**Purpose**

This document contains public health recommendations to mitigate the risk of COVID-19 transmission in shelters. For more information please refer to the [CDC’s Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html).

**Masks**

* Effective July 1, masks are optional for all staff and guests regardless of vaccination status. Shelters may elect to develop masking protocols so long as they meet the minimum standards outlined in this document.
* Masks, such as procedure or surgical masks, should be offered and provided to all staff and guests who want them.
* Guests who exhibit COVID-19 symptoms, or self-report a positive COVID-19 test within the past 10 days or exposure to an individual with COVID-19 with the past 14 days should be issued a mask and strongly encouraged to wear it.
* Staff working with guests who exhibit COVID-19 symptoms, or self-report a positive COVID-19 test within the past 10 days or exposure to an individual with COVID-19 with the past 14 days must wear a mask.

**Vaccination**

* COVID-19 vaccines are [safe and effective](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness.html), and widely accessible in the United States
* Everyone eligible by age is recommended to be [vaccinated](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/How-Do-I-Get-a-COVID-19-Vaccine.html) against COVID-19 and remain up to date with their COVID-19 vaccines as soon as possible to keep from getting and spreading COVID-19.
* Encourage staff, volunteers and guests to get vaccinated as soon as possible. Vaccination is the most effective strategy to keep from getting and spreading COVID-19
* Shelters should have a medical partner who can provide vaccination for guests and staff as needed and encourage all guests and staff to be vaccinated. Shelters without a medical partner should reach out to their DHCD or EOHHS contract manager to help facilitate a connection, or to their local community health center directly.
* **Mobile vaccine clinics and support with vaccine acceptance may be requested by submitting a request via our** [**online form**](https://www.mass.gov/info-details/covid-19-mobile-vaccination-program)

**Screening Guests for COVID-19**

* Any individual that arrives at the facility should self-screen for being a close contact (within six feet for 15 minutes or more with a 24 hours time period) to someone who has had COVID-19 within the past 14 days or a positive COVID-19 test within the past 10 days, and COVID-19 symptoms. This includes posting signage at all entrances for individuals to check for the following symptoms: Fever (≥ 100.0F or greater) or chills
	+ Cough
	+ Shortness of breath or difficulty breathing
	+ Fatigue
	+ Muscle or body aches
	+ Headache
	+ New loss of taste or smell
	+ Sore throat
	+ Congestion or runny nose
	+ Nausea or vomiting
	+ Diarrhea

Shelters should have a plan in place for guests who may self-identify as having COVID-19, an exposure or COVID-19 symptoms, such as escorting the guest to a dedicated isolation location within the shelter and/or referring the individual to the State’s Isolation and Recovery (I&R) program if the guest has received a positive COVID-19 test result. Shelters should also contact a health care provider and/or Local Board of Health if necessary. Individuals who have a positive COVID-19 test, an exposure to COVID-19 or symptoms should don a mask and be kept separate from other clients and staff within the shelter.

If the individual does not self-identify as having a positive COVID-19 test, a COVID-19 exposure or COVID-19 symptoms, the individual may enter the shelter’s main facility.

* Shelters should have protocols in place for testing guests should the guest show symptoms consistent with COVID-19. This can be done directly onsite or in collaboration with a vendor or healthcare provider.
* Should an individual test positive for COVID-19, the facility should give the individual a mask and escort them to a dedicated location within the shelter separate from others and report the case to the local board of health. Shelters may also refer individuals to the Isolation and Recovery program outlined in the section below when appropriate.

**Staffing an Isolation Location**

If there is an isolation location in the shelter, it should be separate from other areas of the shelter. Staff should not work in the isolation location and the main facility on the same day.

Staff working in the isolation location should comply with the following:

* Staff working in the isolation location should wear masks and gloves. The mask can be used throughout the entire day unless it becomes visibly soiled or wet, but should be disposed of at the end of the shift or when it is removed. Staff should use alcohol-based hand sanitizer that has at least 60% alcohol or, if unavailable, wash their hands for at least 20 seconds with soap and water when visibly soiled, before eating, and after using the restroom.
* Food should be provided to guests in individual “take-out” bags. Non-isolation team staff may prepare meals but should leave them in a designated area for isolation staff to pick up. All exchange of food between teams should be on a no-contact basis.
* Bed linens should be laundered following the Cleaning and Disinfecting guidelines in this document

**Referral to Isolation and Recovery Program**

If there is no isolation location in the shelter, or if one is not available, Boston Health Care for the Homeless established an Isolation and Recovery wing for individuals that are homeless who have tested COVID-positive and do not have a safe place to isolate.

*Clinical Eligibility:*

* Are experiencing homelessness
* Do not have any withdrawal management needs
* Have been seen and vetted by a clinician (nurse, NP/PA or MD) prior to their referral to our isolation unit, to pass along a recent set of vital signs and ensure that the individual does not need a higher level of care such as the ER)
* The individual has all their medications with them prior to transport to our isolation unit
* If the individual is on methadone maintenance therapy, we ask that the referring agency arrange for take-home doses to be brought along with the patient before transport.

Referral line (non-Boston) - 857-762-2536

Referral line (Boston) -  857-654-1000

Hours: Monday-Saturday; 9:00-5:00 pm

**Cleaning and Disinfecting**

On a daily basis, shelter facilities should be comprehensively cleaned following the steps below. Staff should wear gloves while cleaning and disinfecting.

*For surfaces:*

* Cleaning high touch surfaces and shared objects once a day is usually sufficient to remove virus that may be on the surfaces.
* Cleaning more frequently or choosing to disinfect shared spaces if certain conditions apply that can increase the risk of infection from touching surfaces. These conditions include high community transmission; low number of people wearing masks; infrequent hand hygiene; and/or the space is occupied by people at increased risk for severe illness from COVID-19.
* If there has been someone who tested positive for COVID-19 in the facility within the last 24 hours, then the space should be both cleaned and disinfected.
* Disinfect all surfaces with an [EPA List Napproved disinfectant](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2).
* After cleaning and disinfecting, immediately use alcohol-based hand sanitizer, or, if unavailable, wash hands for at least 20 seconds.

*For laundered fabrics (e.g., clothing, towels, and linens):*

* Use the warmest appropriate water setting and dry items completely.
* It is safe to wash dirty laundry from a person who is sick with other people’s items.
* If handling dirty laundry from a person who is sick, wear gloves and a mask.
* Clean clothes hampers or laundry baskets according to guidance for surfaces.
* Wash hands after handling dirty laundry.

**Staffing**

* Staff should be trained in the appropriate use of PPE and hand hygiene techniques.
* Hand sanitizer and/or soap should be placed in accessible locations.
* Waste baskets should be placed in visible locations and emptied regularly.
* Tissues should be made available so that individuals can cover coughs and throw away the tissue.

Staff should be reminded to check for symptoms of COVID-19 every day before coming to work and to stay home if they have any COVID-19 symptoms or are feeling unwell.

**Testing**

* Testing of any staff member, whether vaccinated or unvaccinated, is required if the person is symptomatic or following a known exposure.
* Where there is an outbreak at a shelter, all staff should be tested regardless of vaccination status.
* Self-directed screening for all guests for symptoms upon entry and test those that are symptomatic; antigen testing is sufficient.
* If a staff person tests positive, the shelter should contact the local board of health for guidance on outbreak testing of guests and staff, as well as close contacts.

**Social Distancing**

Signs about social distancing should be posted throughout the shelter, such as those found on the [MA DPH website](https://www.mass.gov/info-details/covid-19-printable-fact-sheets).

Shelter staff should work to maintain the following social distancing policies:

*Generally*

* Guests and staff at the shelter should maintain at least 6 feet of distancing from each other to the greatest extent possible, especially when unmasked such as when eating.
* Guests should be encouraged to not congregate in clusters or groups.
* Manage activities that congregate many guests at once such as “house meetings” and opt for smaller group activities where individuals can practice social distancing.
* Eliminate unnecessary assembly of staff. All staff meetings should allow for social distancing.

**Beds**

Shelters must space beds at least 3 feet apart, with different risk management steps at each distance, which are described below:

* Where beds are spaced at least 3 feet apart and less than 6 feet apart, shelters should:
	+ Place beds head-to-toe.
	+ Refrain from utilizing bunk beds.
	+ Ensure there are partitions or dividers between beds. Such partitions or dividers must be clear to ensure there is adequate line of site of guests. The partition or divider does not need to extend fully to the ceiling, but instead is intended to create a barrier for droplets between beds.
	+ Note, the guidance above also applies to beds that are more than 3 feet apart but less than 6 feet apart. Beds should not be located less than 3 feet apart.
* Where beds are spaced at least 6 feet apart, shelters should place beds head-to-toe.
	+ Bunk beds also placed head-to-toe may be utilized.
* Shelters may utilize partitions or dividers in between beds. Such partitions or dividers must be clear to ensure there is adequate line of site of guests.
* For guests with mild respiratory symptoms consistent with COVID-19 these guests should be prioritized for individual rooms, keep beds at least 6 feet apart and/or use temporary barriers between mats and beds.

In the event of an outbreak or cluster in the shelter, the shelter should consult with the local board of health or the Department of Public Health. The 24/7 DPH Epidemiology line may be reached at (617)983-6800.

**Meals**

* Stagger mealtimes and ensure 6 feet of distance between guests, to the greatest extent feasible, to reduce crowding in shared eating facilities
* Seating should be marked to ensure 6 feet of distancing between guests.
* Stagger the schedule for use of common/shared kitchens.

**Bathing**

* Bathing hours should be staggered so that guests have the time and access to facilities that they need, but without over-congregating in the area.
* Ensure that bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing

**Ventilation**

* To the maximum extent possible, shelters should increase the number of air exchanges, such as by maximizing outdoor air ventilation, and/or reducing the recirculation of air back to the space, and/or using HEPA filtration systems.

**Resources**

*CDC resources for people experiencing homelessness and shelters:*

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>

*US Interagency Council on Homelessness:* <https://www.usich.gov/covid-19>

**Please note:** “quarantine” is used for individuals who have been exposed to COVID-19, but who have not shown symptoms of illness themselves. “Isolation” is used for individuals who have either tested positive for COVID-19 or who are exhibiting signs of COVID-like illness (e.g., fever, cough, etc.).