



Individuals living in congregate settings like homeless shelters are at increased risk of contracting COVID-19. Additionally, people experiencing homelessness may have an increased risk of severe outcomes if they have [certain medical conditions](#). Homeless service providers should incorporate everyday [prevention strategies](#) into their daily operations to mitigate COVID-19. These prevention measures should be implemented year-round, even when [COVID-19 community levels](#) are low or medium. The Centers for Disease Control and Prevention (CDC) recommend [enhanced measures](#):

This document is based on the CDC's [Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities](#). Homeless service providers may use this resource as a tool to assess their facility's risk level and apply the appropriate prevention measures based on that assessment.

- 1) When a shelter's COVID-19 community level is high.
- 2) Any time there has been transmission within the facility itself.
- 3) If there are facility-specific risks (detailed below) present.

Providers can check their community levels on CDC's [COVID-19 By County Check](#).

Assessing a Facility's Risk for Enhanced Measures

The first step in determining which protections to implement is for homeless service providers to work with local public health to [determine their current individual facility risk level](#). Consider facility-specific risks in combination with [COVID-19 community levels](#) to guide decisions about when to apply specific COVID-19 prevention actions. Below is a list of questions to inform discussions between shelter providers and local public health. Conversations should occur any time conditions change so that shelters can reassess their risk levels.

Facility structural and operational characteristics that may contribute to COVID-19 spread:

- Is there frequent resident or staff turnover?
- Is there a high volume of outside visitors?
- Is there poor ventilation?
- Are there areas where many people sleep close together?
- Are protections needed throughout the entire facility or in specific areas?

Risk of severe health outcomes:

- What portion of people in the facility is [more likely to get very sick from COVID-19](#)? For example, due to underlying health conditions, older age, pregnancy, or poor access to medical care?

Facility-wide COVID-19 transmission levels:

- What is the current level of transmission within the facility? This may be determined by [diagnostic testing](#) or surveillance (e.g., wastewater monitoring). The result of testing at intake is not an indicator of facility-level transmission.

Flexible Use of COVID-19 Protection Strategies

Once homeless service providers have worked with local public health to determine their facility’s risk level, they should determine which COVID-19 protection strategies to implement. In the chart below, protection strategies are divided into everyday strategies and enhanced strategies. Everyday strategies should be in place at all times, even if community levels are low or medium. The enhanced strategies should be used when homeless services and local public health determine that it is necessary to increase protection against COVID-19 within a facility. Shelters should use a multi-layered approach by adding as many strategies as feasible.

If desired, shelters may choose to continue or implement some or all of the mitigation strategies at any time, whether or not enhanced measures are indicated. Infection control does not need to conflict with equity, and people should not be denied shelter because of symptoms or other illnesses. Take time to thoughtfully include individuals with diverse backgrounds, including people with lived experience, in conversations about strategies to implement.

	Everyday Strategies	Enhanced Strategies to Layer On
Facilities		
Ventilation/ Airflow	<ul style="list-style-type: none"> • Work with public health and follow CDC guidelines to ensure that HVAC systems operate properly and provide acceptable indoor air quality. • Work with partners to identify, obtain, and test ventilation improvement strategies to be implemented during enhanced mitigation periods. 	<ul style="list-style-type: none"> • When possible, hold group activities/events outdoors. • Increase and improve ventilation as much as possible.
Layout and spacing	<ul style="list-style-type: none"> • Maintain as much distance as possible in sleeping areas (ideally, 3 feet head to toe); if possible, try not to compromise capacity. Use common areas, bathrooms, and dining areas as usual. • Continue planning for overflow spaces in the event of decompression and plan for returning residents to housing 	<ul style="list-style-type: none"> • Increase distance in congregate areas like sleeping areas, dining areas, and common spaces. • Reduce movement and contact between different family units or sections of the facility.

	Everyday Strategies	Enhanced Strategies to Layer On
	when returning from these sites.	<ul style="list-style-type: none"> • Initiate overflow shelter spaces or sites. • Initiate protective housing (i.e., hotels/motels) for individuals who are at high risk of severe COVID-19.
Cleaning	<ul style="list-style-type: none"> • Conduct standard infection control, cleaning, and disinfection. 	<ul style="list-style-type: none"> • Add enhanced cleaning and disinfection to these standard protocols.
Individual Prevention		
Hand hygiene	<ul style="list-style-type: none"> • Maintain supplies for hand hygiene, cleaning, and disinfection, at no cost to residents or staff. • Encourage regular hand hygiene throughout the day and before and after meals. 	<ul style="list-style-type: none"> • Guidance is the same for both day-to-day and enhanced strategies.
Personal protective equipment	<p>General</p> <ul style="list-style-type: none"> • Maintain a stock of personal protective equipment. • Institute respiratory protection program to help fit test staff for masks. <p>All staff and residents</p> <ul style="list-style-type: none"> • Offer all staff and residents high-quality masks/respirators. <p>Individuals with a high risk of severe illness</p> <ul style="list-style-type: none"> • Provide other personal protective equipment for staff and residents based on risk. <p>Individuals who have been exposed</p> <ul style="list-style-type: none"> • Require masking for 10 full days after exposure, regardless of vaccination status. <p>Individuals with confirmed/suspected COVID-19</p> <ul style="list-style-type: none"> • Require wearing disposable facemasks, barrier face 	<p>All staff and residents</p> <ul style="list-style-type: none"> • Require universal indoor masking, regardless of vaccination status, using disposable facemasks, barrier face coverings, or NIOSH-approved respirators.

	Everyday Strategies	Enhanced Strategies to Layer On
	<p>coverings, or NIOSH-approved respirators for 10 days.</p> <p>Individuals working in isolation or quarantine areas</p> <ul style="list-style-type: none"> The CDC recommends the use of NIOSH-approved respirators, eye protection, gowns/coveralls, and gloves. 	
Medical Prevention, Assessment, and Treatment		
Vaccinations	<ul style="list-style-type: none"> Never make vaccination a requirement to access shelter. Work with public health to continue to support staff and residents to remain up to date on COVID-19 vaccination. Offer on-site vaccination. Fund peer ambassadors to promote vaccination. 	<ul style="list-style-type: none"> Guidance is the same for both day-to-day and enhanced strategies.
Testing	<ul style="list-style-type: none"> Work with public health departments to develop a protocol for when a client should be referred to testing and create a referral pathway/workflow. Identify an appropriate space where clients can quarantine while they await test results and safe transportation options to and from testing sites. Ensure staff know how and where to refer people for testing. If possible, provide on-site testing. Suspend co-pays for residents seeking medical evaluation and testing for possible COVID-19. Test residents and staff who have been exposed at least five full days after exposure (or sooner, if they develop symptoms). 	<ul style="list-style-type: none"> To protect individuals who are at high risk for severe illness from COVID-19, consult with local public health about whether to implement routine screening testing of residents and/or staff.

	Everyday Strategies	Enhanced Strategies to Layer On
Treatment/Sick support	<ul style="list-style-type: none"> • If a resident tests positive for COVID-19, support access to treatment as soon as possible. • Provide care for symptom management like over-the-counter medications. • Work with public health partners to establish standard facility procedures for when to seek emergency attention and for delivering CPR. Call 911 if someone is showing any of these signs (note that this is not an exhaustive list): <ul style="list-style-type: none"> • Trouble breathing. • Persistent pain or pressure in the chest. • New confusion. • Inability to wake or stay awake. • Bluish lips or face. 	<ul style="list-style-type: none"> • Guidance is the same for both day-to-day and enhanced strategies.
Isolation and Quarantine		
Services	<ul style="list-style-type: none"> • Continue supportive services for residents in isolation as needed. • Continue services (e.g., behavioral health and medical care) with the addition of universal masking and virtual options. 	<ul style="list-style-type: none"> • Guidance is the same for both day-to-day and enhanced strategies.
Isolation	<ul style="list-style-type: none"> • Individuals with COVID-19 should isolate for 10 days from the positive test or first symptoms. • Alternatively, individuals with COVID-19 can end isolation after seven days if they have a negative test. They should continue wearing a mask through day 10. • Positive residents may isolate in non-congregate settings (e.g., single rooms within 	<ul style="list-style-type: none"> • In times of crisis-level operations, consult public health to determine if isolation periods for staff and/or residents may be reduced.

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	<p>shelters, hotels, or motels) or together with shelter-based isolation in place.</p> <ul style="list-style-type: none"> • Confirmed and suspected positive individuals should not be isolated together; only people with confirmed COVID-19 can isolate together. • Staff should isolate away from the facility for 10 days. 	
<p>Quarantine</p> <p><i>While the CDC no longer requires quarantining individuals, some shelters may choose to continue this practice as an extra layer of protection. Shelters should work with public health to determine what is best for their community and should also always work to ensure access to programming and shelter for all individuals who need it.</i></p>	<ul style="list-style-type: none"> • Not recommended for individuals with known exposure to COVID-19. • Individuals who are exposed to COVID-19 should mask for 10 days, be tested between days five and seven, and maintain a distance of six feet from others when masking is not possible (i.e., meal times, sleeping). 	<ul style="list-style-type: none"> • Quarantine individuals for 10 days. Alternatively, after a negative test on day five, individuals may do five days of masking. • Work with your public health to determine the appropriate cohort size for your shelter; do not add newly exposed people to existing cohorts. • Use serial testing every three to seven days. • Allow quarantine cohorts to access facilities (such as dining or common areas) as a group, separate from other groups. Masks should be worn indoors. • Check quarantined residents for COVID-19 symptoms. May check only those residents at the highest risk of severe illness. • Designate a staff member to be the point of contact for COVID-19 prevention coordination with homeless service organizations.