

# COVID-19

## Homeless System Response: COVID-19 Preparedness Checklist for Shelter Facilities

Continuums of Care (CoCs), public health authorities, emergency management agencies, and local governments must work collaboratively and focus collectively on consistent adherence to infection control guidance across all winter shelter sites that are activated. Urgency does not have to conflict with equity. We can save lives and house people while concurrently incorporating people with lived experience and diverse partners into the planning process, engaging them in the execution of our vision, and honoring new and different approaches. Shelters should incorporate four main strategies to prevent transmission of COVID-19 within congregate facilities:

1. Encourage vaccination.
2. Enforce physical distancing.
3. Enforce mask-wearing.
4. Implement enhanced cleaning and disinfection.

Below are a series of preparedness checklists designed to help providers implement strategies for mitigating the spread of COVID-19 in winter facilities. The checklists can be printed for staff or embedded in operational procedures and protocols. Topics include:

- Physical Distancing, Face Coverings, and Ventilation
- Safe Sleeping Protocols
- Cleaning and Disinfecting
- Bathroom Cleaning Protocols
- Symptoms Screening for Staff and Clients
- Meal Management
- Testing

For additional information, see the [Winter Planning resource page](#), the [Centers for Disease Control and Prevention \(CDC\) resources](#), and Eligible Emergency Solutions Grants for COVID-19 (ESG-CV) Program Costs for Infectious Disease Preparedness.

# COVID-19 Preparedness Checklists for Homeless Shelters



## Physical Distancing, Face Coverings, and Ventilation

- Practice the [CDC's physical distancing recommendations](#) by separating individuals or family units by at least 6 feet at all times.
- [Post informational flyers](#) to educate staff and clients about physical distancing and mask-wearing requirements.
- Use tape or chalk to mark 6-foot spaces (boxes or stripes on the floor) to encourage physical distancing in smoking areas, kitchens, lobbies, and other shared spaces.
- Use physical barriers to protect staff who interact with clients with unknown infection status (e.g., add extra tables or partitions between clients and check-in counters).
- Limit group meetings as much as possible or avoid them completely when physical distancing is impossible.
- If individual rooms are not available for people with COVID-19-like symptoms, consider using large, well-ventilated rooms and temporary barriers between beds.
- Consult with public health partners and follow [CDC guidance](#) to assess whether adaptations are necessary to improve airflow, air filtration, and ventilation systems within the facility.
- If ventilation improvements were previously made to reduce the potential transmission of Tuberculosis (TB)—[such as the use of ultraviolet systems](#)—consider whether these adaptations support the requirements for preventing COVID-19 transmission.



## Cleaning and Disinfection

- [Create and maintain a cleaning schedule](#) and frequently clean all high-touch surfaces such as doorknobs, handrails, bathroom fixtures (such as sink handles and toilets), countertops, workstations, phone stations, tables, chairs, and elevator buttons.
- Use products that specifically fight the virus.
- Frequently clean any partitions that were established to create barriers between people in the facility.
- Provide staff with disposable wipes so they can frequently wipe down commonly used surfaces.
- Clean bathrooms thoroughly each day (see next section).



## Bathroom Protocols

- Stock bathrooms with soap, disposable paper towels, and cleaning supplies; create a schedule for staff to regularly stock essential bathroom supplies.
- Ensure that running water is available in all bathrooms and that toilets are in good working order.
- Clean and disinfect bathrooms at least once per day; leave cleaning supplies in the bathroom stalls and encourage clients to wipe down touchable surfaces after use.
- Limit the number of people allowed in the bathroom at any given time; instruct others to wait in a physically distanced line outside of the bathroom.
- If possible, designate separate bathrooms and showers for clients with suspected and confirmed cases of COVID-19.
- Give clients a clean bath towel upon entry to limit the sharing of potentially contaminated towels and wash towels once a week.
- Provide clients with appropriate sanitizer to clean touchable surfaces in showers before and after use.
- Create a shower schedule to limit the number of people in the shower room at the same time.



## Safe Sleep Protocols

- Keep family units separated by room or clustered in a separate space.
- Separate individual's/family unit's beds/mats by at least 6 feet.
- If 6 feet is not possible, maintain at least 3 feet between beds/mats and use a barrier, such as a screen or curtain, between beds/mats.
- Assign regular clients to a specific bed or mat.
- Label beds and mats "head" and "toe" in an alternating pattern.
- If beds are bunked, make sure the head-to-toe sleeping pattern is consistent across bunks.
- Track what beds clients use in your Homeless Management Information System (HMIS) to support contact tracing.
- Clean the sleeping areas and mats between each client.
- Provide new clients with clean sheets and bedding upon entry to the shelter.
- Wash client sheets and bedding at least once a week.



## Meal Management

- ❑ Prioritize boxed or bagged meals that are available for pickup to prevent queuing for food.
- ❑ Enable contactless meal access to protect clients, staff, and volunteers (e.g., picking up meals at entry or exit points or placing boxed meals on beds or mats before a shelter opens).
- ❑ If contactless pickup is not possible, use tape to mark 6-foot spaces (boxes or stripes on the floor) to ensure distance while queuing for meals.
- ❑ Consider measures to physically separate servers and clients, such as Plexiglass sneeze guards.
- ❑ Apply physical distancing methods for dining areas to ensure clients sit at least 6 feet apart; remove chairs to limit the number of people at tables.
- ❑ Stagger mealtimes to prevent overcrowding (e.g., create three dinner sessions in half-hour intervals and consider having clients sign up for mealtimes) and clean communal dining areas between mealtimes.
- ❑ Ensure facemasks are worn by clients and staff.
- ❑ Encourage clients to eat outside (physically distanced) if there is safe, outdoor space available.
- ❑ Deliver meals to rooms or areas where clients with symptoms of or confirmed COVID-19 infections reside; separate these individuals from communal dining rooms.
- ❑ Provide disposable disinfectant wipes, cleaners, or sprays that are [effective against COVID-19](#) so clients and staff can wipe down dining tables before and after eating.
- ❑ Only use single-service condiments.



## Testing

- ❑ 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 isolate 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.



## Symptoms Screening for Staff and Clients\*

- ❑ Consider [screening clients upon entry](#) into and while staying at your facility, as well as during outreach.
- ❑ If a client screens positive for symptoms, follow standard procedures developed with your public health partners and [CDC guidance, including](#):
  - Providing the client with a mask and advising them about cough etiquette.
  - Notifying appropriate public health authorities or healthcare providers and/or [referring to testing](#).
  - Directing the client to a designated isolation area within the facility or at a location identified by CoC and public health partners.
- ❑ Screen clients behind a physical barrier or stand 6 feet from a client and wear a face mask or N95 respirator, eye protection such as goggles or a face shield that fully covers the front and sides of the face, and a single pair of disposable gloves.
- ❑ Ensure staff, outreach workers, and volunteers screen themselves for [COVID-19 symptoms](#) at the beginning of every shift; immediately send home staff/volunteers who have a fever greater than 100.4 or symptoms consistent with COVID-19.
- ❑ Work with public health partners to establish standard facility procedures for [when to seek emergency attention](#) and for delivering CPR during the COVID-19 pandemic. Call 911 if someone is showing any of these signs (note that this is not an exhaustive list):
  - Trouble breathing
  - Persistent pain or pressure in the chest
  - New confusion
  - Inability to wake or stay awake
  - Bluish lips or face

**\*Please Note:** Symptom screening may provide an opportunity to engage with both staff and clients to understand how they are feeling and whether they need increased medical care. Depending on how comprehensive a symptom screening is, it could also be used to monitor increasing sickness in clients. However, it is important to remember that increased mobility and lack of consistent safe shelter may cause people experiencing homelessness to present with symptoms that are consistent with COVID-19 but also many other kinds of illness. **If shelters choose to symptom screen, it is important to work with public health partners to develop a procedure for what to do if someone screens positive for COVID-like symptoms.**