

# **Infectious Disease Toolkit for Continuums of Care:**

**Preventing & Managing the Spread of  
Infectious Disease Within Shelters**



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Prepared for

**The U.S. Department of Housing and Urban Development**

Prepared by

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Communities across the country have experienced recent serious and life-threatening outbreaks of infectious diseases such as hepatitis A, shigella, tuberculosis, and group A streptococcus that have spread rapidly among people experiencing homelessness who are staying in emergency shelters. These outbreaks underscore the need for Continuums of Care (CoC) to plan for and implement comprehensive sanitation guidelines for shelters in their community. Creating, implementing, and enforcing CoC-wide sanitation guidelines that meet applicable federal, state, and local standards protect individuals and families in shelter from infectious disease. The CoC leadership (CoC Board and Collaborative Applicant) play critical roles in coordinating and planning for the CoC. A key part of these roles is training and educating shelter providers to ensure that CoC sanitation guidelines are developed, understood, implemented, and followed.

Creating and maintaining strong shelter sanitation guidelines is a collaborative effort that requires participation from every level: shelter staff and guests, CoC leadership, and external partners like local health departments, municipal inspectional services, and/or local public housing authorities. A CoC's shelter providers are critical to integrating sanitation policies and procedures into the daily operations of congregate shelters as proper sanitation limits the spread of infectious disease. CoC Board leadership should ensure a process for adopting sanitation guidelines and communicating and implementing them consistently throughout its membership. The development, training, and enforcement of consistent and comprehensive guidelines across the CoC will reduce the risk of the spread of disease among those served within the emergency shelter system.

### ***Using This Guide***

This document focuses on developing and implementing sanitation guidelines within the emergency shelter system of a CoC to prevent and address the spread of infectious disease. This document provides guidance and tools for use by CoC Boards, Collaborative Applicants, and homeless crisis response providers such as shelter staff. These are resources that a CoC can adapt and incorporate into local written standards, contracts, daily standard operating procedures, and monitoring protocols.



*This section outlines how to create, implement, and enforce sanitation guidelines to effectively prevent the spread of infectious disease within a CoC's geography. Examples are provided throughout to illustrate key concepts and provide external references and resources.*

## **Creating CoC Sanitation Guidelines**

Maintaining and routinely evaluating the effectiveness of guidelines to ensure they are comprehensive and reasonable for implementation with available staff and resources is critical to success.

Key steps should include:

► **Establish or delegate responsibility of drafting guidelines to a CoC board subcommittee.**

Subcommittee members should be able to provide diverse perspectives, from shelter providers to subject matter experts. For example:

- [State public health department](#)
- Local public housing authority
- [Local public health officials](#) and medical professionals with infectious disease and sanitation method expertise
- Healthcare providers who work directly with homeless populations such as [Healthcare for the Homeless](#) and [PATH](#) providers



- Hospital staff / administrators
- Shelter management and staff
- Street outreach workers
- Property management or facility maintenance representatives

If such professionals are not available to serve on a subcommittee, they should be included in sanitation guidelines document review processes before final approval. The CoC Board should review and approve the guidelines.

► **Identify current local, state, and applicable federal sanitation standards and health codes for shelters.**

To begin the process of establishing sanitation guidelines, CoCs should first determine whether local or state sanitation guidelines currently exist for shelters or similar congregate residential facilities. These may be found in zoning, building, or health department codes. Guidance may be found in requirements for shelter permitting, fire code, or food handling.

Shelters that receive Emergency Solutions Grant (ESG) funds must comply with minimum [Habitability Standards](#) for safety, sanitation, and privacy set forth in 24 CFR 576.403. These regulatory standards state that the shelter is to be “maintained in a sanitary condition.” Describing in detail the procedures and practices that support sanitary conditions will aid every project to maintain a safe and healthy shelter environment.

► **Reference components of related community examples to ensure comprehensiveness.**

Examples of documents that could be adapted to meet the needs of your local community include:

- Community Guideline Examples
  - [Philadelphia Guidelines for the Prevention and Control of Infectious Diseases in Emergency Housing](#), [Philadelphia Influenza Control](#)
  - [Summary of Infection Control Recommendations](#) (CDC, pg. S4-20, S4-22)
  - [Recommended Shelter Health and Safety Best Practice Guidelines](#), Public Health, Seattle & King County, Washington
  - [An Influenza Pandemic Planning Guide for Homeless and Housing Service Providers](#), Seattle & King County, Washington
  - [Communicable Diseases](#), National Health Care for the Homeless Council
- Instructional Information
  - [San Diego Hep A Disinfection Guidelines](#)
  - [Texas Health and Human Services Emergency Shelter Sanitation Guidelines](#)
  - [Hepatitis A Disinfection Guidelines](#), Michigan Department of Health and Human Services
  - [Shelter Health](#). Communicable Disease Control, National Health Care for the Homeless

# Components of CoC-wide Guidance to Prevent the Spread of Infectious Disease

CoCs should create sanitation guidance for shelters focused on the prevention of infectious disease within the shelter system. The CoC-wide guidance should clearly differentiate between requirements and optional components. Consistency of sanitation protocol and its application throughout the CoC's shelter system increases its effectiveness. Shelters should use the CoC's guidance to create shelter-specific policies and procedures. Shelter policies and procedures may be more restrictive than the CoC guidelines, but not less restrictive. Listed below are several key components of sanitation to be sure to include in both the CoC guidance and shelter providers' policies and procedures.

## Preventive Sanitation Measures:

Include detailed cleaning schedules such as daily cleaning of bathrooms, weekly cleaning of bed linens, and use of personal protective equipment (PPE) when in contact with body fluids and when cleaning facilities. Post culturally appropriate signs in relevant languages that promote better personal hygiene, washing of hands, covering mouth and nose when sneezing and coughing, etc.

- Effective Disinfectants & Cleaning Methods. Examples: [Michigan Hep A Disinfection Guidelines](#), [CDC](#)
- Food Safety. Examples: [Seattle/King County](#), pg. 3; [CDC](#); [Seattle/King County Food Safety Fact Sheets](#); [Safe Food Handling Practices](#)
- Cleaning Vomit, Feces, or Blood. Examples: [Seattle/King County](#); [Sample Policy](#), pg. 16
- Proper Handling & Waste Disposal. Examples: [APIC](#), Appendix M, pg. 50-51
- Handwashing. Examples: [Michigan Hepatitis A Flyer](#), [CDC](#)
- Using Personal Protective Equipment. Examples: [APIC](#), pg. 12-17 & Appendix J; [CDC](#), pg. S4-8

## Cough Alert Policy:

Provides education for staff on early identification of people with active tuberculosis or other airborne diseases and instructs on how to prevent transmission. The policy helps to ensure that the appropriate supervisors in the shelter are informed about any clients who may have a disease spread by airborne transmission. Alternatively, an agency may have other policies and procedures into which a cough alert policy and procedures could be incorporated. If a cough alert policy is implemented, shelter management should ensure that this policy is followed and is part of routine employee orientation. To further prevent transmission, symptom screening questions can be added to intake questions during outbreaks and cough etiquette signs may be posted. (King County, [Appendix G](#))

## Health Screening Questions and Protocol:

Details culturally appropriate health screening questions that will help in identifying signs of infectious diseases among shelter guests and the proper procedures for responding appropriately to the health information collected. Consult with local health department once

infection is detected for treatment of the disease, isolation procedures, and referral to appropriate medical facility. ([Screening Procedures](#), pg 8)

## Isolation:

Isolates persons in the period of contagion (disease can be transmitted through casual contact) from the rest of the shelter population. Identifies when persons should be admitted to a specific clinic or hospital. Isolation within the shelter may include setting aside space or a room in the shelter for the individual(s). ([CDC - Isolation and Quarantine](#))

## Readmittance:

Describes how and when to readmit persons who were once isolated, but then were deemed no longer contagious by a medical professional.

## Staff and Volunteer Training Plan and Schedule:

Highlights key training needs of shelter frontline staff and managers, including:

- Detection of common infectious diseases among the homeless population. ([Philadelphia Disease Specific Guidelines](#))
- Culturally and medically appropriate intake screening questions to accurately assess symptoms of infectious disease and its severity.
- Appropriate responses upon detection, including treatment within the shelter (e.g., head lice, chicken pox); sanitation procedures for bed linen, clothing, and other affected items; and communication with medical personnel to address the disease within the shelter when necessary.
- Designating who on CoC leadership level is responsible for communicating incidents of infectious disease within the CoC to appropriate public health officials. Shelter guidelines designate chain of communication of infectious disease from frontline shelter staff to shelter leadership. Report clusters of disease to local health department. (Document #1, "Communication," [Sample Disease Reporting for Providers](#), Oregon)

## Compliance/Enforcement/Technical Assistance:

Details how the CoC will ensure shelter policies and procedures are aligned with CoC guidelines and implemented throughout the geography.

## Sample Shelter Sanitation Policies & Procedures:

- ▶ [Sample Shelter Infectious Disease Outbreak Policies & Procedures](#) (pg. 42-43)
- ▶ [King County Sample Shelter Policies: Standard Precautions in the Shelter Setting, Blood/Bodily Fluid Exposure & Clean-up Protocol, Laundry Hygiene, Scabies & Lice](#)
- ▶ [Sample TB Policy](#) (pg. 33-34)
- ▶ [Guidelines for Preventing and Controlling Tuberculosis in Atlanta Homeless Housing Facilities](#), 2016
- ▶ [Faith-based and Community Organizations Pandemic Influenza Preparedness Checklist](#), CDC
- ▶ [Cuyahoga County, OH Basic Shelter Standards: Template Used for Drafting Provider Policies Based Upon Shelter Standards and CoC Policies.](#)





## Implementing Shelter Sanitation Guidelines Across the CoC

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To ensure Shelter Sanitation Guidelines are understood and implemented across the CoC, training and communication must be ongoing. Sanitation Guidelines can be implemented through the CoC written standards, ESG policies and procedures, and/or in local contracts to help with enforcement, prioritization, and consistent implementation. Ongoing trainings and updates should be conducted and integrated into the guidelines of the work of the CoC leadership. As part of implementing the Shelter Sanitation Guidelines, CoCs should:

► **Include language in the CoC’s governance documents that sets clear expectations for shelters to maintain sanitation guidelines.**

Detail the guidelines and expectations for regular staff trainings and how to incorporate them into a shelter’s internal policies and procedures. Encourage shelter providers to convert the sanitation policies and procedures into a checklist for routine use by frontline staff. The CoC should also describe how it will enforce the guidelines and ask shelter providers to create their own internal monitoring strategies.

► **Create the CoC’s training curriculum on sanitation guidelines for shelter providers.**

Below are recommended topics and related resources that could be incorporated by your CoC into training materials.

- Reporting Protocols for Confirmed or Suspected Infections [Sample Disease Reporting for Providers](#), Oregon
- [Trauma-informed Communication with Shelter Clients](#) (HHS)
- [Screening Procedures and Symptom Identification](#) (Seattle/King County, pg. 7)
- [Disease-specific Protocol](#) (Philadelphia Department of Public Health)
- [Cleaning & Disinfecting Surfaces](#) (CDC)
- [Cleaning Bodily Fluids](#) (Seattle/King County, pg. 16)
- [Hand Hygiene](#) (CDC)
- [Proper Waste Disposal](#) (APIC, pg. 50-51)
- [Using Personal Protective Equipment \(PPE\)](#) (APIC, pg. 12-17)
- Safe Food Handling ([USDA Cooking for Groups](#); [The Health Care of Homeless Persons](#), Part 6)



► **Determine the most effective training methodology for CoC members.**

Regardless of which training methods are used, ensure members maintain records of training completion and that trainings are delivered consistently. Consider any combination of the following training options:

- Designate or recruit one person to deliver sanitation guidelines training, either in-person or virtually, on a set schedule for all new staff within a CoC. Decide upon the frequency of ongoing training to refresh information for those who have already received training. This should be done at least annually. Preferably, those delivering the training content will have public health background or expertise. In many communities, public health partners, public health schools, and Healthcare for the Homeless workers are willing to help educate and train the broader CoC on sanitation and health-related issues. (Example: [Guidelines for Preventing and Controlling Tuberculosis in Atlanta Homeless Housing Facilities](#), 2014). However, if this expertise is not available, ensure the training material has been at least reviewed and approved by public health experts, and the person delivering the material holds some level of expertise on the subject.
- Record a web-based training on sanitation guidelines. Contact local public health officials to solicit input, participation, and/or existing resources for the training.
- Create written training curriculum and disseminate among all CoC members so the content can be presented on demand.
- Provide a train-the-trainer series for shelter providers on CoC sanitation guidelines so they can give training to new staff during the new hire orientation period.
- Create and distribute culturally appropriate shelter guest signage in relevant languages as part of any training so that signage is consistent across shelters and can be understood by all shelter guests.

## **Enforcing Shelter Sanitation Guidelines**

Once shelter staff has been trained on sanitation guidelines, both shelter management and CoC leadership should ensure providers maintain the guidelines. This enforcement can be done using multiple strategies including:

► **Work with funding sources, including ESG and CoC, to include sanitation guidelines in funding processes.**

The Collaborative Applicant can encourage the incorporation of shelter sanitation guidelines into the CoC/ESG allocation/award process and highlight this priority with local, state, and private funding partners.



- ▶ **Incorporate sanitation guidelines into program monitoring protocols and procedures for CoC, ESG, and any locally or state-funded homeless shelter programs.**

Local ESG and CoC monitoring tools and site visits expand beyond habitability inspections to incorporate more thorough CoC sanitation guidelines. While the presence or absence of policies and procedures can be confirmed remotely, their implementation is best verified during on-site monitoring visits.

- ▶ **Incentivize all projects to actively maintain and exceed sanitation guidelines by allotting bonus points in the CoC rating and ranking process and other grant scoring processes.**

Highlight excellent practices during training curriculum, and/or provide certificates of excellence that can be displayed prominently in shelters.

- ▶ **Community engagement strategies can focus on engaging shelters that do not receive CoC or ESG funding to voluntarily adopt CoC shelter sanitation guidelines.**

Regardless of a shelter's level of participation in the CoC, collaborate with them around the shared goal of preventing the spread of infectious disease among homeless individuals. Include these shelters in relevant committees and trainings.

- ▶ **Adopt sanitation guidelines as a shared requirement across other homeless funding sources.**

Many shelters receive funds from local and state funders and private philanthropy. Bringing in other homeless service funders to support the implementation of CoC shelter sanitation guidelines will further reinforce their importance throughout the local funding community.

- ▶ **Review guest complaints about sanitation and incorporate reviews of complaints into monitoring visits.**

- ▶ **Offer technical assistance to shelter providers who do not meet sanitation guidelines.**

Some shelters may need more assistance in implementing the standards. In these cases, offer to connect the shelter with an on-site training or evaluation of sanitary conditions. Communicate to shelter providers who they should contact to request technical assistance on relevant topics.

# GUIDANCE FOR FRONTLINE SHELTER STAFF



*People experiencing homelessness are often required to move frequently throughout the day due to their housing instability. They may access multiple service providers on any given day, increasing their potential exposure to infection. Homeless shelters may be the only stable space an individual experiencing homelessness can access. If any shelter resident is ill, it is important that shelter staff have access to the correct medical providers to assist with the situation. Emergency procedures for life-threatening conditions are necessary to maintain. Just as important are day-to-day practices that will aid in the prevention of illness. Shelter staff are often dealing with crisis situations and therefore require clear, concise, and readily available guidance. This guidance can be made into checklists, posters, or flyers for quick use by shelter staff. Checklists should be submitted to shelter management who should review them thoroughly on a daily basis.*



## Precautions for Shelter Staff to Prevent the Spread of Infectious Disease

### Know How Diseases Spread

#### Respiratory Disease Spread

Many of the germs that cause respiratory (breathing) diseases are spread by droplets that come from coughing and sneezing. These germs usually spread from person to person when individuals who are not infected are in close contact with a person who is infected ([CDC](#))

#### Fomites (surfaces or objects that are likely to carry disease or transmit it)

Diseases transmitted through contact with surfaces can be caused by different germs including bacteria, parasites, and, more commonly, viruses

Spread by touching surfaces or objects contaminated with germs (bodily fluid/blood/fecal matter) and then touching mouth, nose, or eyes

Spread from physical contact with a person who is infected or bodily fluids (present while someone is vomiting, sharing food/eating from the same utensils, caring for a person who is sick, shaking hands with someone who did not wash hands after using the bathroom, or changing a diaper [fecal-oral route]) ([CDC](#))

#### Foodborne or Waterborne

Caused by a variety of bacteria, viruses, and parasites ([CDC](#))

Spread through contact with human feces (stool). This type of contact is often accidental and can occur, for example, when a person who is infected does not properly wash hands after using the bathroom and then touches food that others will eat ([CDC](#))

Spread when food handlers do not thoroughly wash hands, kitchen utensils, cutting boards, and other kitchen surfaces that come into contact with raw foods where cross-contamination—the spread of bacteria from contaminated food to uncontaminated food—may occur ([NIH](#))

#### Blood or Body Fluids

Sexual transmissions are passed from person to person through vaginal, oral, and anal contact. Transmitted in blood, semen, or vaginal and other bodily fluids

Blood or other body fluids from a person who is infected comes into contact with the mucous membranes or bloodstream of a person who is not infected, such as through a needle stick or a break in the skin

Can be passed through intimate physical contact, from mother to infant during pregnancy or childbirth, and through blood transfusions or shared needles ([CDC](#))

Caused by bacteria (gonorrhea, syphilis, chlamydia), parasites (trichomoniasis), viruses (human papillomavirus [HPV], genital herpes, HIV). Hepatitis A, B and C viruses, shigella, and *Giardia intestinalis* can be spread through sexual or non-sexual contact ([Mayo Clinic](#))



## Know How to Prevent the Spread of Disease

### Respiratory

#### Cough Hygiene

**Visual Alerts:** Post visual alerts (in appropriate languages) at the entrances of shelter facilities and areas where people congregate.

Respiratory Hygiene/Cough Etiquette:

- ▶ Cover your mouth and nose with a tissue when coughing or sneezing.
- ▶ Use the nearest waste receptacle to dispose of the tissue after use.
- ▶ Perform hand hygiene (e.g., handwashing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.
- ▶ Waiting areas: 1) Provide tissues and no-touch receptacles for used tissue disposal, 2) Provide conveniently located dispensers of alcohol-based hand rub and ensure hand washing supplies (soap, disposable towels) are consistently available near sinks.

**Masking of Persons with Respiratory Symptoms:** During periods of increased respiratory infection activity in the community, offer masks to persons who are coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions.

**Separating Persons with Respiratory Symptoms:** For patients known or suspected to have respiratory illness, separate individuals who are sick and close contacts from other guests until 24 hours after the symptoms are gone. If possible, put individuals who are sick in a separate room or in a separate section of the shelter away from other guests who are not sick. If this is not possible, encourage persons with respiratory illness to stay at least 3-6 feet away from those not providing direct care and support. ([CDC](#))

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#### General Prevention

Staff should separate sleeping cots by 3-6 feet (1-2 meters), if possible, to reduce the potential for spread of respiratory droplets between shelter guests.

Maintain a clean-living environment. If frequently touched surfaces are contaminated with respiratory droplets or secretions:

- ▶ Wipe up visible material with paper towels and dispose of used towels in a plastic garbage bag.
- ▶ Disinfect using any standard household disinfectant. ([CDC](#))

Some diseases spread by airborne transmission can be prevented with vaccination. ([CDC](#))

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## Know How to Prevent the Spread of Disease

### Surfaces

#### Disinfecting Surfaces

**Hard surfaces:** Some germs can live on hard surfaces for hours and sometimes even days ([CDC](#)). Hard surfaces that are frequently touched, such as door knobs and handrails, should be disinfected at least 3-4 times a day, if possible. Use for stainless steel, food/mouth contact items, tile floors, nonporous surfaces, counters, sinks, and toilets:

- ▶ Wear gloves.
- ▶ Wet surfaces with the diluted bleach formula ([CDC](#)). Allow the area to remain wet for 10 minutes, if possible.
- ▶ Allow to air dry.
- ▶ Remove gloves and discard in a plastic bag. ([How to Remove Gloves](#), CDC)
- ▶ Wash hands with soap and water or use alcohol hand gel immediately after removing gloves. ([CDC](#))

**Other Disinfectants:** To determine if a product is effective against specific diseases, review the product label or specification sheet. The product name can be searched in the Environmental Protection Agency's [registered product database](#).

#### Steps to Clean up Vomit or Feces

- ▶ Block off area immediately.
- ▶ Put on [personal protective equipment](#) (PPE), including two sets of gloves, masks, eye protection or face shield, and gown.
- ▶ Do not use a vacuum cleaner to clean up vomit or stool. Wipe up the material with paper towels and dispose of used towels in a plastic garbage bag. Rinse areas with water.
- ▶ For carpeted areas, use absorbent materials such as kitty litter to absorb liquid, and dispose as above.
- ▶ Disinfect areas as instructed below:
  - [Cleaning up Vomit and Other Unpleasant Tasks, Oregon Health Authority](#)



## Know How to Prevent the Spread of Disease

### Handling of Soiled Clothing and Linen

Garments heavily soiled with stool should be handled carefully by wearing gloves and placing garments in a plastic bag for disposal. If stool can easily be removed using toilet paper, the garment may be laundered as described below. Lightly soiled clothing (stained by no solids attached) may be washed as described below:

- ▶ Wash clothing in a washing machine, preferably with hot water (temperature  $\geq 165^{\circ}\text{F}$ ).
- ▶ Use household detergents for washing clothing.
- ▶ Household bleach can be used in the rinse water.
- ▶ Dry clothes in a hot dryer (temperature  $\geq 171^{\circ}\text{F}$ ).
- ▶ There is no need to disinfect the tubs of washers or tumblers of dryers if cycles are run until they are completed.
- ▶ Hands should be washed with soap and water or cleaned with alcohol hand gel after handling soiled linens. ([CDC](#))

### Surface-Specific Tips

Other measures to keep restrooms clean and prevent the spread of disease:

- ▶ Keep restrooms supplied with paper towels and hand soap.
- ▶ Post culturally and linguistically appropriate signs to remind people to wash hands after restroom use.
- ▶ If feasible, provide hands-free exit from the toilet room, for example:
  - By propping the doors open
  - Or, by providing paper towels (with appropriately placed waste bin) for use to open door ([CDC](#))

### General Prevention

Some diseases spread by surface contamination can be prevented with vaccination. ([CDC](#))





## Know How to Prevent the Spread of Disease

### Food Handling

<b>Serving Food</b>	<p>Provide handwashing facilities and alcohol hand gel at the beginning of food service lines.</p> <p>If possible, ensure that food is served to guests. Do not allow self-service buffets.</p> <p>Ensure that the plate is not handled by the guest until the end of the line; do not pass plates back and forth between the guest and the server.</p> <p>Ensure plates are not reused for second servings.</p> <p>Have staff handle trays and utensils; do not allow self-service of trays, utensils, plates, and cups.</p> <p>Serve food in individual portions rather than shared “family-style.”</p> <p>Require the wearing of disposable gloves when serving food.</p> <p>Thoroughly and continuously disinfect the facility and food areas using the guidelines below. (<a href="#">CDC</a>)</p>
<b>Handwashing (Food Handling)</b>	<p>Food handlers should thoroughly wash their hands and arms with soap and water for at least 20 seconds, thoroughly rinse with clean running water, and properly dry their hands and arms.</p> <p>Ensure handwashing signs are posted in the appropriate locations and in appropriate languages.</p> <p>Provide alcohol hand gel for guests at the start of the serving line, if feasible.</p> <p>Provide handwashing facilities for food handlers.</p> <p>Food handlers should wash their hands with soap and water before beginning work, before returning to work from any toilet visit or break, and after engaging in other activities that contaminate hands.</p> <p>Food handlers should change their gloves any time they touch soiled or non-food service surfaces or items, e.g., the floor, their nose or mouth, dirty dishes, etc., and after using the bathroom (<a href="#">CDC</a>).</p> <p>Properly store, cook, clean, and handle foods. (<a href="#">NIH</a>)</p>
<b>Monitoring Food Handlers for Illness</b>	<p>Carefully monitor for worker health by providing a sign-in log for workers, staff, and volunteers attesting to health status and fitness to work in the food operation.</p> <p>Any worker with diarrheal illness should go home and not return until at least 24 hours after diarrhea and vomiting stop. (<a href="#">CDC</a>)</p>



## Know How to Prevent the Spread of Disease

### *Blood & Body Fluids*

#### **Condoms & Dental Dams**

Provide access to various types of barrier protection to individuals in the shelter, such as condoms. ([APIC](#))

Make educational materials available to shelter residents such as condom do's and don'ts.

- ▶ [CDC Male Condom Fact Sheets](#)
- ▶ [Female Condom Fact Sheet](#)
- ▶ [Dental Dam Fact Sheet](#)
- ▶ [General Condom Fact Sheet](#)
- ▶ Sample Blood/Bodily Fluids Clean-Up Protocol, ([King County](#), pg. 16)

#### **Vaccinations**

Vaccines are safe, effective, and recommended ways to prevent hepatitis A, hepatitis B, and human papillomavirus (HPV) ([CDC](#)). Make these vaccinations available at shelter facility or provide information about how shelter residents can be vaccinated.

#### **Treatment & Testing**

All sexually transmitted infections (STIs) can either be prevented with vaccination (human papillomavirus [HPV], hepatitis C virus [HCV]), treated with medicine to help reduce recurrences or maintain in a latent phase (herpes simplex virus [HSV], human immunodeficiency virus [HIV]), or may be cured entirely (chlamydia, gonorrhea, syphilis, etc.) ([CDC](#)). Connect with local public health officials or Federally Qualified Health Centers (FQHCs) who can offer STI treatments to shelter residents and provide testing for STIs.



# SAMPLE CHECKLISTS



*Checklists are very useful to ensure tasks are done correctly and at the right time. The checklists in this section can be modified to suit your needs and procedures. Four checklists are included in this section:*

- ▶ *Checklist #1: General Sanitation Checklist for Shelters*
- ▶ *Checklist #2: Operational Checklist Example: Staff and Shift Assignments for Kitchen*
- ▶ *Checklist #3: Daily/Weekly Cleaning Schedule (initial when completed)*
- ▶ *Checklist #4: Food Safety Checklist*



## Checklist #1: General Sanitation Checklist for Shelters

Shelter staff can use this checklist to implement sanitation guidelines at key operational intervals, such as before daily entries/exits, in between staff shifts, and before and after mealtimes.

- Disinfect surfaces routinely.** Areas to clean and sanitize daily: Items in common areas and dormitory sleeping areas that are frequently touched by different people, such as door knobs, faucets, telephones, counters, hand sinks, tables, chairs, sofas, eating areas, dishes, etc. Areas to clean and disinfect between guests: Cots/beds, guest storage bins. ([Texas](#); [Seattle, Appendix A](#))

\*In cases of infectious disease outbreaks, the cleaning frequency should be increased to several times a day, more so in areas where people who are infected reside.

### How should cleaners and disinfectants be used?

**Read the label first. Each cleaner and disinfectant has instructions on the label that tell you important facts:**

- How to apply the product to a surface
- How long you need to leave it on the surface to be effective (contact time)
- If the surface needs to be cleaned first and rinsed after using
- If the disinfectant is safe for the surface
- Whether the product requires dilution with water before use
- Precautions you should take when applying the product, such as wearing gloves or aprons or making sure you have good ventilation during application

[CDC Document Explaining Cleaning and Sanitizing for MRSA prevention](#)

[CDC Recommendations for Cleaning and Sanitizing Various Surfaces with Bleach and Water](#)

- Post personal hygiene signs** (respiratory, cough, hand hygiene) for shelter guests in appropriate languages and locations. ([CDC Hygiene-related posters](#))
- Sweep and disinfect shelter floors and yard area** free of waste materials.
- Keep sleeping and common areas clean** and tidy always.
- Dispose contents of waste containers** as soon as filled. Ensure medical sharps are not mingled with regular trash and holding area for waste disposal is safe, clean, and free of access by vermin and insects ([Oregon](#)). Provide puncture-resistant container for needles and other contaminated sharps. Contact public health department if unaware of proper disposal procedures.



- Observe personal hygiene** in shelter clients (bathing, laundering and toilet duties, etc.).
- Ensure linen and laundry** is properly contained, handled, and washed. Avoid holding soiled/dirty laundry close to the body. Hot water at a temperature of at least 160 degrees Fahrenheit for a minimum of 25 minutes is commonly recommended for hot-water washing. Use bleach for extra precaution. ([CDC](#))
- Observe shelter clients for signs and symptoms** of infectious disease. Conduct screening on those with signs and symptoms and follow shelter referral and reporting procedures as appropriate.
- Keep daily rosters and bed maps of shelter clients** so that in the event of an outbreak, staff can determine who had the highest risk of exposure.
- Avoid cross-contamination** by ensuring clients' belongings are stored in a way that they are not in contact with another client's possessions.
- Check that supplies are fully stocked** including first aid, cleaning supplies, personal hygiene supplies (antimicrobial soap, disposable paper towels, etc.), and personal protective equipment.
- Establish communication procedures for shift changes** via log book, database notes, or other means. Manager ensures these procedures are followed.
- Provide and resupply hand washing stations** with soap and paper towels in multiple conspicuous locations, including entrances, throughout shelters, and other locations where people gather.
- Ensure hand sanitizer is fully stocked** in multiple conspicuous locations, including entrances and throughout the shelter.
- Design sleeping arrangements** that ensure maximal spacing of clients by at least 3 feet in sleeping quarters. In larger rooms, create physical barriers between beds using sheets or curtains.
- Stock supplies for those who are infected** including hand sanitizer, tissues, and waste cans and bags at the bedsides of people who are sick.
- Create a plan for isolating individuals** when necessary. Shelters must be able to call on health partners and hospitals to help find appropriate options. ([Example from Atlanta](#))
- Ventilate rooms** to provide good air exchange while maintaining comfortable temperatures. ([CDC Guidelines for Environmental Infection Control](#))



## Checklist #2: Operational Checklist Example: Staff and Shift Assignments for Kitchen

Create an operational procedure checklist such as the example shown below for each area of the shelter such as common areas, bathrooms, dining areas, kitchens, and sleeping areas. Note subtasks and procedures specific to each area.

Task	Kitchen Cleaning	
Supplies Needed	<input type="checkbox"/> Disposable Gloves <input type="checkbox"/> Bleach solution (5.25%-6.15% bleach diluted 10:1 in water) <input type="checkbox"/> Bleach wipes <input type="checkbox"/> Scrubber <input type="checkbox"/> Paper towels <input type="checkbox"/> Disinfectant wipes, etc.	
Subtasks	When Completed	Procedure
<b>Food Contact Surfaces</b>		
Use CoC/shelter food contact surfaces guideline	Daily When food is being prepared	<input type="checkbox"/> Use soap and water solution to scrub counters and food contact surfaces <input type="checkbox"/> Rinse all surfaces with clean water <input type="checkbox"/> Spray surface with bleach sanitizer of 1 part bleach to 9 parts water <input type="checkbox"/> Allow to sit for 5 to 10 minutes <input type="checkbox"/> Wipe with a clean paper towel
<b>General Kitchen Areas</b>		
Use CoC/shelter guideline for cleaning and disinfecting general kitchen areas	Daily (tables after meals) Weekly <input type="checkbox"/> Shelving <input type="checkbox"/> Microwave <input type="checkbox"/> Refrigerator/ Freezer <input type="checkbox"/> Other kitchen surfaces	<input type="checkbox"/> Routinely clean with a disinfectant cleaner to remove food debris and grease <input type="checkbox"/> Remove all items; clean and replace <input type="checkbox"/> Scrub inside and outside of microwave <input type="checkbox"/> Check expiration dates and rotate food supplies
<b>Kitchen Garbage</b>		
Use CoC/shelter guideline for kitchen garbage	Daily	<input type="checkbox"/> Replace garbage bag in can and take to dumpster

Modified from [King County Checklist](#), Appendix D



## Checklist #3: Daily/Weekly Cleaning Schedule (initial when completed)

Checklists, such as the example below, should be kept in plain view on a clipboard or bulletin board to ensure all areas are cleaned as needed and assigned. Ensure the list includes all areas needing cleaning and the appropriate frequency for each cleaning. Staff members should initial the corresponding box once the task is completed and record the time completed.

Task	Assigned	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>Daily</i>								
Restock Supplies (hand sanitizer, soap, paper towels, bleach, etc.)								
Bathroom Cleaning (toilets, sinks, doorknobs)								
Cot Cleaning								
Floor Cleaning								
Morning Food Prep (wipe tables)								
Afternoon Food Prep (wipe tables)								
Evening Food Prep (wipe tables)								
Garbage								
<i>Weekly</i>								
Kitchen shelves								
Fridge/Microwave								

Modified from [King County Checklist](#), Appendix D



## **Checklist #4: Food Safety Checklist**

Food safety checklists can be used daily to ensure proper food safety precautions are taken and determine areas in your operations that may need corrective action. Record corrective actions taken and keep completed records for future reference. The checklists not only serve to ensure safety, but also as a training material for staff and volunteers who handle food. Local health and/or environmental health departments typically regulate food handlers and should be consulted for approvals of food handling processes.

- ▶ [Food Safety Checklist \(USDA\)](#)
- ▶ [Basics for Handling Food Safely \(USDA\)](#)



*Ensuring that shelters are kept sanitary and safe is imperative in order to prevent occurrences of infectious disease outbreak. Tools presented in this guidebook are meant to help emergency shelter providers and CoCs create standards for preventing and addressing the spread of infectious diseases. Staff training, written plans and protocols, and plans for responding to infectious disease outbreaks can help to ensure outbreaks are less frequent and less detrimental to the health and well-being of individuals living in shelters. CoC leaders and membership should consider each provider within the jurisdiction and ensure that each promotes a safe, sanitary facility.*