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**COVID-19 RESPONSE WITHIN SHELTERS SERVING PEOPLE EXPERIENCING HOMELESSNESS:**

A Template Guide of COVID-19 Practices and Information for Use by

Counties and Cities Developing Guidance for Community Shelter Providers

#### Prepared by Focus Strategies

Version Date: April 28, 2020

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# Acknowledgements

This template guide is part of a planned series of resources for communities working to serve and house people experiencing homelessness during the COVID-19 crisis. This guide includes content researched on behalf of the County of Santa Cruz through the Homeless Services Coordination Office (HSCO). We acknowledge the County of Santa Cruz for their thoughtful leadership to support shelter providers as they navigate challenging circumstances resulting from COVID-19.

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# Purpose of Guide Template

This template is designed to assist County and City agencies, as well as Emergency Operation Centers (EOCs), to develop guides for existing shelter program providers that outline expected or suggested program modifications necessitated by COVID-19. The template highlights key areas of shelter policies or procedures that may require shifts at the individual provider or system-wide level. This template provides agencies with a streamlined method for developing and disseminating policy and practical guidance, by identifying key topics, offering suggested policies or policy options, and providing language that can be adopted or adapted. Rather than having to develop guidance from a blank slate, agencies can begin with this template and customize it to their unique local needs.

Sections in **red font** throughout this template indicate items where the County, City, or EOCs are encouraged to insert:

* Locally determined policies and/or recommendations (e.g., processes related to shelter de-concentration efforts, motel referrals, etc.);
* Links to local resources (e.g., food services in operation, transportation resources, etc.); and/or,
* Procedures for local emergency response efforts (e.g., process for requesting PPE supplies, etc.).

As a significant population of people experiencing unsheltered homelessness report health factors that may put them at increased risk for extreme reactions to COVID-19 infection, it is critical that communities are engaged in proactive efforts to prevent and respond to the virus. These efforts are particularly acute within congregate shelter settings, where the risk of transmission between guests is exacerbated by shared living space and close contact.

In the development of policies and procedures related to COVID-19, it is advised that communities approach this public health crisis utilizing frameworks that are core to effective homelessness response systems, such as trauma-informed care, culturally responsive service delivery, and harm reduction principles. This approach includes developing policies that are informed by the expertise and input of people most impacted by the situation – people experiencing homelessness and frontline staff members.

It is recommended that shelter policies and procedures abide by available local and national guidelines pertaining to the prevention, reduction, and treatment of COVID-19. Where current guidance is available on specific policies from national sources such as the Center for Disease Control (CDC), this information is included within the template. In some instances, local public health or jurisdictional orders may indicate more restrictive guidelines than these national recommendations, in which case the local regulations should be followed.

**Please Note**: As public health guidance related to COVID-19 is rapidly evolving, it is strongly recommended that any documents developed outlining procedures related to COVID-19 response be re-visited and updated on a frequent basis.

**GUIDE TEMPLATE:**

**COVID-19 RESPONSE WITHIN SHELTERS SERVING PEOPLE EXPERIENCING HOMELESSNESS**

# Introduction

This guide provides information on required adaptations to shelter policies and procedures in the [County/City of \_\_\_\_\_\_\_\_\_\_/EOC for \_\_\_\_\_\_\_\_\_] to prevent, prepare for, and respond to the COVID-19 pandemic. In addition to required changes, this document includes information on practice recommendations and guidance on how to implement new policies and procedures.

Included are policies and practice recommendations on the following components of shelter and homelessness response system operations:

1. Screening of current staff and guests
2. Physical distancing within shelter
3. New intakes
4. Support service operations
5. Off-site essential and non-essential activity policies
6. Visitor policies
7. Guideline compliance policies and practices
8. Personal hygiene practices
9. Facility sanitation and cleaning practices

The [County/City/EOC]recognizes that each shelter in the community is different in terms of its facility, staffing structure, funding and programming: as a result, implementation of required and suggested adaptations related to COVID-19 may vary amongst providers. Should there be concerns about implementation of policies or practice recommendations included within this guide, please contact [County/City/EOC point of contact for COVID-19 response amongst people experiencing homelessness].

Information available about the prevention, transmission, and treatment of COVID-19 is evolving daily. As a result, this document will be frequently updated as new information is obtained. At all times, it is recommended that shelter policies and procedures abide by the most currently available local and national guidelines pertaining to COVID-19.

# 1. Screening Current Staff and Guests

To identify potential COVID-19 infections, all shelters are asked to facilitate health screenings for current staff and guests, so that people who are experiencing symptoms of the virus or who have been exposed to people who tested positive for COVID-19 can access testing and/or isolate, if indicated.

[Include any local guidance developed for symptom testing. Attachment A includes a health screening questionnaire, adapted from CDC Guidance, that may be utilized or adapted for this purpose.]

While all persons staying in shelter may be at risk for infection, people over 60 and those with certain underlying health conditions such as blood disorders, kidney, liver, heart or lung disease, diabetes, high blood pressure or any immunosuppressant illnesses may be at higher risk for complications and acute illness, if infected. If not already collected at intake, shelters are encouraged to gather information from each guest regarding any emergency contacts, primary care physician and/or health clinic preference, and if person has any conditions that may put them at higher risk for complications from COVID-19 (specific health condition information not necessary to track). [If community has developed policies related to tracking of this information in HMIS, this information should be included here.]

As symptoms may emerge at any point, it is encouraged that agencies develop a protocol for checking in with staff and guests daily regarding any emerging symptoms. This may be facilitated using the same type of screening questions asked at intake.

**If** you are concerned that someone may be experiencing symptoms of COVID-19, [insert local policy/procedure guidance here. For example, may include calling a specific health line for guidance and information on testing or information on referrals to motels/isolation sites].

# 2. Physical Distancing

Current understanding of COVID-19 indicates that physical distancing between people is one of the most important actions that can be taken to prevent or reduce infection. By nature of its shared living spaces and likelihood of close contact amongst people in the program, it is imperative that congregate shelters adjust their physical layout to allow for distancing amongst all people within the facility (applies to guests and staff). Physical distancing is important in all areas of the shelter where people are likely to be in close contact, including sleeping areas, dining areas, restrooms, and spaces where people meet or socialize.

The [County/City/EOC] understands that achieving physical distancing may require shelters to reduce their bednight capacity. [It may be helpful to include any available information on accommodations that will be made regarding contract obligations for bednight capacity during the pandemic.]

## **Sleeping Areas**

**It is recommended that sleeping areas (for those who are not experiencing respiratory symptoms) be at least six feet apart: should this not be possible, beds can be arranged at least three feet apart with people sleeping head-to-toe to allow for at least six feet of space between guests’ heads [Update distance if CDC or local health guidance is amended].** If using bunk beds, [insert **local health guidance: for example, may advise that only one bed is occupied or that people on top bunks sleep head-to-toe from people on bottom bunks (in addition to head-to-toe from adjacent bunk) to increase distance between people].** If possible, staggering between top and bottom beds on bunk bed arrangements is recommended to gain **additional** feet of distance between sleepers.

Shelters that have beds or cots should [include local practice recommendation: for example, require that guests sleep in the same bed/cot each night and document which bed/cot each guest is utilizing.] Similarly, if shelters utilize mats, designated spaces for each mat should be noted on the ground with tape or other means and each guest should be asked to sleep in the same area each night. This also applies to shelters in which indoor tents are arranged.

**Label beds with names or assigned numbers**

**Ideally at least 6’**

**Minimum 3’ (add partitions))**

S. Carter

E. Trammer

J. Garcia

V. Lee

C. Porter

**Position head-to-toe to maximize space between heads**

P. Willems

Charts of designated or selected sleeping areas should be copied on to a schematic drawing of the sleeping area layout and kept updated with the name of the person occupying each assigned spot or with a numbering system that corresponds to a log of names. This is critical because in the event someone from within the shelter becomes infected by COVID-19, the County, City, and/or agency will be able to quickly identify who was in closest proximity to the individual and is thus most likely to have been exposed to the virus.

## Food Service and Dining Areas

Guestsand staff should maintain distancing in food service and consumption areas. To promote distancing and reduce the number of people in contact with communal food, servers should maintain physical distancing from one another, and guests should not serve themselves (e.g., condiments may need to be pre-packaged, etc.). Guests should maintain physical distancing requirements while in line and while eating. If dining areas cannot accommodate all guests with adequate distancing, food should be served in shifts and the dining area (tables, chairs, etc.) should be disinfected between shifts. Programs can consider servers bringing meals to guests seated at their tables.

If food is being prepared and/or served a la carte in the shelter, servers should prepare plates of food for guests while wearing gloves and masks, and should follow public health / food handling guidelines for replacing gloves (for examples, if a server touches their hair, face, another person, etc.). Plexiglass or other barriers around communal food trays and/or physical distancing between food trays and guests should be implemented. If second servings are requested, new plates and/or trays should be utilized. If individually prepared/delivered meals are being provided, servers should continue to wear gloves and masks, and should hand these out in ways that comply with physical distancing and minimize handling.

## Support Service and Socialization Spaces

Spaces used to deliver supportive services (e.g., case management, housing navigation) should be set up to allow guests and staff members/volunteers to sit at least **six** feet apart. This also applies to areas that are set up for socializing or congregate seating, such as lounge spaces where a TV or tables for sitting are set up. If a shelter has a seating or TV area, move chairs apart to allow for six or more feet of distance between people. It is important to disinfect tables, chairs, remotes, and other touched items frequently. When feasible, expand use of outdoor spaces for socializing and eating to help meet physical distancing requirements.

## Facility Requests

[If County/City/EOC has a process in place for programs to request additional or different furnishings and supplies to support physical distancing, such as folding chairs, plexiglass, and/or masks and gloves, include information on the request process here.]

## Posted Signs

Shelters should post signs regarding appropriate practices for physical distancing in places where staff and guests frequent, including sleeping and day use areas, dining areas and bathrooms. Signs should be posted in primary languages spoken by shelter guests, be clear and concise, and include visuals where possible. [If County/City/EOC has a local and/or preferred template for physical distancing signs, a link can be included here.]

# 3. New Intakes

[Include information regarding any County/City/EOC policies or procedures that have been determined for accepting new intakes into shelter once physical distancing has been achieved. For example, if after physical distancing is achieved there is additional capacity within the shelter or if there are exits from the program, options may include partnering with health systems to accept intakes of people who have tested negative for COVID-19, utilizing symptom screening to identify if congregate shelter is appropriate, and/or utilizing private/more isolated rooms or spaces for new guests for initial days of entry. These decisions are typically influenced by the other resources available within the homelessness response system, such as motel voucher programs and/or trailers for self-quarantine, and linkages between the homelessness system and health care system.]

During intake, all staff/volunteers and potential guests should wear face coverings [and gloves, if advised] and enforce physical distancing. Physical distancing while completing intake paperwork may require rearranging of furniture such as adjusting the placement of tables or chairs. In locations where people are waiting in line, provide markings on the floor or wall (e.g., tape or signs) to indicate spaces that are six feet apart to indicate where each person/household should wait. Staff/volunteers should disinfect tables, chairs, and any other items touched by a guest before the next guest enters the room to complete an intake.

Communicate to people entering that they will be screened at intake in order to keep them safe and use additional signs to communicate the process. Consider where people will put their belongings during screening, particularly because the intake process may take longer than usual. Make restrooms available for people waiting to be screened and checked in, and ensure such facilities are regularly cleaned and sanitized.

In addition to general intake paperwork, shelters are required to utilize COVID-19 symptom screeners to identify people who may need medical attention and/or need to be referred to alternate sheltering options such as motel programs for quarantine. [A template COVID-19 screening tool, adapted from CDC guidance, is in Attachment A.]

[Include local processes to be followed if a guest exhibits any symptoms of COVID-19 (e.g., contacting medical provider, referral to motel program, etc.), as well as contact information to direct questions that may arise about the process. It is important to include local guidance for procedures to be followed should there be a delay between the screening and connections to medical care/self-quarantine programs: for example, if on-site isolation of a guest is needed, include guidance on protocol and processes to be followed. This may include designating individual or well-ventilated rooms for guests with symptoms and having them avoid common areas: when possible, a designated restroom is also advised. Meal delivery, medication access, etc. will need to be determined.]

# 4. Support Service Operations

Each shelter is asked to evaluate its supportive service operations to determine those which are essential during this timeframe. For example, health services and housing-focused case management may be deemed important to offer on-site, while group meetings and/or supplemental support services that don’t allow for physical distancing should be suspended. Direct services that are provided should be conducted in a manner consistent with physical distancing practices. [If applicable:] Additionally, shelters for families or children in which playground equipment is present on-site should abide by local public health guidance as it pertains to closing of playgrounds or congregate sport activities.

In addition to health services and housing-focused case management, other services may be deemed particularly important during this time period. The following is a list of possible services shelters are asked to review to identify those which they may be able to accommodate while maintaining health and safety standards:

* Self-service phone and device charging stations, particularly important as libraries, coffee shops, and other settings where people may charge devices may be closed. If offered, develop plan for disinfecting of outlet stations.
* Access to water, snacks, and/or other beverages between meals. Based on shelter operations and staffing, shelters may wish to utilize disposable cups/containers and/or single serve drinks and food between mealtimes. The handling of food and beverages between meal times should follow protocol of food distribution guidelines.
* Assistance with accessing medications and refills. [If County/City/EOC has developed processes for assistance with transportation to medical appointments and/or delivery of prescription medications, include information here regarding services available and applicable points of contact.]
* Assistance with accessing treatment for substance use. [If County/City/EOC has coordinated with health agencies to develop/facilitate virtual twelve step meetings, to deliver methadone treatments, and/or to offer other services remotely, include information here regarding services available and applicable points of contact.]

# 5. Off-Site Essential and Non-Essential Activities

[Include information on, or a link to, the County/City/EOC’s current public health order regarding stay-at-home instructions and essential activities.]

To abide by government ordinances and reduce risks for transmission of COVID-19, guests should treat the shelter as their location to shelter-in-place and should be asked to only leave for “essential activities.” Signs regarding these policies and allowable reasons to come and go from the facility should be posted in multiple places and in clear, concise language.

Without being unnecessarily intrusive into guests’ lives, shelters should check guests in and out when they leave to undertake essential activities, including requesting an estimated time for their return. This should be logged, especially so that if there is a change of shift, the new shift is aware of who is out and when they are expected to return. A sample log can be found in Attachment C.

Shelters are encouraged to identify and provide opportunities for guests to access outdoor spaces on the facility’s property while maintaining physical distancing. This may require rearranging of parking facilities and/or outdoor furniture.

[If current orders require masks be worn while outdoors and/or while conducting essential activities, County/City/EOC should include information on policy here, as well as any available resources and related processes to assist shelters in obtaining supplies to share with guests. If washing reusable masks daily is not possible, disposable masks may be a preferred option.]

# 6. Visitor and Volunteer Policy

To reduce the number of new people within congregate shelter settings, shelters are asked not to permit visitors on-site. In addition, shelters may need to reduce the number of volunteers on-site and/or implement screening protocol with volunteers (as with staff) to reduce possibilities of COVID-19 transmission.

[Insert local guidance regarding on-site services offered at shelters by partner agencies, including health services. This may include a protocol for logging partner providers on-site and/or screening using similar criteria as those adopted for staff and guests.]

Education for staff, volunteers, and guests on maintaining physical distancing from any people outside their immediate household should be emphasized, while on-site and while off-site the shelter facility. [If County/City/EOC has available and/or preferred materials regarding physical distancing, these can be included here.]

# 7. Guideline Compliance Policy and Practices

The measures needed to prevent and reduce COVID-19 transmission within shelters and the broader community may require a re-evaluation of existing shelter services. Each shelter is encouraged to review its existing guidelines and determine where adjustments may be warranted. Guidelines should be reviewed through a public health lens, while maintaining adherence to principles of trauma-informed care and harm reduction.

For example, if there are guidelines in place that are not directly related to health and safety of guests and staff, relaxing these guidelines is encouraged to maintain the priority of keeping people sheltered during this time. This may be particularly applicable to guidelines around abiding by time restrictions for various activities within shelter schedule or substance usage on-site.

Each shelter will need to review its own guidelines, facility structure, and staffing capacity to determine which guidelines can be eliminated versus modified. For example, while alcohol or marijuana usage may not typically be allowed on-site, under shelter-in-place, this may be modified so that legal substances may be allowable on-site but may not be utilized within communal spaces and/or shared. It is encouraged that guests not be asked to leave for use or for possession of these items, though they may be asked to store them in ways that others cannot get to. More information about harm reduction approaches during COVID can be found at: <https://homebase.app.box.com/s/5lh4fdrd8kwqgwmmvqo5pw9sgmm0wtx2>.

Additionally, this situation may warrant new guidelines around compliance with procedures that prevent and reduce transmission of COVID-19. These guidelines may include new rules that enforce physical distancing and/or identify *reasonable* limitations on off-site non-essential activities.

In alignment with protocol in place prior to the COVID-19 pandemic, if a guest’s behaviors result in or pose serious risk of imminent harm to others, such as violence or other behaviors that significantly endanger another person’s health, immediate discharge from the shelter may be permitted.

[If County/City/EOC is facilitating learning communities and/or discussions amongst providers on ways to support guests with sheltering in place during the pandemic or creative responses to challenges that arise within shelter, include information here regarding these forums and any applicable points of contact.]

# 8. Personal Hygiene

## Hand Washing

In addition to distancing, hand washing and hygiene are critical ways to prevent the spread of the virus. **Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Guests and staff should be trained in handwashing techniques, which include scrubbing all parts of the hand for at least 20 seconds and avoiding touching doorknobs when exiting the bathroom.**

If possible, hand sanitizer should be made available throughout the shelter and particularly at passageways from one part of the shelter to another and in areas where people congregate. Alcohol-based hand sanitizer that contains at least 60% alcohol should be used.

**Key times to wash hands** include: after blowing one’s nose, coughing or sneezing, after using the restroom, before eating or preparing food, after contact with animals or pets, and before and after providing routine care for another person who needs assistance (e.g., a child).

[Include information on process, if available, for shelters to request needed materials, such as hand sanitizer, contactless soap and sanitizer dispensers, etc. that may be needed to meet hygiene guidelines.]

## Use of Face Coverings

Staff that interact with guests should wear face coverings and everyone should cover their face if they cannot maintain a distance of at least six feet. Cloth or surgical facemasks are acceptable. Cloth is being used to preserve supplies of surgical masks. Face coverings are supplemental to washing hands with soap and water, refraining from touching your face, covering coughs and sneezes and maintaining physical distance.

Anyone going out into public to perform essential activities should wear a disposable or a cloth face mask, which may include a bandana or mask made from a t-shirt or other materials. The shelter should provide masks to any guest who does not have one. Reusable masks should be laundered after use.

[Include information on process, if available, for shelters to request needed materials, such as cloth or disposable masks that may be needed to meet hygiene guidelines.]

## Posted Signs

Shelters should post signs regarding appropriate practices for handwashing and face coverings in places where staff and guests frequent, including sleeping and day use areas, dining areas and bathrooms. Signs should be available in multiple languages, use clear and concise wording, and should include visuals whenever possible. Signs are available through the CDC at: <https://www.cdc.gov/handwashing/posters.html>.

# 9. Facility Sanitation and Cleaning Practices

Frequent cleaning of the shelter, particularly in areas of high traffic and frequent touch surfaces (tables, chairs, doorknobs, light switches, countertops, etc.) is critical. Shelters should establish a cleaning schedule, and log regular and extraordinary cleaning. CDC guidance on how to clean, including how to clean and disinfect different types of surfaces, is provided in Attachment D.

# 10. Communication Processes

## Shift Change Summary

Shelters should review their current shift change policies and practices to ensure that pertinent information relevant to COVID-19 precautions are documented and communicated. A sample form with additional topics to cover during shift change reports is provided in Attachment B.

## Guest Exits

For all shelters entering data into HMIS, if a guest exits the program (i.e., is asked to leave the shelter, leaves on their own to another location (including housing) or does not return for [locally determined number of nights]), they should be exited from the program in HMIS with as much information about their destination as possible. This should be done within 24 hours of their exit date to ensure data is current and can be used to locate someone, if needed. Shelters that do not enter data into HMIS should keep logs of program entries and exits, including information on people’s exit destination.

[Include information regarding local protocol if a person who is symptomatic or suspected of being infected/exposed exits the shelter without notification.]

**Reminder**: As public health guidance related to COVID-19 is rapidly evolving, this document will be updated on a frequent basis. Please check with [City/County/EOC] to request most up-to-date version of guidance.

# Attachment A: COVID-19 Shelter Screening

# Adapted from CDC Screening for Shelters (updated April 21) and Symptom List )

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HMIS ID (if any):\_\_\_\_\_\_\_\_\_\_\_\_

This tool is for a template for screening for potential symptoms of COVID-19. Symptom indicators are changing regularly, as more is learned about the virus. Check the CDC website regularly for the most up-to-date symptom list and guidance.

**Important:** This COVID-19 Symptom Screening does not replace protocol for medical emergencies. Use standard shelter protocols for any medical emergencies.

*“Do you have a fever?”*

Determine by:

* Taking temperature and/or
* Asking “Have you felt like you had a fever in the past day?

**1. Wear masks [and gloves] and maintain physical distancing during symptom screening: this applies to staff and guests.**

**2. Explain purpose and process of symptom screening to guests.**

**3. Identify if the guest/potential guest has any symptoms consistent with COVID-19\*.**

(\*Check the CDC website for the most up-to-date symptom list and guidance.) For example, based on current guidance, shelters may ask:

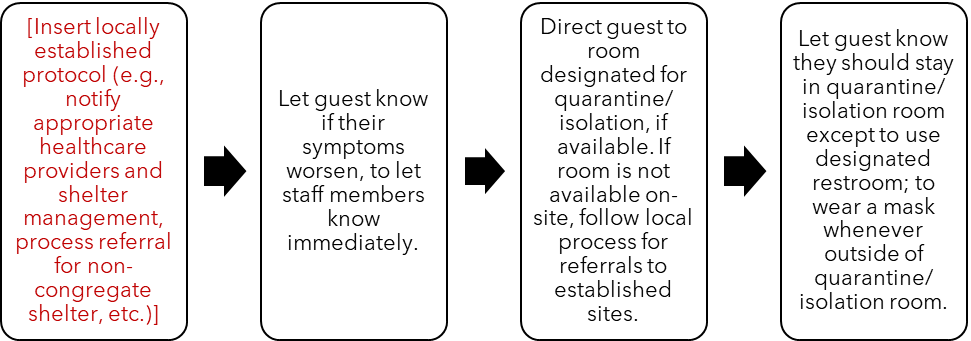
*“Do you have new or worsening shortness of breath today?”*

*“Do you have a new or worsening cough today?”*

*“Are you experiencing any of the following:*

* *Chills?*
* *Repeated shaking with chills?*
* *Muscle aches?*
* *Headaches?*
* *Sore throat?*
* *New loss of taste or smell?”*

**4. If YES to any of the above:**



# Attachment B: Sample COVID-19 Precaution Shift Change Summary

**SHIFT SUMMARY: COVID-19 PRECAUTIONS**

|  |  |
| --- | --- |
| Program: | Date:  Time of Shift Change: |
| Location: | Staff Ending Shift:  Staff Starting Shift: |

1. **Facility Summary:**

□ All cleaning and disinfecting tasks completed during shift.

□ Outstanding cleaning and/or disinfecting tasks from prior shift. Describe:

1. **Guest off-site leaves/returns:**

□ No guests off-site at time of shift change.

□ Guest(s) off-site at time of shift change. Review log and expected time(s) of return.

1. **Guest Health Concern Summary:**

□ No concerns arose during shift.

□ Guests with potential symptoms to monitor/check-in on during shift:

1. **Additional shift notes related to COVID-19 prevention and response:**

# Attachment C: Sample Guest Log

|  |  |
| --- | --- |
| Program: | Date: |
| Location: | Staff On-Shift: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Guest Name  (First Initial, Last Name) | Time Leaving | Estimated Return Time | Return Time | Health Check at Return  (if fever or cough reported, follow referral protocol) |
|  |  |  |  | □ No reported or recorded fever  □ No new or worsening cough |
|  |  |  |  | □ No reported or recorded fever  □ No new or worsening cough |
|  |  |  |  | □ No reported or recorded fever  □ No new or worsening cough |
|  |  |  |  | □ No reported or recorded fever  □ No new or worsening cough |
|  |  |  |  | □ No reported or recorded fever  □ No new or worsening cough |
|  |  |  |  | □ No reported or recorded fever  □ No new or worsening cough |
|  |  |  |  | □ No reported or recorded fever  □ No new or worsening cough |
|  |  |  |  | □ No reported or recorded fever  □ No new or worsening cough |
|  |  |  |  | □ No reported or recorded fever  □ No new or worsening cough |
|  |  |  |  | □ No reported or recorded fever  □ No new or worsening cough |
|  |  |  |  | □ No reported or recorded fever  □ No new or worsening cough |
|  |  |  |  | □ No reported or recorded fever  □ No new or worsening cough |
|  |  |  |  | □ No reported or recorded fever  □ No new or worsening cough |

# Attachment D: Guidance for Ongoing Cleaning and Disinfecting of Shelter Spaces

Adapted from the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

Cleaning and Disinfecting

Cleaning generally references using soap and water to wash or scrub a surface. Disinfecting includes use of a disinfectant (recommendation is to use an[**EPA-registered household disinfectant**](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)**). It is important to follow the instructions on the label** to ensure safe and effective use of the product. Many products recommend keeping the surface wet for a period of time (see product label) and making sure to have good ventilation during use of the product.

**Wear disposable gloves** [and gowns] while completing all cleaning or disinfecting tasks within the shelter**, including when handling trash**. Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash. **Gloves** [and gowns] should be removed carefully to avoid contamination of the wearer and the surrounding area.

Guidance for Specific Surfaces

**Frequently Touched Surfaces (Doorknobs, tables, light switches, etc.)**

* Disinfect all surfaces that people are likely to come in contact with frequently.

**Electronics (Tablets, keyboards, remote controls, touch screens, etc.)**

* Consider putting a **wipeable cover** on electronics.
* **Follow manufacturer’s instruction** for cleaning and disinfecting. If no guidance is available, **use alcohol-based wipes or sprays containing at least 70% alcohol**. Dry surface thoroughly.

**Soft surfaces (Carpeted floors, rugs, drapes, etc.)**

* **Clean the surface using soap and water** or cleaners appropriate for use on these surfaces.
* **Launder items** (if possible) according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely.

OR

* **Disinfect with an EPA-registered household disinfectant.**

**Laundry (Towels, linens, etc.)**

* Launder items according to the manufacturer’s instructions. **Use the warmest appropriate water setting** and dry items completely.
* **Wear disposable gloves** when handling dirty laundry.
* **Do not shake** dirty laundry.
* Clean and **disinfect clothes hampers** according to guidance above for surfaces.
* Remove gloves and **wash hands right away**.

Additional Measures

If someone infected by COVID-19 is or has been in the shelter facility, additional cleaning measures and precautions may be necessary. Consult with CDC and/or local public health guidance for recommendations.