Shelter Management During an Infectious Disease Outbreak
March 23, 2020

Operating congregate homeless shelters during a public health emergency, such as the COVID-19 outbreak, brings new risks to shelter residents, staff, and volunteers. This document introduces operational considerations for congregate shelters to consider implementing in response to an infectious disease outbreak.

Someone who presents at a shelter with respiratory symptoms (e.g., cough) should not be turned away solely because of their health symptoms.

MAINTAINING OPERATIONS

Closing a community's homeless shelter without providing alternate housing or shelter leaves people experiencing homelessness vulnerable to unsheltered situations and decreased access to vital services. If a program is considering closing or not accepting new residents, immediately alert your local Continuum of Care (CoC), public health authorities, and emergency management officials.

CHANGING INTAKE PROTOCOL

Screening. Because test kits are limited, shelters should screen shelter residents for COVID-19 symptoms (i.e., cough, fever, shortness of breath) at intake. Access screening criteria here:

- COVID-19 Client Triage Tool: Atlanta, GA CoC Example
- How to screen clients upon entry to shelter or opportunity centers

Separating people with symptoms. Shelter staff should separate residents into different areas of the shelter, if possible, based on whether they are showing symptoms of COVID-19 or not (see CDC's Interim Guidance for Homeless Shelters).

Alternate Care Sites. Communities may establish alternate care sites for people exhibiting symptoms. Alternate care sites (ACS) are a way for healthcare providers to provide medical care for sick patients in non-traditional environments including locations that need to be converted (e.g., stadiums or hotels), or they may include facilities like mobile field hospitals. Shelters should work with local public health authorities to establish transportation protocols so that symptomatic individuals can be safely transported to the alternate care site.

ADJUSTING OPERATIONS: When people exhibiting symptoms of COVID-19 remain in shelter, shelters should enforce the following protocols to reduce the risk of disease spread:

- Placing masks on people with coughing symptoms;
- Encouraging frequent hand washing, cough etiquette, maintaining recommended social distancing, and reporting new or worsening symptoms to shelter staff;
- Implementing an intensive cleaning schedule;
- Taking regular stock of supplies: cleaning products, gloves, hand sanitizer, soap, and facemasks;
- If your shelter is running out of essential supplies, immediately inform your CoC leadership and public health partners so that they help you identify resources prior to closing your program;

- Invite in healthcare partners, such as county public healthcare and Healthcare for the Homeless providers, to provide regular clinic hours or wellness checks.

MODIFYING THE SHELTER SPACE

Bed spacing. L Spread beds by at least 3 feet of space for those who are not exhibiting respiratory symptoms (see Interim Guidance for Homeless Shelters). People exhibiting symptoms should be separated by 6 feet between beds and temporary barriers. Request that all clients sleep head-to-toe.

Make use of outdoor spaces. When the weather is temperate, expand use of outdoor spaces for socializing and eating to help meet social isolation requirements.

Plan for overflow accommodations. Shelters quickly reach capacity as a result of social distancing recommendations. Create a plan in coordination with CoCs and public health departments to identify sites for general overflow capacity. Establish a protocol for transporting or redirecting clients to those alternate accommodations once the shelter reaches capacity.

ALERTING PUBLIC HEALTH DEPARTMENT, HEALTHCARE FACILITIES, AND CoC IF YOUR SHELTER IS:

Unable to screen for symptoms at intake. Follow guidance for distancing and infection control. Be in communication with the local public health department and healthcare facilities to identify if people in the shelter test positive for COVID-19

A location that cannot support people with any respiratory symptoms. In some communities, certain shelters may be identified as locations that are not suitable for people with respiratory symptoms. If you believe your shelter is one of these locations, communicate with your CoC and public health department to identify where people with respiratory symptoms will go. Facilitate a plan for how to redirect those clients as safely as possible.

Unable to support people who are confirmed as testing positive for COVID-19. Some shelters may not be able to isolate a person who has tested positive for COVID-19. If you believe your shelter is one of these locations, communicate with your CoC and public health department to identify where people will go if they are known to have COVID-19 or are awaiting test results.

Related Resources

Interim Guidance for Homeless Shelters (Centers for Disease Control and Prevention)

Infectious Disease Toolkit for CoCs (Department of Housing and Urban Development)

Ask A Question

Submit questions to the Ask A Question (AAQ) portal. In Step 2 of the question submission process, select "CoC: Continuum of Care Program" from the "My question is related to" drop down list and write "Health Preparedness and Response" in the subject line.