

COVID-19 Guidance for Individual Homeless Shelters
Drafted by MA Department of Public Health
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Obtaining Federal funding for increased costs related to COVID-19

The Commonwealth received a Major Disaster Declaration. Under FEMA's Public Assistance Program within the Major Disaster Declaration, affected local governments and certain private non-profit organizations statewide will be reimbursed by the Federal Government for 75% of their costs associated with response and emergency protective measures.

To request funding assistance, please complete the following:

- Go to: https://massgov.formstack.com/forms/em3438_declaration_fema_pa_questions.
- When prompted for a message, type: My organization is a private not-for-profit assisting with the COVID crisis and I would like to sign up for FEMA assistance.

If you have questions, please reach out to disaster.recovery@mass.gov . We will help you with the process.

Staffing a Quarantine Location

If a quarantine location is established, the shelter must divide staff into "quarantine" and "non-quarantine" teams. **Staff should not work at both the quarantine location and the main facility.**

Staff that work on the non-quarantine team can continue operations as usual. Staff working on the quarantine team should comply with the following:

- 1) Staff working in the quarantine location should wear standard surgical masks and gloves. The surgical mask can be used throughout the entire day and should be disposed of at the end of the shift. Staff should immediately wash their hands for at least 20 seconds with soap and water frequently.
- 2) Food should be provided to guests in individual "take-out" bags. Non-quarantine team staff may prepare meals but should leave in a designated area for quarantine staff to pick up. All exchange of food between teams should be on a no-contact basis.
- 3) Quarantine team staff should change bed linens once per day. Bed linens should be laundered following the Cleaning and Disinfecting guidelines below.

Triaging Guests

Each shelter should designate one or more employees to immediately triage individuals seeking services at their facility. The protocol below should be followed to appropriately direct individuals to the main facility or quarantine location:

- 1) Staff performing triage should be appropriately equipped with disposable gloves and standard surgical masks. They should also have a thermometer and associated disinfecting supplies on-hand for screenings.
- 2) When an individual arrives at the facility, triage staff should perform the following screens to determine whether or not a guest can be allowed into the main facility:

- a. Does the individual have a temperature of 100.3 or greater? **Note: Thermometers should be disinfected after each use.**
- b. Has the individual been tested for COVID-19, and if so, were the results positive?
- c. Is the individual awaiting results of a COVID-19 test?
- d. Is the individual exhibiting symptoms of respiratory illness, such as coughing or shortness of breath?

If the answer to any of the above questions is “**Yes**,” the individual cannot enter the shelter and should be redirected to the quarantine location.

If the answer to all of the above questions is “**No**,” the individual may be allowed to enter the shelter’s main facility.

- 3) At the end of their shift, triage staff should throw away their gloves and masks and wash their hands for at least 20 seconds before leaving the facility.

Cleaning and Disinfecting

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

For surfaces:

- 1) Clean any dirty surfaces using a detergent or soap and water.
- 2) Disinfect all surfaces with a diluted bleach solution, alcohol solution with at least 70% alcohol, or an [EPA-approved disinfectant](#). Make sure to pay special attention to high-touch surfaces such as doorknobs, railings, elevator buttons, and sinks.
- 3) To the extent possible, clean porous objects such as rugs and curtains based on the manufacturer’s instructions. If cleaning is impossible, store them away.
- 4) After cleaning and disinfecting, immediately wash hands for at least 20 seconds.

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

- 1) Avoid shaking or “hugging” dirty laundry to the greatest extent possible.
- 2) Launder items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people’s items.
- 3) Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.
- 4) After cleaning and disinfecting, immediately wash hands for at least 20 seconds.

In addition to following the cleaning and disinfecting protocols as described above, staff should review proper handwashing techniques and try to reinforce these techniques with others. 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 their coughs and throw away the tissue.

Staff should be reminded to check their temperature every day before coming to work and to stay home if they have a fever or are feeling unwell. If staff do not own a

thermometer, the shelter should make every attempt to screen staff members when they arrive to work.

Social Distancing

Signs about social distancing should be posted throughout the shelter, such as those found on the [MA DPH website](#).

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

- 1) Individuals should be kept at least 6 feet apart as much as possible and reminded not to shake hands, high-five, hug, or have any other physical contact.
- 2) Shelter guests and staff should wash their hands or use hand sanitizer often, making sure to wash all surfaces of their hands (front and back, wrists, between fingers, etc.)
- 3) Stagger mealtimes to reduce crowding in shared eating facilities. Stagger the schedule for use of common/shared kitchens.
- 4) To the extent possible, increase spacing of beds so that they are at least 6 feet apart. If space allows, put fewer guests within a dorm/unit. Arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use neutral barriers (i.e. foot lockers, curtains) to create barriers between beds. Guests exhibiting signs of illness such as fever or cough should not be allowed into the shelter (see “Triaging Guests” below).
- 5) Create a staggered bathing schedule to reduce the amount of people using the facilities at the same time.
- 6) Reduce activities that congregate many guests at once such as “house meetings” and opt for smaller group activities where individuals can practice social distancing.
- 7) Reduce the amount of face-to-face interactions with shelter guests for simple informational purposes.
- 8) Eliminate unnecessary assembly of staff. All staff meetings should allow for social distancing.

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.).