COVID-19 MITIGATION STRATEGIES IN HOMELESS SERVICE FACILITIES

Introduction

The purpose of this document is to provide homeless service providers, shelters, and other congregate living facilities in Dane County with tools to limit the impact of COVID-19 on the health and safety of clients and staff, while still prioritizing the continuity of these essential services.

- Facilities should implement the following mitigation strategies in accordance with their individual staffing levels, space availability, and resource access.
- For each section, we've listed the "minimum" and "best" strategies (some sections also have a "better" level when applicable).
- All facilities should strive to meet the minimum standards listed, and follow best standards as capacity allows.
- Your facility administrators should work with Dane County Human Services to move between strategies, taking into account CDC COVID-19 Community Levels, COVID-19 transmission levels at your site, staffing capacity, and physical space constraints.

It's critical to maintain continuity of your services, even during times of elevated COVID-19 transmission. Do not exclude people based on COVID-19 illness, exposure, or vaccination status, unless you have a plan in place for these clients to safely access offsite services and shelter.

Client Intake Process

Minimum

- Screen everyone on intake for symptoms and potential exposures, and test (or offer self-tests to) those who meet COVID-19 clinical criteria or have had a known exposure to COVID-19 in the past 10 days.
- Send anyone who tests positive to an isolation area.
- Clients who refuse testing should wear a high quality respirator (e.g., KN95, N95) at all times (unless eating or sleeping) and maximize physical distance between themselves and other clients and staff.

Best

- Test (or offer self-tests to) everyone upon intake and send anyone who tests positive to an isolation area, regardless of symptom/contact status.
- Re-test clients who initially test negative but meet COVID-19 clinical criteria using a molecular test administered by healthcare staff. Separate them from the general population until molecular test results are available; isolate those who test positive. Molecular tests cannot be administered at sites without a CLIA waiver of certificate.

Day-to-day Testing

Minimum

- Test any client or staff member who meets COVID-19 clinical criteria.
- Test any client or staff member who has had known contact with a suspect/confirmed case of COVID-19 **at least 5 days** after their last exposure.

Best

If any staff or clients at your facility are at high risk for severe illness from COVID-19:

- After a case has been identified on-site, complete at least one round of screening testing for all staff and clients.
- For larger facilities, screening testing can just be for clients and staff who were in the same rooms/areas as the positive case.

Isolation of People Who Test Positive

Minimum

- Any client who tests positive should stay in a designated isolation area within your facility for **at least 5 full days** after symptom onset date (or date of positive test if client is asymptomatic).
    - Separate sleeping quarters (can be shared with others who test positive)
    - Separate meal times and times to access bathrooms
- Clean and disinfect shared areas after they've been used by someone with COVID-19 (e.g., bathrooms, cafeterias, etc.).
- Clients may return to general areas of the facility on day 6 or later if they have been fever-free for 24 hours with other symptoms improving; they must wear a high quality mask when around others in the facility through the 10th day after their symptom onset date (or date of positive test if client is asymptomatic).
- Staff who tested positive have two options for when they can return to work:
    - **Option 1:** They may return to work after **10 days** have passed since their symptom onset (or positive test date if asymptomatic) and they have been fever-free for 24 hours with other symptoms improving.
    - **Option 2:** Staff can return to work after 7 days if:
        - Their symptoms are improving, **AND**
        - They have been fever-free for 24 hours, **AND**
        - They test negative on a molecular test on day 5 or later, or they test negative on two antigen tests, with the first antigen test collected on or after day 5 and the second antigen test collected 48 hours later.
        - If using option 2, staff must wear a mask through the 10th day after symptom onset (or positive test date if they never had symptoms).
    - Clients who are at high risk for severe illness from COVID-19 may be eligible for different outpatient treatment options; refer to healthcare practitioners for timely COVID-19 treatment for those eligible. If able, provide the resources necessary to connect clients with COVID-19 Telehealth Treatment.
- If the above isolation recommendations cannot be fully achieved due to space/staffing constraints, ensure individuals who test positive or meet COVID-19 clinical criteria do the following at all times when around others in the facility:

- Wear a high quality respirator (e.g., KN95, N95) unless sleeping or eating.
- Maximize physical distancing.

Better
- Keep any client who tests positive in a separate area of the facility at all times for **at least 10 full days** after symptom onset date (or date of positive test if client is asymptomatic).
  - Separate rooms for sleeping
  - Separate bathrooms (can be shared with others who test positive)
  - Separate cafeterias (can be shared with others who test positive)
- Clients may return to general areas of the facility after 7 days if:
  - They have been fever-free for 24 hours with other symptoms improving **AND**
  - They test negative on two antigen tests, with the first antigen test collected on or after day 5 and the second antigen test collected 48 hours later.
  - They must wear a high quality mask when around others in the facility through the 10th day after their symptom onset date (or date of positive test if client is asymptomatic).

Best
- Use offsite facilities to isolate clients who test positive (e.g., hotels, overflow space).
- Depending on funding, clients who have tested positive should remain at offsite facilities for 5-10 days after symptom onset date (or date of positive test if client is asymptomatic).
- Clients may return to the general facility on day 6 or later if:
  - They have been fever-free for 24 hours with other symptoms improving, **AND**
  - They must still wear a high-quality mask when around others in the facility through the 10th day after their symptom onset date (or date of positive test if client is asymptomatic).

Handling Exposures to COVID

Minimum
- General Exposure Notification: When a client or staff member tests positive and was in the facility during their infectious period, send a notice or make an announcement to those present at the facility regarding their potential exposure.
- Encourage the notified clients and staff to wear a high-quality mask for 10 full days following exposure when around others in the facility and be tested for COVID-19 **at least 5 days** after the date of their last exposure.

Better
- Location-based exposure notification: When a client tests positive, staff should interview them to determine which areas of the facility they visited while infectious (cafeterias, recreational areas, sleeping quarters, transportation, etc.).
- Notify individuals who were in those same areas at the same time and instruct them to monitor themselves for symptoms; ensure clients know what symptoms to watch out for.
- Exposed clients and staff should wear a high-quality mask for 10 full days following exposure when around others in the facility and be tested for COVID-19 **at least 5 days** after the date of their last exposure. Exposed clients or staff who develop symptoms should be tested immediately.

Best

- Individual contact tracing:
  - When a client tests positive, staff should interview them to determine which other clients and staff had contact with the individual while they were [infectious.](#)
  - Notify these exposed individuals who had close contact and instruct them to monitor themselves for symptoms and wear a high-quality mask any time they are around others for 10 full days following exposure.
- Quarantine:
  - Exposed staff should remain away from the facility for a minimum of 5 days (maximum of 10) after the date of their last exposure.
  - If returning to work prior to day 10, staff should wear a high-quality mask through the 10th full day following exposure.
  - Any clients who were exposed should remain in a separate area of the facility OR at an offsite location for a minimum of 5 days (maximum of 10) after the date of their last exposure.
    - These areas should also be separate from areas where there are positive cases.
    - Separate sleeping quarters (can be shared with others who have been exposed).
    - Clients should have separate meal times and times to access bathrooms.
    - If returning to general areas of the facility prior to day 10, clients should wear a high-quality mask through the 10th full day following exposure.

Transportation

Minimum

- People with [COVID-like symptoms](#) should be separated as much as possible (at least 3 feet between other passengers) when using shared modes of transportation (e.g., shuttle, bus).
- Areas where ill clients are seated should **not** be labeled or otherwise referred to in a way that would associate them with COVID-19, such as "COVID-19 isolation" or "quarantine."
- Symptomatic clients should wear a high-quality mask in addition to remaining physically distanced.
- Weather permitting, the vehicle's windows should be opened to increase ventilation.

Best

People with [COVID-like symptoms](#) should be transported separately when using facility vehicles or be offered alternative modes of individual transportation, such as a cab service. Symptomatic clients should wear a high-quality mask during transport.

Personal Protection & Hygiene

Minimum

- Offer all staff and clients [high-quality masks/respirators](#) and maintain a stock at all times. *Shelters are still temporarily able to request personal protective equipment, including masks and respirators, from the [DHS Stockpile](#).*
- Maintain supplies for hand hygiene (hand soap and alcohol-based hand rub that contains at least 60% alcohol), cleaning, and disinfection.

- Put up [signage](#) encouraging good hand hygiene practices and proper respiratory etiquette in common spaces (e.g., bathrooms, cafeteria, recreational areas).
- Ensure staff working directly with isolated clients wear [proper protective equipment](#), minimize time spent in the same area as these clients, and maximize physical distance.

Best

Implement universal masking for clients and staff anywhere indoors within the facility except when clients are eating or sleeping.

Ventilation & Spacing

Minimum

- Ensure HVAC systems are operating properly and provide acceptable indoor air quality.
- Maintain as much distance as possible between individuals/family units in shared sleeping spaces without compromising facility capacity.

Best

- Take steps to [improve ventilation](#) (e.g., open windows and doors when able, use fans).
- Weather permitting, organize recreational time to be held outdoors.
- If individual sleeping spaces for individuals/family units are not available, maintain a minimum of 3 feet of space in between them.

Appendix I: Additional Resources

- [DHS: COVID-19 Testing Support for Shelters](#)
- [DHS: COVID-19 Treatments and Medications](#)
- [CDC: Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities](#)
- [HUD: Assessing Appropriate COVID-19 Prevention Strategies for Homeless Shelters](#)

Appendix II: Public Health Definitions

Close contact – defined as spending at least 15 cumulative minutes (over the course of a day) within 6 feet of someone who is infectious with COVID-19

Exposure – having close contact with someone with COVID-19, or having spent some amount of time in the same areas as someone with COVID-19 but without enough information to determine if there was close contact

Infectious period – someone who tests positive for COVID-19 is considered infectious beginning 2 days before their symptom onset (or positive test date, if they never had symptoms) and through their isolation period

Isolation – separation of someone who is infected with COVID-19 from those who are not infected

Quarantine – separation of someone who has been exposed to COVID-19 from those who have not been exposed

Contact tracing – the practice of identifying individuals who may have been exposed to someone with COVID-19

Location-based contact tracing – identifying potential exposures based on locations that the individual with COVID-19 visited while infectious

Traditional contact tracing – identifying potential exposures through a 1:1 interview with the individual with COVID-19 and discussing specific persons who may have been exposed

Appendix III: Clinical Criteria for COVID-19

In the absence of a more likely diagnosis:
- Acute onset or worsening of at least <u>two</u> of the following symptoms or signs:
    - fever (measured or subjective)
    - chills
    - rigors (severe chills with violent shivering)
    - myalgia (muscle aches and pains)
    - headache
    - sore throat
    - nausea or vomiting
    - diarrhea
    - fatigue
    - congestion or runny nose

   OR
- Acute onset or worsening of any <u>one</u> of the following symptoms or signs:
    - cough
    - shortness of breath
    - difficulty breathing
    - olfactory disorder (loss or change in ability to smell)
    - taste disorder
    - confusion or change in mental status
    - persistent pain or pressure in the chest
    - pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone, inability to wake or stay awake