Commonwealth of Massachusetts

DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT

Charles D. Baker, Governor ◆ Karyn E. Polito, Lt. Governor ◆ Jennifer D. Maddox, Undersecretary

INDIVIDUAL SHELTER PROVIDER COVID-19 GUIDANCE

Coronaviruses are a group of viruses that commonly cause either mild-to-moderate illness – such as a cold with runny nose, headache, cough, sore throat, or fever or sometimes pneumonia. Recently, a new coronavirus—Coronavirus Disease 2019 (COVID-19)—was detected in Wuhan, China and has spread internationally, including in the US. This novel coronavirus causes a respiratory (lung) infection. DHCD understands that shelter management, staff, and clients have serious concerns regarding the spread of the COVID-19. In response, DHCD is issuing this guidance in an effort to prevent introduction of COVID-19 and other respiratory diseases, manage known or potential exposures to COVID-19, and minimize widespread transmission. We will continue to work to ensure that all shelters have access to the most-up-to-date guidance from our partners at the Massachusetts Department of Public Health **(DPH),** the Massachusetts Emergency Management Agency **(MEMA)**, and Federal Centers for Disease Control and Prevention **(CDC)**

Our current understanding of COVID-19 suggests it is like other respiratory viruses with regard to transmission. In general, these viruses are spread when a sick person coughs or sneezes. It is also possible to become sick by touching surfaces contaminated with a virus, and then touching one's own eyes, nose, or mouth. **The majority of persons with COVID-19 develop a mild illness which may include fever, cough, or shortness of breath. Persons who develop more severe symptoms (such as difficulty breathing, pain or pressure in the chest, confusion, fatigue, or bluish lips or face) requiring hospitalization have often been the elderly or persons with underlying medical conditions.**

Prevention

The primary goal is to minimize the spread of COVID-19. Guidance at this time essentially asks all of us to pay extra attention to hygiene, as one would do to control the spread of influenza:

- ✓ **Wash your hands often** with soap and warm water for at least 20 seconds, and/or sanitize hands with sanitizing solutions that are at least 60% alcohol.
- ✓ **Cover your mouth when you cough or sneeze. Use a tissue or your inner elbow, not your hands.**
- ✓ **Avoid touching** your eyes, nose and mouth.
- ✓ **Clean AND disinfect frequently touched surfaces *daily*,** please refer to the Center on Disease Control's Effective Cleaning and Disinfecting Recommendations:

https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

✓ **Reduce sharing** of dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. Wash items thoroughly with soap and hot water. Consider disposable paper and plastic products.

✓ **Increase social distancing** as much as feasible – stand more than 6 feet away from people; consider staggering meals; shifting the structure of house meetings to smaller gatherings; increase use of flyers, bulletin boards, email, texting, and phone calls to communicate instead of face-to-face contact.

✓ **Isolate if you are sick** and avoid close contact with others.

Please share information, post flyers and make educational materials available in a way that can be understood by all residents. Enlist the help of an interpreter for residents that are non-English speaking.

▪ DPH reminder about hygiene practices: https://www.mass.gov/doc/stop-the-spread-of-germs-respiratory-diseases-like-flu-and-covid-19/download

▪ CDC posters, available in multiple languages: https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html

Planning

Like other housing and social service agencies, shelter programs are part of broader networks working to support healthy communities, so should:

Stay up to date on new information and guidance:

✓ Ensure at least one representative from your shelter program participates on the weekly COVID-19 Information phone call with DHCD on Mondays from 1 to 2:30 PM.

✓ Check the Massachusetts Department of Public Health COVID-19 On-Line Information Page: https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19

✓ Review the Interim Guide for Homeless Shelters from the CDC: https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html

✓ Review the latest updates from the CDC COVID-19 Information Page: https://www.cdc.gov/coronavirus/2019-ncov/index.html

Communicate with Community Partners

✓ Establish a primary contact on COVID-19 for residents, community partners, and DHCD.

✓ Have active contacts at Health Care Centers, Local Boards of Health, and/or other health care groups to seek guidance in event of suspected infections and for inclusion in community planning.

Contingency Planning for Programming, Facilities and Budget:

- ✔ Review and update your agency's Continuity of Operations Plan (COOP). Some shelters have not updated their COOP in several years. DHCD can provide you with a template if you are starting from scratch.
- ✔ Stay informed about the local COVID-19 situation. Get up-to-date information about local COVID-19 activity from public health officials. Be aware of temporary school dismissals in your area because these may affect your staff, volunteers, and families you serve.
- ✔ Take stock and order additional cleaning supplies, gloves, food, water, and necessary items.
- ✔ Limit visitors inside facilities. Visitors and any service providers can meet with a client or staff member, if necessary, outdoors or offsite.
- ✔ Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms. Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g. check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them.
- ✔ Shift practices to promote social distancing – no group meetings, limit face-to-face meetings, use of alternative communication systems as much as possible, cancel community events, stagger meal times and use of common spaces.
- ✔ Increase housekeeping, disinfecting, and promotion of hygiene practices.
  - o In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 6 feet apart, and request that all clients sleep head-to-toe.
  - o Provide access to fluids, tissues, plastic bags for the proper disposal of used tissues.
  - o Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas.
  - o Monitor clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly.
  - o At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask.
  - o Confine clients with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.

Contingency planning with residents:

- ✔ Ensure clients are aware that health care services will provide care regardless of immigration status or ability to pay. Hospital staff will not ask about immigration status. Receiving health care is not a public benefit identified by the public charge test.
- ✔ COVID-19-related treatment will **NOT** be subject to deductibles or copays for insurance carriers in Massachusetts – no one should avoid medical care for suspected COVID-19 symptoms because of cost concerns[1].
- ✔ Remind clients that for the vast majority of people, COVID-19 presents like the flu. Those at risk of complications include the elderly and those with compromised immune and respiratory systems, diabetes, and high blood pressure. Clients with heightened risk levels may want to consider contacting their doctor or 2-1-1 with any questions or concerns. Work with clients

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[1] https://www.mass.gov/doc/bulletin-2020-02-addressing-covid-19-coronavirus-testing-and-treatment-issued-362020/download

regarding their individual plans and options. While it may not be possible, if clients that are in long stay or case management beds are able to identify safe alternatives to shelter, encourage them to do so.

Contingency planning with staff:

- ✔ Review sick leave policies and consider implementing updates to reflect additional precautions during a health epidemic.
- ✔ Ensure staff are aware of sick leave policies and encourage influenza vaccinations, and advise to stay home if they are ill with respiratory symptoms. Advise employees to check for any signs of illness before reporting to work each day, and notify their supervisor if they become ill. Do not require doctors' letters for staff calling in sick.
- ✔ Plan for a reduced staffing structure that ensures coverage, on call, and adequate responses to emergencies. Contact Contract Managers to review any significant changes.

Rapid Detection and Containment

Instruct clients and staff to immediately report symptoms of fever, cough or shortness of breath to the appropriate personnel at the first signs of illness and/or during intake. If a client/resident presents with symptoms they should be provided with a facemask (if available) and every effort should be made to separate the affected individual from the population. In addition, all affected staff must not return to work until they are at least 24 hours fever-free, without use of fever-reducing medication. Follow established DPH recommendations.

- ✔ If COVID-19 infection is suspected or has been confirmed in a resident of your facility, notify your contract manager and DHCD contacts immediately. **If a health care professional has not already been contacted, immediately contact your Local Board of Health** or the **Massachusetts Department of Public Health 24/7 Epidemiology Line at 617-983-6800 and (if applicable) the resident's primary care physician or other health care professional.**
- ✔ The Local Board of Health, or other designee of the DPH will be in touch with the patient. To the extent possible, restrict the movement of persons within the facility and from leaving the facility.
- ✔ Where capacity exists to separate persons with suspected and confirmed COVID-19, do so. In those cases, doors to any room or shelter unit should be kept closed except for entry or egress. Providers will be notified when alternative isolation locations have been secured.
- ✔ Designate staff to interact with these individuals only. Wear gloves and a face mask when entering the room, and wash and sanitize hands immediately after exiting. Limit the movement of designated staff between parts of the facility to decrease the risk of staff spreading COVID-19 to other parts of the facility.
- ✔ Staff may support clients in quarantine or isolation by providing food and liquids. Shelter staff is not expected to and should not provide any medical care.

Dispel Rumors

Most of us are bombarded with information from the internet, social media and news reports, and it can be challenging to separate fact from fiction. Help reduce the spread of rumors or misinformation by

letting residents/clients and staff know that viruses do not target people from specific populations, ethnicities or racial backgrounds, and sharing information and resources from accredited sources.

Works Consulted:

- https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19
- https://www.cdc.gov/coronavirus/2019-ncov/index.html
- NYC Health Interim COVID-19 Guidance for Homeless Shelters
- Recommendations for Preventing and Managing the Spread of Coronavirus in Shelters, Boston Health Care for the Homeless, March 2020
- Department and Family and Support Services, City of Chicago, March 10, 2020
- Commonwealth of Massachusetts, LHA COVID-19 Risk Management Memo, March 10, 2020

COVID-19 IndividualShelter Guidance 4.13.20