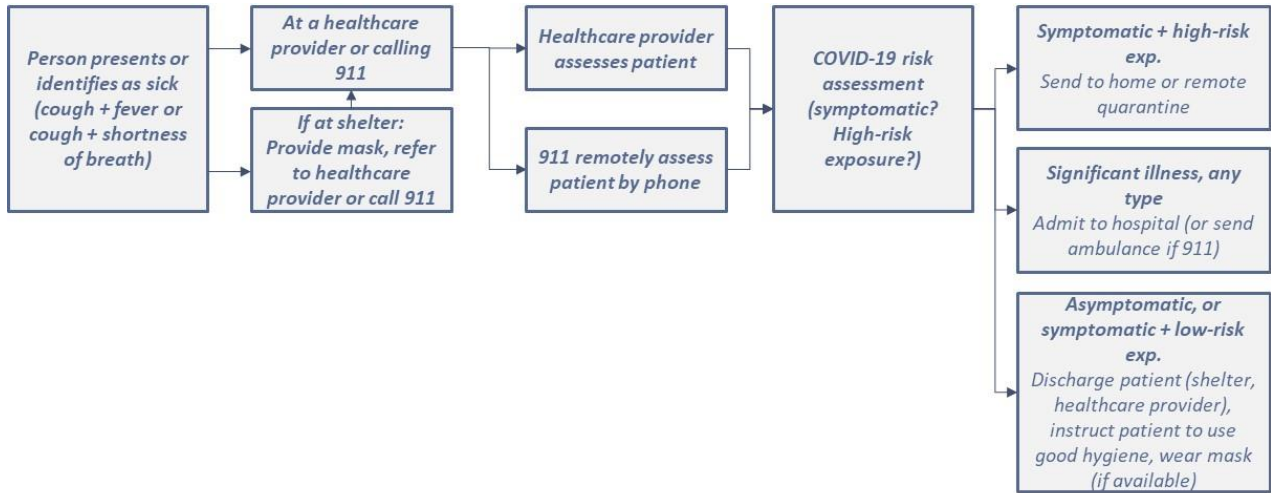
Avoid sharing common items - Do not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people. After using these items, wash them thoroughly with soap and water.

Monitor their symptoms – Notify someone in the facility or call your doctor if their illness is worsening (e.g., high fevers, difficulty breathing).



Call ahead before visiting a doctor - Before their medical appointment, advise clients to call the healthcare provider and tell them that they are sick. Please see [here](#) for list of Unity sites where clients can be referred if they do not have a healthcare provider. This will help the healthcare provider's office take steps to keep other people from getting infected. If possible, avoid public transportation. Clients may call 911 to access the Nurse Triage Line for guidance.

APPENDIX 3: COVID-19 Initial Client Pathway





APPENDIX 4: Proposed screening questions for anyone entering facility

Screening Questions:

1	Are you feeling sick or experiencing symptoms such as a cough and fever, or shortness of breath and cough?	Yes	No
2	Have you come into contact over the last 14 days with a person who was diagnosed or under investigation for the coronavirus?	Yes	No
3	Have you tested positive for the coronavirus?	Yes	No
4	Have you been told by a doctor to practice quarantine or isolation by the Department of Health?	Yes	No
5	Have you traveled internationally in the last 30 days to a country with a known local spread of COVID-19 (e.g., China, Iran, South Korea, Italy, or Japan)?	Yes	No

If the answer to any of the five screening questions is yes, this individual is at high risk and should be referred directly to a healthcare provider or 911 (Nurse Triage Line).